

“I FEEL LIKE I NEED TO GO BACK TO MY VILLAGE, BUT WHERE’S MY VILLAGE?”
A PHOTOVOICE EXPLORATION OF THE EXPERIENCES OF HARM REDUCTION
FROM COMMUNITY YOUTH IN SASKATOON, SASKATCHEWAN

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ABSTRACT

Background: While a singular, conclusive definition of harm reduction does not exist, the vast majority of harm reduction literature focuses on the historical roots of harm reduction, specifically related to substance use. Harm reduction is ultimately about meeting people where they are at in their health journey and supporting them in their path toward well-being. This health journey could look different for everyone, indicating the necessity for a range of supports such as nutrition, housing, hygiene, health care, health education, counselors, and cultural support. However, what is often missing from discussions about harm reduction are the perspectives of youth.

Objective: The present study explored youth experiences of harm reduction from the perspective of urban Community Youth in Saskatoon, Saskatchewan. The present study examined the supports and barriers these youth encounter in taking up harm reduction for themselves or to support their loved ones (e.g., friends, family members, significant others).

Methods: This community-based, phenomenological study was conducted in collaboration with Chokecherry Studios, The Students Commission of Canada, and a Youth Advisory Committee. Using a snowball sampling strategy, four youth between the ages of 18-23 who live in Saskatoon were recruited. Participants captured photographs that represented their experiences with seeking harm reduction for themselves or their loved ones and participated in either two group or one-on-one interviews to discuss their experiences concerning the photographs.

Results: Results indicate five superordinate themes best accounted for participant interpretations of their experiences: (Supports) *Seeking Support*, *Meeting Basic Needs*, and *Harms Reducing Harms*; (Barriers) *Community Disconnection* and *Stigma*. Together, these themes represent how Community Youth were supported and impeded in their uptake of harm reduction.

Discussion: Implications of findings contribute to a wider understanding of harm reduction, acknowledging the historical basis that substance use has in harm reduction, while moving towards a wider, more comprehensive understanding of how harm, harm reduction, and harm reduction uptake are experienced by Community Youth in their everyday lives.

Keywords: *harm, harm reduction, harm reduction uptake*

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DEDICATION

This thesis is dedicated to the youth of Saskatoon, whose enthusiasm and commitment to strengthening our community inspired me to complete this research.

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LIST OF ABBREVIATIONS

2SLGBTQ+ Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer & Questioning, Plus; the plus acknowledges and celebrates the many other ways folks identify within the spectrum of gender and sexual identities

AC Andrea Cessna

ACEs Adverse Childhood Experiences

AOP Anti-Oppressive Practice

BC British Columbia

CAPUD Canadian Association of People who Use Drugs

CBR Community-Based Research

COVID-19 Coronavirus Disease Of 2019

DS Dave Shanks

HIV Human Immunodeficiency Virus

IDU Injection Drug Use

IPA Interpretative Phenomenological Analysis

PWIDs People Who Inject Drugs

PWUDs People Who Use Drugs

SDoH Social Determinants of Health

SOFY Saskatoon Opportunities For Youth

STIs Sexually Transmitted Infections

SUDs Substance Use Disorders

TCPS Tri-Council Policy Statement

YAP Youth Action for Prevention

DEFINITION OF KEY TERMS

Abstinence: The practice of not doing something, or avoiding something by choice (Merriam-Webster, n.d.).

De-stigmatization: Strategies such as compassion, kindness, education, and a reduction in negative attitudes and use of evidence-based facts to reduce stigma surrounding harm reduction (Prairie Mountain Health, n.d.).

Harm: A verb from old English that means to hurt or injure, which replaces the verb to scathe (Online Etymology Dictionary, 2022). Scathe relates to ongoing damage (i.e., damaging, wounding, blasting, scorching), suggesting a repetitive nature of harms and how they build up over time (Hyde, 2022).

(H)arm (R)eduction: “A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence” (National Harm Reduction Coalition, 2020a, p. 2).

(h)arm (r)education: A value-neutral approach to an individual actively reducing the negative health, social, and economic harms of their specific behaviours without the expectation that the behaviours will stop (Hawk et al., 2017).

Harm Reduction Uptake: Individuals who exercise choice by choosing to connect, stay engaged, and access services and resources whether or not they use substances or choose to abstain (Shelter, Support & Housing Administration, 2017).

Problematic Substance Use: When someone uses alcohol and/or drugs in a harmful way that has negative effects on their health and life (Government of Canada, 2021a). Problematic substance use also refers to intentionally taking prescription medication that has not been prescribed to someone, or when someone takes more than is prescribed to them to get high or change their mood (Government of Canada, 2021a).

Smiley: Consisting of five youth, Smiley is the name of the Youth Advisory Committee involved in this study. The current study has been informed by and conducted in collaboration with Smiley.

Stigma: “[N]egative attitudes (prejudice), beliefs (stereotypes) or behaviours (discrimination) that devalue another person” (Tam, 2018, p. 12). Stigma is often attached to people facing barriers (Prairie Mountain Health, n.d.).

Substance Use Disorder: Also known as ‘addiction’. In the *Diagnostic and Statistical Manual*

of Mental Disorders Fifth Edition, the categories of ‘substance abuse’ and ‘substance dependence’ have been eliminated and replaced with an overarching new category of substance use disorders (SUDs; American Psychiatric Association, 2013). Symptoms of SUDs fall into four categories: (1) impaired control (i.e., wanting to cut down or stop using the substance, but not being able to); (2) social problems (i.e., neglect of relationships and responsibilities, giving up activities one used to care about because of their substance use, inability to complete tasks at school, home, or work); (3) risky use (i.e., using in risky settings, using despite the consequences); and (4) physical dependence (i.e., tolerance and withdrawal symptoms; American Psychiatric Association, 2013).

Urban: A population centre with 100,000 or more people residing within it (Statistics Canada, 2017). In this thesis, urban is referring to Saskatoon, Saskatchewan.

Wholistic: Intentionally spelled with a “w”, this term represents the spiritual wholeness that defines Indigenous ways of being (University of Saskatchewan, n.d.). Wholistic healthcare is client-centered and acknowledges the whole person (e.g., life-stage, genetics, environment, culture, experiences, relationships, and lifestyle behaviors; Ziebarth, 2016).

Youth: Individuals between the ages of 15 to 24 (United Nations, n.d.).

Youth-centered: An approach to research and services where youth exercise their autonomy by making their own decisions and having their voices heard about issues that affect them (Woodgate et al., 2020).

Youth-centered harm reduction: My approach to harm reduction where youth are placed at the centre in terms of how they experience harm, harm reduction, and harm reduction uptake.

CHAPTER ONE: INTRODUCTION

Overview

Harm reduction emerged in the 1980s in the United Kingdom and the Netherlands to save lives in response to heightened rates of the human immunodeficiency virus (HIV) among people who inject drugs (PWIDs; Canadian Drug Policy Coalition, n.d.; Dea, 2020). Early adopters of harm reduction included Canada, Australia, and Switzerland, with other Western countries, such as the United States, falling behind (Bagot & Kaminer, 2018). G. Alan Marlatt, psychologist and pioneer in harm reduction research, characterized four principles of harm reduction: (1) it is a public health alternative that does not engage with moral/criminal/disease models of substance use; (2) while abstinence is an ideal outcome, alternative approaches that reduce harm are acceptable; (3) initiatives should be developed by and in partnership with people who use drugs (PWUDs); and (4) service providers should remove barriers to service access, including abstinence as a precondition for support (Marlatt & Roberts, 1998). While there is a lack of consensus on a conclusive definition of harm reduction, the vast majority of harm reduction literature focuses specifically on harm reduction strategies related to substance use, such as safe consumption sites (Giacomazzo, 2021; Hawk et al., 2017). For example, Harm Reduction International (2022) stated, “Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws” (para. 1). This definition is typical of various organizations and agencies that discuss harm reduction both nationally and internationally. However, when we shift the focus away from substance use and aim toward harm reduction philosophy, we move closer to the idea that “no single definition or formula [should exist] for implementing harm reduction since harm reduction-informed approaches focus on specific individual and community needs” (Hawk et al., 2017, p. 2). In this way, Hawk et al. (2017) offer a more generalized definition of harm reduction described as, “interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely or permanently” (p. 1). This definition resonated with some youth in the city of Saskatoon for its wholistic approach to harm reduction. In the pursuit of enhancing health and community services

for homeless and socially disadvantaged Indigenous peoples in Toronto, Firestone et al. (2019) put forward the West End Aboriginal Advisory Council's following definition of harm reduction:

The teaching of non-interference is a world-view that allows others to experience and learn life lessons in their own way and in their own time. This way of being is complemented by harm reduction. Earth-based cultures always used a campfire. If a child is walking toward a campfire, we do not snatch them away and slap their hand. Instead, we walk closely behind allowing the child to reach out to the fire. The child will pull the hand back when they learn that fire hurts. They learn to respect fire. This is non-interference. The rocks around the fire pit may also serve as a physical barrier, thus harm reduction. Service-wise, this means that we take a strength-based approach that is "client-centered", as opposed to having an agent of a foreign system diagnosing and prescribing or enforcing changes that make the prescriber feel better. (p. 408)

This definition of harm reduction describes the need to meet people where they are in their health journey and to support them in their path towards healing and well-being. This health journey could look different for everyone, indicating the necessity for a range of supports such as nutrition, housing, hygiene, healthcare, health education, counselors, and cultural support. Similarly, Harm Reduction Toronto (TO; n.d.) stated:

[H]ealth looks different for everyone, and includes elements of physical, mental, psychological, and spiritual wellbeing. Health is also determined by social factors, such as access to education, employment, housing, food, and social services—as well as by one's social location and the oppressions or privileges it confers. (para. 1)

While Harm Reduction TO speaks to wholistic health, this definition appears to be intertwined with harm reduction approaches; to negate wholistic health from a definition of harm reduction would be a disservice to the diverse populations seeking harm reduction in their communities. It can sometimes be difficult to uptake harm reduction with interrelated issues, such as mental health, substance use, homelessness, gender and sexuality exacerbating access to harm reduction. As such, discussing a more wholistic approach to harm reduction offers a more appropriate lens to harm reduction, as it is more encompassing and pragmatic to the complex issues faced by youth.

Smiley, the Youth Advisory Committee on this project was founded on April 6, 2021, at Chokecherry Studios – it is composed of five youth and co-facilitated with community partners from Chokecherry Studios and the Students Commission of Canada. Between April and August 2021, I discussed the topic of harm reduction on several occasions with these youth, and as such, two clarifications of harm reduction must be made. First, all youth who worked on this project, either as a participant or youth committee member, are to be identified as "Community Youth".

Smiley defines “Community Youth” as a group of people that come together and collaborate towards building each other up rather than tearing each other down. Researchers (e.g., Gueta & Berkovich, 2022; McDonald et al., 2019; Santiago et al., 2019) often label youth as “at-risk youth” or “placed at-risk”. However, every youth has a combination of both protective and risk factors, and therefore, labeling youth in terms of “risk” may promote negative stereotyping and may be perceived by youth as condescending. Therefore, the term “youth” is used to identify youth in general, and specifically, the term “Community Youth” will identify Smiley and the participants in this study. Second, Smiley defines harm reduction as (a) being able to identify the ways one is experiencing harm in their life so that resources can be contributed to reducing these harms; (b) helping people with their most immediate needs in the moment; and (c) a non-judgemental, equitable form of education about how people experience harms, and what a person can do to reduce these harms so that those individuals who receive the education can, in turn, do what they want with what they know. Smiley acknowledged that the focus of harm reduction is often associated with substance use; however, harm reduction could also relate to various topics such as sexual health, police interactions, intergenerational trauma, and mental health. When taking this broader, philosophical approach to harm reduction, we move from the immediate harms related to substance use to a more wholistic approach to how people experience and reduce harm in their everyday lives.

Although a harm reduction perspective has become progressively adopted as an adult substance use approach, there is a significant gap in the literature on harm reduction approaches for youth (Bagot & Kaminer, 2018). Youth-centered harm reduction approaches face social, political, and structural barriers to their implementation (Kimmel et al., 2021). The Canadian Association of People who Use Drugs (CAPUD) recently toured Chokecherry Studios to discuss recent and upcoming youth-led harm reduction projects. The outcome of this discussion was a new realization that youth-centered harm reduction is something that requires more action and collaboration between national and local organizations to empower PWUDs. Similarly, I spoke with a representative from Youth Action for Prevention (YAP), a youth engagement program that works with youth ages 14 to 24 specifically regarding alcohol-related harms. It was not clear which research they used to inform their evidence-based programming. What is often missing from discussions about harm reduction are the perspectives of youth (Hyshka et al., 2017; Slemon et al., 2019).

Comparatively, research conducted in British Columbia (BC) appears most in the literature about harm reduction in Canada, especially when exploring youth perspectives. BC has a rich history of substance use-related harm reduction, especially when looking at Vancouver. Insite, a safe injection site, opened in 2003 and is the first legal supervised drug injection site in North America. More recently, the Federal Minister of Mental Health and Addictions and Associate Minister of Health granted a three-year exemption under the *Controlled Drugs and Substances Act* to decriminalize small amounts of certain illicit substances for personal use in BC (City of Vancouver, 2022); however, this exemption excluded consultation with youth under age 19 (Pivot Legal Society, 2021). In response, a letter was penned by numerous groups that advocate for PWUDs to address youth being stigmatized and targeted for their substance use, because they are young (Canadian Drug Policy Coalition, 2021). Despite BC's harm reduction history, youth continue to be excluded from harm reduction programs and research. A study conducted by Jenkins et al. (2017) indicated that youth are actively taking up strategies that minimize the harms of substance use; however, this harm reduction uptake is informal, or done so on an impromptu basis. This study argues that a youth-centered harm reduction approach must be informed by youth experiences and perspectives.

Purpose & Research Question

The purpose of this phenomenological research study was to engage with and learn from an understudied population: youth who regularly uptake harm reduction. Youth-centered experiences and perspectives in harm reduction have not been fully captured in the same depth as older adult experiences. Moreover, while the harm reduction literature focuses on substance use specifically, youth perspectives may improve understanding of how youth experiences of harm reduction lend to a more wholistic view of how youth define and identify what they need to cope. In this way, youth perspectives prompt us to look at how harm and harm reduction have been experienced. Although harm reduction research is emerging more in various areas such as gambling, diabetes, obesity, transgender health, sexual health, and injury prevention and control (e.g., seat belts, airbags, bike helmets, and masks), there appears to be a lack of understanding on how youth fit in harm reduction approaches. As such, this study aimed to describe the current experiences of harm and harm reduction for urban Community Youth in Saskatoon, Saskatchewan to bring awareness to what is needed for youth uptake in harm reduction for both themselves and their loved ones (e.g., friends, family, or significant others).

Therefore, I explored the following research questions:

1. How are harm and harm reduction experienced and perceived by urban Community Youth in Saskatoon, Saskatchewan?
2. What factors support/impede urban Community Youth uptake in harm reduction?

Researcher Interest

This topic is important to me because I have worked with youth at EGADZ, the Saskatoon Downtown Youth Centre, who have wanted to uptake harm reduction; however, as a youth worker, I felt limited in what I could do to support them. Moreover, I have witnessed human suffering such as trauma, self-hatred, suicide attempts, and substance toxicity. Tragically, I have known youth who have lost their battle with life. Furthermore, I have discussed this topic on multiple occasions with Smiley, the Youth Advisory Committee, at Chokecherry Studios. There was a consensus that this topic was important to them. This consensus and my personal experiences as a youth worker lend to youth-centered harm reduction as an important topic with both the youth workers from my place of work, and with the many service providers in my profession. An academic, de-stigmatizing, open discussion of youth-centered harm reduction is missing from Saskatchewan's body of harm reduction literature. Therefore, this topic is significant to me, my workplace, my profession, Saskatchewan's body of harm reduction research, and most importantly, to youth in the community.

Significance

Engaging in research to better understand the experiences and perspectives of youth who try to uptake harm reduction can facilitate the development of better harm reduction supports and approaches. It is important to have a variety of harm reduction approaches and supports available to meet the needs of youth across the complex array of intersectional backgrounds. Moreover, Community Youth have raised the issue that they not only seek harm reduction support for themselves, but they look for ways to uptake harm reduction for the people they love (i.e., family members, friends, or significant others). This study drew upon and expanded the collective knowledge on varying contexts of harm reduction while providing unique insights into strategies for reducing harm among youth and their loved ones. My experience is that the urban youth population in Saskatchewan remains under-researched and underserved due to the stigma associated with youth and their experienced harm; however, that does not alleviate the harms currently experienced by these youth. Youth experiences in harm reduction were explored

through a phenomenological approach to better understand the barriers and supports identified to create safe, youth-centered harm reduction and community capacity that can be developed and/or improved in the facilitation of youth-centered harm reduction uptake. As an experienced service provider, I feel the insight gained from uncovering these firsthand experiences and the meaning participants have made from them provides necessary insight and relevance for service providers and community leaders for professional practice.

Children and youth have a right to be involved and to have their voices heard in all matters or decisions that affect them ... Not only do we need to listen to what children and young people have to say, but we also need to take what they say seriously.

(Saskatchewan Advocate, 2017, p. 7)

CHAPTER TWO: LITERATURE REVIEW

Theoretical Framework: Intersectional Risk Environment

Youth lived experiences are incredibly diverse and given the current study's focus on better understanding youth perspectives on youth-centered harm reduction, with the broader aim of supporting improved strategies to supporting youth-centered harm reduction in the community, this study was informed by the intersectional risk environment framework which is first discussed by Collins et al. (2019). This framework is an evolution of Rhodes' (2002) risk environment framework for harm reduction. Rhodes critiqued individualistic views of harm reduction that position substance use-related harm in relation to individual behaviours (Slemon et al., 2019). The risk environment framework shifts the concept of risk from individuals to the various intersecting environments that contextualize people's lives and their experiences associated with substance use (Rhodes, 2002). Environment can be conceptualized as the "intersection of social/political, economic, geographical, and policy environments at both the micro-level of immediate and proximal influence on a person's experiences, and the macro-level of broader conditions that contextualize substance use including inequities in health and social systems" (Slemon et al., 2019, p. 3). The risk environment framework offers a more wholistic understanding of the factors that may shape young people's perspectives on risk, as well as the plethora of environmental factors that influence youth navigation of risk (Slemon et al., 2019).

Similar to Rhodes's risk environment framework, the intersectional risk environment framework described by Collins et al. (2019) emphasizes the relational and dynamic interaction of factors across all environmental dimensions. However, these authors expand on Rhodes' framework by incorporating a relational approach to intersectionality which focuses on health and social inequities among and within groups of people. Addressing health inequities through a social justice lens provides a more wholistic perspective that supports a wholistic understanding of the various factors that shape experiences of risk and harm for individuals (Collins et al., 2019).

Intersectional risk environment is defined by Collins et al. (2019) as "the convergence of social and structural dimensions and individuals' intersecting social locations in ways that

interact with and impact individual behaviours to produce health outcomes” (p. 6). By utilizing this framework, the focus is shifted from the individual and victim-blaming, and towards the social-structural factors on health outcomes experienced by youth. This model moves away from previous research and discussions on youth-centered harm reduction as a tendency to generalize the treatment of all youth as a group of people with similar experiences of health outcomes towards a client-centered care model. The intersectional risk environment framework models the interconnected ways that social locations converge and function across social-structural dimensions to produce or mitigate health outcomes (Collins et al., 2019). Through this approach, I can better approach a socially oriented account for the relations across diverse factors that shape harm and harm reduction, while providing direction on how to apply the information to real-world experiences (Collins et al., 2019).

This framework enables an exploration of “how social-structural (e.g. interpersonal violence, discrimination), implementation (e.g. operating policies, educational materials in varying formats), and physical (e.g. mobility, physical access to services) contexts can produce or minimize inequities as they intersect with relational intersectional experiences” (Collins et al., 2019, p. 10). Incorporating this framework into harm reduction research may improve the understanding of health outcomes for youth and better orient interventions and public health approaches to address differential harms and experiences of youth. For example, studies that draw on an intersectional risk environment approach have shown:

gendered power relations and control in drug using partnerships can increase health- and drug-related risks if women are often second on the needle, require assistance injecting, and are unable to negotiate harm reduction strategies due to social-structural barriers, such as risk of violence. (Collins et al., 2019, p. 7)

Additionally, research drawing on an intersectional risk environment approach has also illustrated that policing in low-income spaces in Uganda is common and has been linked to HIV risk among female sex workers who disproportionately experience violence and sexual assault (Schmidt-Sane, 2022), indicating the use of this framework beyond harm and harm reduction models that are not necessarily substance use-related. The utilization of intersectional risk environment has also illustrated racialized and gendered barriers that inhibited access to harm reduction services (Collins et al., 2019). By adding to the complex layers of intersectionality, research within the context of colonialism can observe overlapping factors that create barriers to needed harm reduction services; these services are often implemented without consideration for

multiple needs within and across racialized groups of people (Collins et al., 2019). By drawing on intersectional risk environment, one can gain a social justice-oriented understanding of harms, barriers, and the creation of spaces for youth to exercise agency in contesting and changing risk environments (Collins et al., 2019).

Examining the various ways that social locations are impacted by, and interact with, environmental dimensions to shape health outcomes can contribute to community health strategies and interventions more relevant to the varying needs of individuals who are more exposed to harm (Collins et al., 2019). As such, harm reduction interventions, community health programming, and harm reduction services can better minimize health inequities and provide greater agency for youth with varying needs. Youth vary in their experience with harm and with their openness to support or change (Government of Canada, 2021b). Youth harm and harm reduction experiences, perspectives, and strategies are located within geographical, social, and cultural contexts (Jenkins et al., 2017). Harm reduction approaches must be contextually relevant to the lived experiences of individual youth (Jenkins et al., 2017). To ensure that harm reduction approaches are relatable and meaningful to youth, their perspectives in the development of harm reduction supports are needed (Jenkins et al., 2017; Slemon et al., 2019).

What's in a Name? Defining Harm, Harm Reduction, and Harm Reduction Uptake

Harm

In the context of harm reduction literature, the most common way the literature mentions harm is related to the negative health, social, and legal impacts associated with psychoactive substance use (First Nations Health Authority, n.d.; Government of Canada, 2018a; Harm Reduction International, 2022; Shelter, Support & Housing Administration, 2017; Substance Abuse and Mental Health Services Administration, 2022). Similarly, the literature has included nicotine in this topic (Hiemstra & Bals, 2018; Warner, 2019). The adolescence stage of the lifespan has been widely recognized in the literature as a particularly vulnerable period for illicit substance use initiation and the development of SUDs (Gomez et al., 2017). Adverse childhood experiences (ACEs) are additionally recognized as predictors of early onset of substance use, problematic substance use, and SUDs (Anda et al., 2006; Bennett & Terry, 2021; Campbell et al., 2016; Centers for Disease Control and Prevention [CDC], 2022; Hays-Grudo et al., 2021; Merrick et al., 2018). ACEs are potentially traumatic events that can occur during childhood development from zero to 17 years old and are often linked to health, mental health, and

substance use problems (CDC, 2022). Examples of ACEs include exposure to violence, abuse, or neglect, including violence in the home or community, having a family member attempt or die by suicide, and growing up in a household surrounded by people with mental health problems, substance use problems, and instability due to parental separation or household member incarceration (CDC, 2022).

While Dea (2020) has asserted that there has been little expansion in the types of harms addressed in the literature that moves beyond the historical roots that substance use established in the 1980s, research has been slowly expanding in this area. Another common way the literature often discusses harm is concerning sexual activity, such as HIV, hepatitis C, and other sexually transmitted infections (STIs; BC Centre for Disease Control, 2022; Government of Saskatchewan, n.d.). On other fronts, the literature discusses harm through topics such as gambling (Thomas et al., 2017), self-harm (Davies et al., 2020; James et al., 2017), and housing (Pauly et al., 2013; Shelter, Support & Housing Administration, 2017). ACEs are connected to these harms as well, where the result of ACEs is long-lasting, negative effects on well-being and life opportunities such as education and employment. As a result, there is an increased risk for injury, STIs, maternal health problems, sex trafficking, chronic diseases (e.g., cancer, diabetes, heart disease), and suicide (CDC, 2022).

Philosophers have long debated the metaphysics of harm, that is, the nature of harm, and whether harm is a state or an event (Dea, 2020). For example, Gert has argued that people are “deeply motivated to fear and avoid five broad classes of harm: death, pain, disability, loss of freedom, and loss of pleasure” (as cited in Dea, 2020, p. 303). Moreover, philosophers have debated whether it is worse to cause or allow harm to happen (Dea, 2020). There is an overwhelming and varied amount of literature in terms of the harm that people experience in their everyday lives. Therefore, the status quo of harm reduction frequently associated with substance use does not need to continue (Dea, 2020). When we examine the etymology of what exactly harm means, in its verb form from old English, harm means to hurt or injure, which replaces the verb to scathe (Online Etymology Dictionary, 2022). Scathe relates to ongoing damage (i.e., damaging, wounding, blasting, scorching), which suggests a repetitive nature to harm and how it can build up over time (Hyde, 2022).

Since the literature on harm reduction refers to harm in so many varied ways, it is important to provide a clear understanding of how harm is framed in the current study. The

literature discusses various points of reference for harm that all come back to the etymology of the word, therefore the etymology of harm is what I use as a point of reference for the current study. As such, harm in the current study refers to any way that Community Youth feel hurt or injured. Also utilizing the term scathe as a reference point, this hurt or injury that Community Youth experience is not a one-time occurrence, but rather a recognizable pattern of repeated harm. One Community Youth may engage in a health behaviour repeatedly, where the harms accrue over time, while another Community Youth may experience a pinnacle event in their life that has resulted in an echo of hurt repeatedly thereafter. Whereas another youth may experience harm not due to a particular health behaviour, but because of their identity, and they experience a daily repetition of various harms associated with their identity. In terms of what this hurt or injury is, is primarily based on the experiences of the participants and what they determine was a repetition of hurt.

Harm Reduction

Harm reduction has typically been referred to as a person-centered, rights-based approach that encompasses the policies, programmes, and practices aimed at reducing health, social, economic, and legal harms on individuals, families and communities, which are a result of illicit and licit psychoactive substance use (Cook & Kanaef, 2008; Dillon, 2020; Giacomazzo, 2021; Harm Reduction International, 2020). Harm reduction has had a complicated history in Canada, which can be attributed to prevailing political winds. Fortunately, the Canadian Drug Policy Coalition (n.d.) offers a clear outline of this complicated history. To summarize, the first needle exchange programmes, a form of harm reduction to address transmission of infectious diseases, opened in the late 80s in Vancouver, Toronto, and Montreal. In 2007, Prime Minister Stephen Harper's *National Anti-Drug Strategy* fueled opposition towards the harm reduction approach, opposing harm reduction in favour of law enforcement, driven by stereotypes of anti-drug discourses about substance use. Harm reduction was further impeded by the 2012 implementation of the *Safe Streets and Communities Act*, which implemented mandatory minimum penalties for certain drug offences, including an increase in prison sentences for cannabis offences (Canadian Drug Policy Coalition, n.d.; Government of Canada, 2012). Additionally, an amendment was made to the *Controlled Drugs and Substances Act* to increase the punitive scope of substance use (Canadian Drug Policy Coalition, n.d.).

A political shift that was more in favour of harm reduction occurred when the new

federal government in 2015 began to address a large increase in overdose deaths across Canada (Hyshka et al., 2017). This shift made it possible for new harm reduction policies and services to be implemented (Hyshka et al., 2017). Today, harm reduction falls within the four pillars of the *Canadian Drugs and Substances Strategy* (Government of Canada, 2018b), the other three pillars being prevention, treatment, and enforcement, which are further supported by strong evidence-based research.

In a 2008 report, it was indicated that Saskatchewan performed well in terms of needle distribution, boasting that Saskatchewan “does a good job... as good or better a job as anyone else in the world” (Laurence Thompson Strategic Consulting [LTSC], 2008, p. vii). Saskatchewan’s needle exchange programs were implemented to reduce the spread of infectious diseases among PWIDs. In the same report, it was indicated that these programs “have helped Saskatchewan keep its rates of HIV infection lower than the rest of Canada” (LTSC, 2008, p. iv). Looking locally, Saskatoon offered harm reduction services as early as 1993, when Public Health Services added a needle exchange component to its Street Outreach program (Laurie & Green, 2000).

In Saskatchewan, harm reduction is widely considered a basket of services that support people who choose to engage in or abstain from substance use. Although harm reduction may seem incompatible with abstinence, harm reduction supports people in defining their own goals, and people can choose a goal of abstinence, safer use, or no change in substance use behaviours (Alberta Health Services, 2019; Shelter, Support & Housing Administration, 2017). Although harm reduction has traditionally focused on the harms related to substance use (e.g., the transmission of infectious diseases through needle sharing; Bagot & Kaminer, 2018; Kimmel et al., 2021), when we look at harm reduction through a lens that is compatible with abstinence, we start to see a different perspective of what harm reduction entails. To support a harm reduction approach, there needs to be support to manage withdrawal symptoms, strengthening of a person’s self-worth, resilience and life skills, mental health support, supportive community, ongoing support based on that person’s needs and goals, and family and social support (Alberta Health Services, 2019). Therefore, harm reduction is a client-centered approach to wellness.

In 2009, a report was published based on the harm reduction needs among clients in the Saskatoon Health Region. This survey emerged from concerns about increasing rates of HIV among people directly or indirectly affected by injection drug use (IDU; Plamondon & de Bruin,

2009). Several recommendations came out of this report. The first recommendation asserted that users of harm reduction should be involved in the process of gathering, interpreting and sharing data to ensure that harm reduction practices are driven by client needs. Since this report, studies have been conducted to identify barriers to accessing care from the perspective of PWIDs, and the perspective of service providers (Lang et al., 2013). From the perspective of PWIDs in Saskatoon, barriers identified included, but are not limited to, lack of personal support, discrimination, and poor knowledge and coordination of service providers (Lang et al., 2013). From the perspective of service providers in Saskatoon, barriers identified to providing care to PWIDs in Saskatoon included stigma and discrimination, inefficient use of resources, inadequate education, and the unique needs of PWIDs (Lang et al., 2013). When examining the compatibility of abstinence and harm reduction, some issues that make abstinence more difficult for PWUDs are unsafe and unstable housing, financial instability, lack of social support, lack of healthcare and mental health support, and stigma (Alberta Health Services, 2019). Further research has been published that examines other aspects of harm reduction in Saskatoon, such as the perspectives and experiences of patients living with SUDs, and community pharmacists as healthcare providers (Fatani et al., 2021). This study indicated that the client-pharmacist relationship can be moved beyond the services of a dispensary and into the territory of addressing the varying and unique needs of PWUDs to improve their overall healthcare experience.

Harm reduction is still an emerging approach to youth substance use (Jenkins et al., 2017). While still limited in practice, harm reduction approaches have started to emerge in school settings as an alternative to prevention programming (Government of Canada, 2021b; Jenkins et al., 2017). The following are several harm reduction approaches employed by Canadian schools, as listed by the Government of Canada (2021b):

- Displaying materials designed by students that feature harm reduction messaging in common spaces within the schools.
- Equipping youth, who have used or seen harm reduction strategies in their own lives, to facilitate safe, non-stigmatizing peer-to-peer discussions.
- Partnering with public health service providers working in harm reduction service centres to increase youth awareness and understanding of the services that exist in their communities.

- Empowering teachers to create harm reduction-oriented policies for their classrooms.
- Reviewing school policies to align with and help implement harm reduction-oriented initiatives and objectives.

While harm reduction continues to focus on substance use, there is room in the conversation to include various forms of harm such as mental health, sexual health, gender identity, and discrimination.

A commonly recited message in harm reduction literature, programming, and policy is to “meet them where they’re at”. Meaning, service providers need to serve others by meeting them where they are, no matter where they are. While there is an uptick in harm reduction messaging and support in schools, it is important to consider the youth who are not in school to access these messages, supports, or services. For example, youth in out-of-home care are at a higher risk of dropping out of high school (Ferguson & Wolkow, 2012; Garcia et al., 2017). Additionally, youth who were in a juvenile detention facility are at greater risk of not finishing high school (Cavendish, 2014; Garcia et al., 2017; Kirk & Sampson, 2013). Similar fates are shared among youth who experience compromised health and mental health outcomes, homelessness, and a need for special education services (Garcia et al., 2017). ACEs are known to negatively impact education and are associated with an increased risk of school dropout (CDC, 2022; Morrow & Villodas, 2018). From the literature, there seems to be this association of youth who are at increased risk for harmful health outcomes, but at the same time, are less likely to attend school, meaning that these same youth would not be receiving the benefits of school-based harm reduction initiatives, resources, supports, and programming.

Although these resources and supports are in place, little is known about how accessible harm reduction resources are for youth. Harm reduction is exceptionally complex and can be built into policy and practice in many different ways (Safe Community Action Alliance [SCAA], 2020). Previously, youth have emphasized that there is a need for place-based, land-based programming that supports youth with day-to-day struggles, trauma, and the general stresses associated with being a youth (SCAA, 2020). While there are various ways youth experience harm in their everyday lives (e.g., mental health, self-harm, substance use, homelessness, sexual activity, gender identity), there is not much said in the literature for the various ways youth are supported in terms of harm reduction to address these harms. While harm reduction has typically been discussed as a basket of health and social services and practices that apply to substance use

(e.g., information on safer substance use, substance consumption rooms, needle and syringe programmes, overdose prevention and reversal, housing, drug checking, and legal services; Harm Reduction International, 2022), youth experience harm beyond substance use, and as a result uptake harm reduction that reduces harms beyond substance use.

When looking to philosophers to lend to this discussion, Dea (2020) has argued that philosophers are lagging in the philosophical study of classic harm reduction described by Marlatt, with the foci extending beyond the scope of the current study (e.g., abortion, climate change, physician aid-in-dying; Dea, 2020). Optimistically, some research has emerged that has adapted Marlatt's classic principles of harm reduction to work with populations of people who do not necessarily use substances. For example, Gruenewald (2020), has argued that trans people have unique harms that they endure (e.g., physicians gatekeeping practices surrounding gender-affirming healthcare options) and that addressing these harms calls for an approach that is non-moralizing, developed by and in partnership with trans activists, and includes non-enforcement of stringent guidelines on every trans person who is seeking medical intervention. As such, research is moving in a direction that broadens the scope of what harm and harm reduction can look like for various populations of people.

For the current study, harm reduction involves the actions, interventions, resources, services, programmes, and policies that mitigate the harmful impact that high-risk situations or behaviours have on the individual, community, and society. As such, harm reduction is a value-neutral approach to an individual actively mitigating the adverse health, social, legal, and economic harms of their specific behaviours or circumstances without the expectation that the behaviours or circumstances will reduce, change or stop (Beirness et al., 2008; Hawk et al., 2017). In the process of reducing harm, the focus is to minimize the negative consequences of the behaviour or circumstances rather than passing judgment on the individual for whatever it is that is causing harm (Beirness et al., 2008).

Harm Reduction Uptake

Typically, harm reduction has offered an alternative to abstinence as a singular goal for people who use substances (Bagot & Kaminer, 2018; Taylor et al., 2021); it takes an inclusive and pragmatic approach to prevent substance use-related harms among youth. Thinking more broadly, harm reduction: (1) offers options that support people in achieving better health in their own way, meeting and supporting individuals where they are at with their unique wants, needs,

and values, including those who do not use substances, use substances occasionally or frequently, or have SUDs; and (2) supports choice in pursuing healthy behaviours, recognizing that each choice is potentially a step towards improved health and overall well-being (Government of Canada, 2021b). Youth cannot be classified as a homogenous group, because they vary based on gender, sexual identity, ethnicity, ability, cultural background, economic background, and their individual and intersectional identities (Tam, 2018). Differences in experiences vary due to differences in identity. Due to the complex realities of youth in any given community, many health and social services fail to consistently meet the needs of those youth across a complex variety of intersectional backgrounds (Tam, 2018). As such, a personally tailored harm reduction approach is better than a one-size-fits-all approach (Wimbish-Cirilo et al., 2020; Winhusen et al., 2020).

Unfortunately, there is a lack of research in Saskatchewan on youth-centered harm reduction approaches that honour the complex identities and unique worldviews of urban youth, and youth who would benefit the most from these approaches are generally underrepresented in Saskatchewan's body of research (Saskatchewan Advocate, 2017). Previous research in Vancouver, BC has indicated that underserved youth are resourceful when trying to take up harm reduction; however, the reasons for engaging in substance use in the first place sometimes make it impossible to take up harm reduction, pointing to gaps in access to other community services (e.g., mental health and housing) as opposed to harm reduction services (e.g., needle exchange and safe injection; Bozinoff et al., 2017). However, this research is located within a context where harm reduction infrastructure is more explicitly and deeply present within the community, whereas Saskatchewan's harm reduction infrastructure is relatively new, and not yet supported (i.e., financially) by the provincial government. When community services fail to reflect key populations, the most historically underserved within the community fall through the cracks. Due to youth underrepresentation within Saskatchewan's body of research, harm reduction research would benefit the most from seeking the perspectives of urban Community Youth.

The literature shows that some benefits of youth substance use-related harm reduction uptake include increased knowledge of potential harms and harm reduction strategies, decreased barriers in harm reduction access and uptake, increased desire to quit substance use, and youth empowerment through the de-stigmatization of their substance-using behaviours (Dubois, 2017; Folch et al., 2018; Winhusen et al., 2020). Furthermore, school-based harm reduction supports

can have a positive impact on youth knowledge, attitudes, and behaviours related to substance use, and can promote less harmful substance use (Government of Canada, 2021b).

Harm reduction, for youth, has the potential to reinforce insightful decision-making, while addressing adolescent goal setting and commitment (Bagot & Kaminer, 2018). Service providers who offer support in the form of harm reduction may be able to promote healthy development in youth, particularly in exercising their autonomy, while strengthening social competence, coping skills, and emotion regulation (Bagot & Kaminer, 2018). Schools that implement harm reduction-oriented policies can further support youth by connecting them to various supports (e.g., counseling, treatment) that support youth to manage their substance use, address underlying causes for that substance use, and as a result, nurture youth health and overall well-being (Government of Canada, 2021b). For youth to see these benefits as a result of harm reduction uptake, literature in the fields of education, recreation, health education, and community development indicates that youth should be involved in the planning, implementation, and evaluation of harm reduction strategies, contributing to the sustainability and effectiveness of said strategies (Giacomazzo, 2021; Paterson & Panessa, 2008).

Summary

To date, there is limited research that attempts to understand youth-centered harm reduction approaches that honour the complex identities and unique worldviews of urban youth. The scope is even more limited when considering the province of Saskatchewan. Intersectional risk environment is one approach to harm reduction that can focus on the unique experiences of youth and how health outcomes are a process of intersecting social, historical, and geographical contexts. Through this approach, we can better approach the factors that shape risks and outcomes, while providing direction on how to apply the information.

While harm, harm reduction, and harm reduction uptake have been historically situated within the context of substance use, there is an increasing amount of literature that moves away from substance use and into other areas of health and well-being. As such, it is beneficial to refer to a philosophical approach to harm reduction when addressing research regarding an under-researched population. As such, harm refers to any way that Community Youth experience a recognizable pattern of repeated harms. Moreover, harm reduction refers to the actions, interventions, resources, services, programmes, and policies that mitigate the harmful impacts of these repeated harms on the individual, community and society. Finally, harm reduction uptake

refers to individuals choosing to pursue improved health and overall well-being in their own way.

Harm reduction, for youth, has the potential to reinforce insightful decision-making, while addressing adolescent goal setting and commitment. By identifying youth needs that are discussed in terms of supports and barriers to accessing harm reduction, we can enhance the protective factors that better support harm reduction uptake. As a result, the harm reduction approach can promote well-being among youth.

CHAPTER THREE: METHODOLOGY

The purpose of this study was to explore individual participant experiences of taking up harm reduction for themselves and their loved ones (e.g., family members, friends, or significant others). The following section will explain the theoretical underpinnings for how the study aimed to answer the research questions: How are harm and harm reduction experienced by urban Community Youth in Saskatoon, Saskatchewan? What factors support/impede urban Community Youth uptake in harm reduction? To begin, I will discuss my positionality in the context of the current study, my anti-oppressive approach to research and community partnerships, followed by the philosophy of science concerning the study's conception and an explanation of the research paradigm, tradition, and specifics of Interpretative Phenomenological Analysis (IPA) methodology. Next, I will describe the account of participant recruitment, the data collection process, and the completion of the analysis. Finally, I will conclude the chapter by discussing ethical responsibilities and criteria for establishing trustworthiness.

Positionality

I am a white, educated woman who has never struggled with substance use, living on Treaty 6 Territory, which encompasses the traditional lands of diverse Indigenous peoples, including the Cree, Salteaux, Dene, Dakota, Lakota, and Nakota, and the homeland of the Métis. Research does not take place in a vacuum; it is guided by assumptions about how the world is, how knowledge is produced, valued, and shared, the ethical and moral aspects of research, and how research is to be executed (Held, 2019). Furthermore, the youth who access Chokecherry Studios, the research site for this project, face multiple barriers including racism, poverty, homelessness, mental health disorders, SUDs, and intergenerational trauma caused by colonial and systemic violence. Chokecherry's work is informed by principles of anti-oppression, harm reduction, and strengths-based approaches. As such, I took an anti-oppressive research approach in the context of the current study.

Anti-Oppressive Practice

Anti-oppressive practice (AOP) is a concept that was first introduced in the 1970s and is rooted in multidisciplinary social work theory in Canada and the United Kingdom and values

equity and social justice by challenging power and oppression (Rogers, 2012; Zhang, 2017). AOP is an approach, traditionally taken in the field of social work, that rejects the neutral stance of helping professions, and instead advocates for disrupting oppressive power relations and facilitating social change (Cross, 2020). AOP addresses the various social divisions and forms of structural inequality in work that is done with clients (Zhang, 2017). Complementing the intersectional theoretical approach taken in the current study, Cross (2020) argues that AOP takes an intersectional approach that recognizes the multiplicity and interlocking nature of different types of oppression (e.g., racism, sexism, ageism). Furthermore, the author asserts that AOP recognizes that individuals are connected to larger historical, social-political, and economic processes that contribute to and maintain inequity. An AOP approach emphasizes the importance of collaborating with individuals who experience oppression and inequity to enhance community services (Cross, 2020). Moreover, people with lived and living experience should be involved in decision-making, occupying positions of power (Cross, 2020). AOP can be applied to harm reduction research, because while Western understandings of harm reduction focus on individual substance-using behaviours, an AOP approach can expand our thinking to explore the historical, political, and social dimensions of harm (Cross, 2020). An AOP approach can also place lived and living experiences at the centre of harm reduction research (Cross, 2020).

Anti-Oppressive Practice, in Practice

Many of the Community Youth who access Chokecherry Studios' services face one or more types of oppression (e.g., racism, sexism, heterosexism, transphobia) that layer and interlock in different ways. Therefore, the research approach taken in this study acknowledged the various, complex, and unique realities of all youth who collaborated on the study. The goal of the current study was to capture the experiences of youth participants and how they chose to portray these experiences of harm and harm reduction and in turn, themselves. Thus, I found it particularly important to take an anti-oppressive approach to ensure that I conducted research that placed youth lived and living experiences at the heart of the study.

Community Partnerships and Community-Based Research. Broadly stated, the current study is a community-based research (CBR) study. CBR places non-academics in the process of co-creating knowledge (Ragavan et al., 2019); community partnerships are front and centre in the research process (Pacific AIDS Network [PAN], n.d.). CBR approaches are marked by a collaborative, change-oriented, and inclusive approach. Collaboration refers to the idea that

communities are full partners in all stages of the process (PAN, n.d.). Partners should be able to collaborate in developing research questions, determining data collection methods, and developing knowledge dissemination strategies. Community-based research should empower communities to better support the people who live in them. All people involved in the research process have their unique strengths and talents that should inform the co-creation of knowledge. However, CBR can vary in intensity and strength of collaboration (Ragavan et al., 2019). Similarly, the community of focus also varies, and there are varied ideas of what a community can be. According to Israel et al. (1998), “Community is characterized by a sense of identification and emotional connection to other members, common symbol systems, shared values and norms, mutual—although not necessarily equal—influence, common interests, and commitment to meeting shared needs” (p. 178). In the current study, Chokecherry Studios is the community. The people (i.e., youth, staff, service providers, and community members) who engage with Chokecherry daily are at the heart of the community and are passionate about their community. The community partners in this study are Chokecherry Studios, the Students Commission of Canada, and Smiley, the Youth Advisory Committee.

Chokecherry Studios. Andrea Cessna (AC), Principal Director, was the main contact with Chokecherry Studios. Chokecherry Studios is a youth-founded, non-profit organization that offers arts-based programming and mentorship to youth in inner-city Saskatoon. AC, and in extension, Chokecherry, supported the study by facilitating ongoing engagement with youth accessing their programs/services; offering guidance throughout the study (this involved inviting the Elder to participate in the study); making their facilities available for meetings/gatherings; and supporting youth (i.e., debriefs) with their contributions to the study.

The Students Commission of Canada. Dave Shanks (DS), Associate Director, was the main contact with the Students Commission of Canada. The Students Commission of Canada is a national charitable organization with a mission to purposely work with others to ensure that young people’s voices are heard and valued so that they can put their ideas for improving themselves, their peers, and their communities into action. When we held Smiley meetings at Chokecherry, DS reached out to Smiley youth to inform them of the dates/times of the meetings. DS co-facilitated these meetings with me. DS offered various forms of support throughout the study, particularly for participant recruitment and for youth to debrief with during data collection

activities (i.e., interviews). DS had a fundamental role in reaching out to, recruiting, and keeping connected with Smiley members and the participants in this study.

Smiley. Smiley, the Youth Advisory Committee, was named as such to honour Brandon Applegate (“Smiley”), a youth/advocate in the community that was deeply committed to local projects focusing on the harms of substance use. All the youth in the committee fondly remember Brandon and wanted the committee to honour the work he did for the community before his death in 2020. A major strength of the Youth Advisory Committee was that there was not a strict list of youth who attended each committee meeting. Although each meeting consisted of five youth, the same youth did not need to attend each committee meeting. One meeting may have had five particular youth, but at the next meeting, two of those youth might not have attended, but another two youth who happened to be hanging out at Chokecherry that day would attend instead. So not only is the study about the Chokecherry community, but the committee was inclusive of various youth who engaged with the Chokecherry community. This way, the meetings were of a drop-in nature similar to Chokecherry Studios, and the perspectives of Community Youth were broadened to take into consideration the various youth who may drop in on any single session. At various meetings, Chokecherry staff would even join and offer their insights. The youth, employees, and community partners (i.e., DS and AC) collaborated to co-create knowledge for their community.

Connecting the Dots between Chokecherry Studios, the Students Commission of Canada, and Smiley. DS has been involved with youth organizations in Saskatoon such as the Core Neighbourhood Youth Co-op, Saskatoon Opportunities For Youth (SOFY), and Egadz, the Saskatoon Downtown Youth Centre. Part of his involvement with youth organizations has led him to interact with Chokecherry Studios. Many of the youth from his SOFY group were also connected to Chokecherry. Before the development of Smiley, I introduced the current study’s topic idea to DS on October 21, 2020. He immediately approved of the idea of this study and recommended we reach out to AC with Chokecherry Studios. The main reason at the time for reaching out to Chokecherry Studios was that it was one of the few places still open for in-person gatherings during the COVID-19 pandemic, and many youth were staying connected through them.

Over the following months, DS, AC, and I had email and video-conferencing communications, where I was granted access to Chokecherry Studio youth for a first meet-and-

greet. I explained that I wanted to start a Youth Advisory Committee for this study, and when I asked DS about this, he said that the youth he works with at SOFY are youth he has worked with on a previous photovoice study on youth homelessness. These youth were both known to DS and Chokecherry, given the overlap in the pre-existing relationship that The Students Commission of Canada, Chokecherry Studios, and the youth in the community have with the two. Therefore, DS facilitated the creation of the Youth Advisory Committee by inviting SOFY/Chokecherry youth to Chokecherry Studios, AC supported the committees taking place at Chokecherry Studios, and the Youth Advisory Committee made up of the Community Youth that were invited showed up and engaged as decision-makers and consultants on the study.

The purpose of the first Youth Advisory Committee meeting was to begin relationship-building with the youth. At the first meeting, every youth in attendance was enthusiastic about forming a committee for this study. Moving forward, the plan was to meet monthly for consultations on the study that would continue to, and include, knowledge translation. However, the COVID-19 Saskatchewan Public Health restrictions made the meetings less frequent due to gathering and communication limitations. Due to the inaccessibility of virtual meetings for many Smiley youth, the meetings did not occur until gathering restrictions were lifted. At each meeting, we addressed the structure of the thesis proposal and the support that they would want throughout the study. This committee overviewed the thesis proposal for edits and approval. In addition to these meetings, I was involved in Chokecherry events throughout the spring/summer to further foster community engagement. I attended webinars hosted by Chokecherry (e.g., Pride Talks and Harm Reduction), participated in community events hosted by Chokecherry (e.g., Community Art Action for the 215 Kamloops Children, and Cancel Canada Day), and I facilitated a workshop series hosted at Chokecherry Studios (e.g., Harm Reduction Talks).

What do I mean when I discuss community-based research? CBR includes a range of levels of involvement of community partners in research from almost nothing after the co-development of the idea and approach, to deep involvement in all aspects. The key to CBR is that the community partners decide their levels of involvement.

I came into the master's program with the idea of wanting to do a study on harm reduction, given my own experiences with harm reduction as a service provider in the city of Saskatoon. Therefore, I brought this very general idea of youth-centered harm reduction to Chokecherry youth as soon as possible in the research process. However, I needed to overcome a

series of hurdles before opening a discussion with the youth, such as finding the right people in the community who could connect me to the youth in an appropriate manner. Therefore, building a relationship with DS from The Students Commission of Canada led to me building a relationship with AC from Chokecherry Studios, who led me to building a relationship with the youth who access Chokecherry Studios. The study's proposal was realized with the youth, as was the ethics application. DS and Chokecherry staff were present with the youth during these study consultations. During this process, an Elder was identified by the youth as a support who would hold a safe space for the youth to speak their truths during the interview portion of the study. This study is about the youth, for the youth, with the youth. Therefore, the youth are the centre of this study, and everything was done in collaboration and consultation with them. We were continuously working together and having conversations about how to best support these Community Youth.

Chokecherry's community members were involved in this study precisely in the parts of research that they wanted to be involved in, felt they needed to be involved in, or had the time to be involved in. A lot of the research involved things that people just did not want to do. The tasks I conducted as the student researcher kept the study going while ensuring that everyone was involved as much (or as little) as they wanted to be.

Research Paradigm, Ontology, Epistemology, and Methodology

Social Constructivist Paradigm

Research paradigms refer to a researcher's worldview (Kivunja & Kuyini, 2017). This means that paradigms can be used to reflect how a researcher frames or thinks about their research topic (Kamal, 2019). Paradigms represent a researcher's beliefs and values about the world, the way a researcher defines the world, and the way that the researcher works within the world (Kamal, 2019). The paradigm directs a researcher's investigation from data collection to analysis (Kamal, 2019), and affects every decision a researcher makes in the research process (Kivunja & Kuyini, 2017). In a social constructivist paradigm knowledge and understanding of the world are developed jointly by individuals (Amineh & Asl, 2015). Furthermore, significance and meaning are developed in coordination with other people (Amineh & Asl, 2015). The most important elements in social constructivism are (a) people rationalize their experiences by creating a model of the social world and the way that it functions and, (b) language is essential for people to construct reality (Amineh & Asl, 2015). Knowledge is constructed through

interactions with others and their surroundings before it is internalized (Amineh & Asl, 2015). In the context of the current research study, interactions with participants were important in understanding the experiences of harm reduction from the perspectives of Community Youth. However, my own opinions and judgments also played a role in this process, because I was constructing knowledge alongside the participants (Kamal, 2019).

Ontology

Ontology refers to the nature of reality (Kivunja & Kuyini, 2017). Ontology is essential to the discussion of a research paradigm because it helps to provide an understanding of the things that make up the world. By continuing this discussion of a social constructivist paradigm, such a paradigm determines that reality is relative, whereas multiple realities are subjective and everchanging (Kamal, 2019). Universal and absolute truth is unattainable (Boyland, 2019). Although some critics assert that social construction is too subjective, this stance offers the opportunity for research participants to share firsthand experiences; people are encouraged to tell their lived reality in their terms that can change from moment to moment and day to day (Boyland, 2019). In my approach to examining the experiences of harm reduction uptake, I believed there would be multiple truths or multiple ways of experiencing harm and harm reduction and that knowledge around harm reduction would be actively constructed within the context of the research relationship between myself and my participants.

Epistemology

Epistemology refers to knowledge, or how we come to know something (Kivunja & Kuyini, 2017). It refers to the nature of knowledge, the forms of knowledge, and how knowledge can be acquired and communicated to others (Kivunja & Kuyini, 2017). In line with ontology, multiple forms of knowledge exist and are built between the researcher and participants (Kamal, 2019). Knowledge is constructed rather than discovered, by both researchers and participants (Kamal, 2019). The construction of knowledge can be influenced by various factors such as a person's prior knowledge, experiences and preconceptions about a phenomenon, as well as political and social status (e.g., gender, race, class, and personal and cultural values; Kamal, 2019).

Methodology

Methodology refers to how we should go about studying the world to acquire knowledge (Kamal, 2019). Methodology refers broadly to the research design, methods, approaches, and

procedures used in a research study that seeks to study a particular phenomenon (Kivunja & Kuyini, 2017). Based on my research paradigm, ontology, and epistemology, it is known that there is no single truth, and the construction of knowledge is made through social interactions between the participant and the world, the participant and the researcher, and the researcher and the world. Social, cultural, and historical context plays an important role in shaping people's perceptions of how the world is and how knowledge is made about phenomena. Methodology incorporates both hermeneutics (interpretation) and logic; interpretations are shared and understood by both the researcher and participants (Boyland, 2019). Social constructivist methodology determines local rather than universal meanings and practices; focuses on provisional rather than essential patterns of meaning-making; and considers knowledge to be the production of social and personal processes of meaning making (Boyland, 2019). A social constructivist methodology:

[I]s ideally suited for engaging with a target demographic that encompasses constituencies with a focus on individuals, families, workers, students, children, parents, adolescents, caregivers, professional associates, recreational/sporting organisations, cultural/religious/ gender groups, and multiple other social constructs within the community of human experience. (Boyland, 2019, p. 33)

Therefore, social constructivism should utilize a methodology that engages in meaning-making and sense-making activities, often practiced in qualitative research, utilizing methods such as interviews (Kamal, 2019).

Qualitative Research. This study takes a completely qualitative approach. Astin and Long (2014) offer a clear description of qualitative research. To summarize, qualitative research explores the world from the participant's perspective. Qualitative research is characterised by an emphasis on understanding other people's perspectives and experiences, and the interpretations and meanings they bring and give to the phenomena being explored. The data collected in qualitative research typically take the form of spoken or written words, rather than numbers. A qualitative approach recognises that there are many ways in which the wider world can be interpreted; the truth is subjective. The way a researcher sees the world influences the type of questions asked and the techniques chosen to answer those questions. Qualitative research also recognises that the researcher forms part of the context within which the research takes place by formulating the research questions, and collecting, analysing, and interpreting the data. How an individual attaches meaning to a phenomenon, within the context in which it occurs or the wider

context of the person's life, provides the foundation for a unique interpretation of a given phenomenon. Awareness of data collection approaches, sampling strategies, and reflexivity is needed when conducting qualitative research.

Phenomenology. For the present study, I drew on phenomenology, an approach to research that explores how individuals make sense of their experiences (Smith et al., 2012). Rodriguez and Smith (2018) explain the history of phenomenology, particularly by describing the philosophical approaches of Husserl and Heidegger. To summarize, philosopher Edmund Husserl established phenomenology as a discipline, now known as descriptive or transcendental phenomenology. Husserl asserted that experiences are described by a researcher whose perceptions are "bracketed" so that the researcher can enter the lifeworld of the research participant without presuppositions. The research participant intentionally focuses on a specific event or thing, and as a result, experience emerges through perception, thought, memory, imagination, and emotion. Husserl had an epistemological orientation that questioned knowledge, asking how we know what we know. In this approach, historical context is irrelevant, and meaning is not influenced by the researcher's presuppositions. The meaning-rich data is the subject of analysis, and data stands alone; however, meaning can be reconstructed. Bracketing, the process of setting aside personal experiences, biases, preconceptions, and knowledge of previous research findings and theories about the research topic, supports the validity of interpretation, enabling a certain level of objectivity.

Rodriguez and Smith (2018) go on to explain how Martin Heidegger, Husserl's student, refused the epistemology that influenced Husserl's work, and instead adopted ontology, the science of being, which explores the nature of reality and how we understand what exists and is experienced. To summarize, Heidegger developed interpretive phenomenology using hermeneutics, the philosophy of interpretation, and hypothesized about being in the world by asking, 'what is being?'. Heidegger was oriented towards interpreting and describing experience, but rejected bracketing, because he viewed presuppositions as having an impact on our interpretations and descriptions of the world. For Heidegger, historical context is implicit in understanding the phenomena being explored. Culture, practices, and language can be shared, and meaning is influenced by researcher belief systems. Interpretation explains what is already known, with the researcher developing an understanding of the experience.

The phenomenological strategy that shaped this study is an interpretative

phenomenological analysis (IPA) approach.

Interpretative Phenomenology Analysis. IPA has foundations in Heidegger's hermeneutic method and focuses on producing an interpretative, in-depth analysis of accounts from a small group of participants who are viewed as experts in the phenomena being explored (Rodriguez & Smith, 2018; Smith et al., 2012). In this approach, the researcher undertakes interviews and individual experiences are illustrated through thematic analysis (Rodriguez & Smith, 2018). Findings explore the lived experience of the phenomenon, influenced by researcher interpretations (Rodriguez & Smith, 2018). IPA is inductive and grounded in the data, but it also acknowledges dominant literature (Rodriguez & Smith, 2018). The present study was also influenced by van Manen's approach to phenomenology, where the researcher uses a broad range of data collection methods that are appropriate to both the participants and the study of harm reduction (Rodriguez & Smith, 2018). Research findings can draw on the arts to better convey meaning, such as translating participant statements using photographs to support or describe the meaning of a theme (Rodriguez & Smith, 2018).

Photovoice. While the current study took a phenomenological approach, a major method utilized throughout this approach was photovoice. Photovoice is a research method developed by Wang and Burris (1997), who ascribe to the following theoretical underpinnings:

1. Critical consciousness, conceptualized by Paulo Freire, describes the way the world works; society, politics, and power relationships affect one's situation. Visual imagery is one way to enable people to think critically about their community and discuss the social and political influences on their lives.
2. Feminist theory and practice have major influences on participatory research. Practically anyone can learn to use a camera, effectively making photovoice a powerful research method for women, children, and people with socially stigmatized health conditions. These participant groups would have insight into their communities that professionals and outsiders are missing. This theoretical underpinning emphasizes the importance of voice within research to enable social change.
3. Photovoice is a research method where participants identify, represent, and enhance their community through visual imagery. Photovoice participants have access to cameras (where they otherwise might not have this access) so that they can actively capture their communities, rather than sit passively as objects of other peoples' research.

As a practice based on the production of knowledge, photovoice empowers and amplifies the voices of participants, while having multiple end goals, such as a reflection of the community, dialogue on critical issues, and policymaker engagement (Budig et al., 2018). Photovoice can be applied to public health promotion and can reveal rich and informative data about lived experiences (Catalani & Minkler, 2010; Wang & Burris, 1997). Photovoice has been argued to share similar hermeneutic and phenomenological roots with IPA (Brunsden & Goatcher, 2007).

Research Design

Sample

Sampling methods must be in line with the research tradition of a study. IPA calls for an in-depth exploration of a group of participants who share a similar experience (Smith et al., 2012). The need for a shared experience among participants required the participants to have insight into the phenomena being studied (Smith et al., 2012). In this study, the experience common to all participants was taking up harm reduction for themselves or their loved ones. The sampling criteria for participants were outlined as follows:

- Participants identified as (a) experiencing harm in their daily lives and taking active steps to reduce those harms, or (b) loving someone who experiences harm, whom they support.
- Participants were a minimum of 16 years old and a maximum of 24 years old.
- Participants lived in Saskatoon, Saskatchewan.
- Participants freely consented to take part in a photovoice training session, take photographs in the community, and take part in two semi-structured group or one-on-one interviews.

Exclusion criteria were limited only to those who fell outside the age range and did not live in Saskatoon, as it has been indicated in the literature that no or minimal exclusion criteria should be applied so that research is more generalizable (Humphreys & Weisner, 2000). Moreover, to reduce youth exclusion, it has been agreed upon by all partners on the project that the youth who participated in Smiley could also be participants within the project, blending the boundaries between a youth committee member and a project participant.

Formal guidelines for sample size in IPA studies are not universally agreed upon; however, the idiographic nature of the tradition is. Since IPA is concerned with rich explanations of particular phenomena in specific contexts, studies are conducted with small sample sizes (Noon, 2018; Smith et al., 2012). Sample guides from between three to six and six to eight

participants have been suggested in various literature on the method (Pietkiewicz & Smith, 2012; Smith et al., 2012). While consensus is not clear on sample size, adequate participants must be selected to allow examination of similarities and differences between individuals without getting overwhelmed by data (Pietkiewicz & Smith, 2012; Smith et al., 2012). For this study, six participants were recruited. Seven people responded to recruitment efforts, and while all prospective participants were eligible, six people initially committed to participation. Shortly after recruitment, two participants ended up dropping out of the study. Ultimately, four people participated fully throughout the duration of the entire project. Smith et al. (2012) determined that $n = 3$ is a strong standard sample size for a Masters-level IPA study, and as such, $n = 4$ was considered a good sample size for the current study.

Smiley members and community partners were initially recruited using the non-probability purposive sampling technique (Robinson, 2014), where they were intentionally selected based on their experience with previous research studies that involved photography and arts-based approaches, as well as their life experience on the topic. Smiley and the community partners were subsequently given recruitment letters to share widely. Participants were recruited using the non-probability snowball sampling technique. The Youth Advisory Committee advised that this method would be the best way to reach youth like them. Snowball sampling is a common sampling strategy for accessing hard-to-reach populations (TenHouten, 2017). Although my research email and phone number were provided on the recruitment letters for contact purposes, all interested participants ended up responding to recruitment efforts directly through communication with DS, and DS relayed this interest to me directly. This method appeared to be the best way for youth to show interest in the study while speaking confidentially about the study with someone they trusted. As such, the study invitation was facilitated through DS, where a detailed explanation of the study was provided, prospective participants were able to ask questions, and a time was booked to go over the consent form with me as the researcher. At this time prospective participants were also informed of their choice to participate in either one-on-one or group interviews so that a decision for their preference could be considered before the consent form meeting. This was to ensure that participants understood the risks and benefits of both activities so that they could make an informed decision about whether they were comfortable discussing their photographs in a group. This study invitation facilitated through DS served as the first introduction to me as the study's researcher to begin establishing rapport

before actual study activities began. DS effectively described this process as “handing over relationships”. Although this process was unanticipated (and surprising), Pietkiewicz and Smith (2012) stressed the necessity of planning for ‘warm-up’ discussions with participants to reduce tension and get them ready to discuss personal issues. Therefore, the process of “handing over relationships” facilitated this initial establishment of rapport with prospective participants.

For the consent process, prospective participants had the chance to know who I am and felt more comfortable meeting with me in the community to go over the consent form together (See Appendix A). Participants were also provided with a list of mental health resources they could access (See Appendix B), and grounding exercises they could refer to during participation if they needed support in grounding themselves back in the moment in times of heightened emotion (See Appendix C). Before participants provided their informed consent, they were offered an opportunity to have any further questions answered. Directly following the signing of consent, a time was scheduled to attend the photovoice training session at Chokecherry Studios.

Methods

To explore the experiences of harm reduction for Community Youth in Saskatoon, a photovoice research method was most engaging. Photovoice is an empowering research method that allows reflection on the community, dialogue on issues that matter to the participants, and exploration of experiences (Budig et al., 2018). In keeping with the IPA research approach, photovoice can be useful as a method to ask participants to respond to an image as a way of easing into a discussion before asking questions about the direct experience itself (Smith et al., 2012). Semi-structured one-on-one interviews have tended to be the preferred means for collecting phenomenological data (Smith et al., 2012). As such, semi-structured interviews made up the second key research method utilized in the current study. Smith et al. (2012) argue that one-on-one interviews are easily managed, allowing rapport to be developed, and giving participants the space to think, speak, and be heard. Furthermore, they assert that interviews are well-suited for in-depth and personal discussion. Group-style interviews may also work with IPA research (Smith et al., 2012).

The photovoice training session was an important stage in the study to complete. Before participants could capture photographs in the community, they first had to understand what photovoice is, the power that participants had in photovoice as the photographers, what ethical guidelines were involved, and they needed to be comfortable with how to use a camera in a way

that responded to photography prompts and could be used to facilitate discussions about the research questions (Wang, 2006). While two participants dropped out of the study shortly after the consent meeting, the remaining four participants who consented to participate in the study each attended one group or one-on-one 1-hour photovoice training session (See Appendix D). At this training session, I explained the overall study, photovoice in particular, and what they would be taking photographs of. Additionally, I reviewed the ethical considerations of capturing photographs in the community, and we practiced how to use the cameras. Two participants used their own digital cameras, while two participants borrowed a digital camera from me. By the end of this training session, participants were able to capture photographs related to a particular prompt. Participants were then instructed to, over the next 10 days, capture photographs in the community related to the following prompts:

For this study, you can take photos of objects, landscapes, situations, or symbols anywhere in your school, home, or community to

- represent what you experience and view as harm reduction.
- represent a time you were able to participate in harm reduction or find support for a loved one so they could participate in harm reduction.
- represent a time you wanted to participate in harm reduction, or you wanted to find supports for a loved one so they could participate in harm reduction, but something prevented that from happening.
- represent an outcome of being able to participate in harm reduction, or being able to find supports for a loved one so they could participate in harm reduction.

Participants were instructed that they could capture as many photographs as they wanted; however, when I collected the photographs or devices with the photographs, participants would choose approximately five photographs to share. If they had other photographs on the camera that was lent out to them, they would delete all other photographs that would not fit in their approximate top five. If the participants were using their own phones or cameras, they would only send me their approximate top five photographs. Selection of approximately five photographs per participant is standard photovoice method protocol and represented in the peer review literature (Simmonds et al., 2017). Asking the participants to discuss all the photographs that they ended up capturing could be overwhelming and time-consuming (Simmonds et al., 2017). Limiting the number of photographs participants could discuss helped participants in

thinking more about what they wanted to discuss. This limitation, in turn, made data analysis more manageable (Amos et al., 2012). Once participants were instructed on the photovoice method utilized in the current study, they received a handout (Appendix D) that could remind them of this method at a later date, and we scheduled a date/time when I would retrieve the equipment/photographs from all participants. At the time of the photograph collection, I scheduled with each participant, either a group or one-on-one interview session. In total, 22 photographs were used for the study.

In the first round of interviews, two participants attended a group interview, and two participants attended one-on-one interviews. In the second round of interviews, all four participants attended one-on-one interviews. The participants who initially attended as a group were not able to do so in the second stage of interviews due to a scheduling conflict. Ultimately, most interviews took place on a one-on-one basis, which offered an opportunity for more individual meaning- and knowledge-making for each participant compared to the single session where the participants chose to be interviewed together. Therefore, there are differences in how meaning and knowledge are made regarding youth-centered harm reduction in terms of individual (one-on-one interviews) or collective (group interview) meaning-making environments. While one goal for this project was to understand how individual participants make sense of the phenomenon of youth-centered harm reduction in the community, there are benefits to exploring collective meaning-making for those youth who chose to participate with other participants. Wexler et al. (2019) argue that it is important to acknowledge a group's (i.e., Community Youth) collective experience so that individual members within that group do not feel alone, especially in times of hardship or discrimination. Additionally, the authors indicate that collective meaning-making, especially regarding shared adversity, can create a sense of cohesion and shared purpose. Personal struggle is then shifted from a personal burden towards a more shared burden which can encourage a higher purpose and commitment to bettering community circumstances, ultimately promoting healthy youth development (Wexler et al., 2009). There are limitations to the group interview method, such as the potential that the researcher may have less control over the data that would be generated (Marshall & Edgley, 2015). However, the current study was exploratory in nature and did not have pre-defined questions or a strict interview schedule. Alternatively, there is the potential that dominant personalities may speak over other group members, silencing quieter or less comfortable

participants (Marshall & Edgley, 2015). While this limitation was a possibility going into the group interview, this outcome did not occur. Both participants felt comfortable enough speaking about their experiences and took turns ensuring that each had the time they needed to share their perspectives. While individual meaning-making may have been altered in the group setting, this consequence was minimized during the participants' second interviews, which occurred individually and allowed further exploration of individual experiences and perspectives (Marshall & Edgley, 2015). As such, while it is important to achieve an understanding of individual meaning-making to understand youth-centered harm reduction, there were benefits to exploring the phenomenon through collective meaning-making as well.

The first set of group and one-on-one interviews was facilitated by photo elicitation. Photo elicitation is a useful approach to interviewing when the research topic (i.e., harm reduction) is difficult to talk about or put into words (Edmondson et al., 2018). Photo elicitation is a method in which photographs are used as a guide for interviews (Edmondson et al., 2018). Photo elicitation was used to identify the photographs that participants captured, where participants provided a title, phrase, statement, or question for each photograph as a way of highlighting the main idea(s) of their experiences (Simmonds et al., 2017). This type of facilitation was useful specifically for the first set of group/individual interviews, because it encouraged participants to think about their experiences in relation to their photographs without necessarily having to talk about the direct experience itself. As such, rather than the photographs being used as data themselves, the photographs served as prompts for discussion that would form the data to be analyzed. This type of structure for the first set of interviews built an environment of trust and comfort for the participants involved in this study. The goal for this first set of interviews was to establish rapport, trust, and comfort that could facilitate further discussion in the second set of interviews. An outline of the interview schedule for the first set of interviews can be found at the end of this document (See Appendix E).

After the first set of interviews was completed, the second set was immediately scheduled. In the second set of interviews, we further explored what was discussed in the first interview to elicit further responses and discussions of participant experiences with harm reduction. At these sessions, the SHOWED technique was employed to direct the interaction between participants and their photographs. The SHOWED technique, adapted by Werremeyer et al. (2020), is as followed:

What is Shown here?

What is really Happening here?

How does this relate to Our (your) lives?

Why are things this way?

How could this image Educate people?

What should be Done about this? (p. 239)

What emerged from this second session facilitated by the SHOWED technique was an opportunity for participants' self-reflection on experiences that they might not have been able to put into words in the first session. An outline of the interview schedule for the second set of interviews can be found at the end of this document (See Appendix F).

Interviews were scheduled over two months from May to June 2022. All interviews were conducted in a private space at Chokecherry Studios. Participants received printed copies of their photographs, and to collect data, I used a dedicated audio recorder. I was sure to remind participants I was audio recording the sessions, and I physically showed them the recorder before beginning recording. I also directly informed participants that there would be no video recording made of the sessions to be sure there was no confusion. To ensure confidentiality, the audio files were immediately transferred to Dr. Sylvia Abonyi's University of Saskatchewan OneDrive before being deleted from the audio recorder the same day.

After each session, I wrote notes in my field journal to record personal memos, impressions, and important details. These field notes were written in a notebook with a pen and used for later data analysis. Given that data collection was spread out over two months, these notes proved to be very helpful when I went to begin my analysis. I transcribed the audio recordings verbatim into a Microsoft Word document within two weeks of the sessions being conducted. Participants who attended one-on-one interviews were offered the option to review their transcripts for accuracy. As all participants either declined the option for transcript review or did not respond to follow-up, their transcripts were used as is.

Data Analysis

Analytical Framework

Very generally, the analytical framework in research consists of (a) the technique/method used for analysis, and (b) the tools/software for processing the data. As such, the technique used for analysis in the current study was IPA thematic analysis. Moreover, the data was processed

manually using Microsoft Office (Word).

The data analysis process included participant photographs, their transcripts, my field notes, and complete guidance from Smith et al. (2012) who outlined six steps in IPA analysis:

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes
5. Moving to the next participant
6. Looking for patterns across participants

Within-participant Analysis

Reading and re-reading. Focusing on one participant at a time, and beginning with their first interview transcript, I made initial contact with the data and immersed myself in the photographs, audio recordings, transcripts, and field notes. Once transcription was completed, and the participant declined transcript review, I conducted the first read-through of the transcript, while revisiting the audio recordings simultaneously. After the first read through of the transcript and the revisiting of the associated audio recordings, I re-read the transcript, underlining key words, phrases, or sentences that struck me as important or relevant.

Initial noting. Next, things that were interesting or significant in the transcripts were noted on the right-hand side of the margin of the transcripts. The focus of this aspect of the analysis was to comment on the direct content of the interviews, which included amplifications, repetitions, pauses, tone of voice, word choice, and contradictions. I commented on the interview context, recorded initial interpretative ideas, and summarized participant comments. Each participant's transcript was separated into sections that corresponded to the different photographs discussed using a horizontal line drawn above each sentence that started a discussion of a new photograph so that I could organize and link the transcript with each photograph taken and discussed. This level of analysis was focused on taking the interview content at face value and highlighting the aspects of the transcript that structured the participant's thoughts and experiences (Smith et al., 2012). Smith et al. (2012) offer suggestions on how to conduct this initial noting by breaking exploratory comments into (a) descriptive comments that focus on what the participant has said, (b) linguistic comments that focus on participants' specific use of language, and (c) conceptual comments that explore my interrogative and conceptual

understanding of the transcript content. As such, I colour-coded each type of exploratory comment to better differentiate and organize my commentary that would later assist in the extrapolation of emergent themes. Once this step was completed with the first interview transcript, I began the analysis process again from the beginning with the second interview transcript.

Developing emergent themes. After completing the initial notes in the right-hand margins of both interview transcripts, the emergent themes were then documented in the left-hand margin. At this stage, my focus shifted away from the transcripts, and onto my notes and commentary noted in the right-hand margins, converting those notes into emergent themes. The main purpose of this stage was to generate a phrase grounded in the data that allowed me to convey a conceptual understanding of participant meanings. Once emergent themes were generated for the first interview transcript, this stage of analysis was repeated for the second interview transcript.

Searching for connections across emergent themes. Next, I created a connecting themes table adapted from Capous-Desyllas & Bromfield (2018) to record the themes from the left-hand margin of both interview transcripts to organize the themes. This table would later assist me in cross-participant analysis to compare themes that emerged from each participant's analysis. See table 3.1 below for reference to the connecting themes table I utilized.

Table 3.1 Connecting Themes

Connecting Themes		
Initial list of themes – chronological (themes that emerged on the left-hand side of the margin from transcript, listed in chronological order as they appear in the text)	Clustering of themes (themes grouped in clusters)	List of superordinate themes (1. Superordinate theme) (page #: line #) “quote from transcript”

The themes that emerged in the left-hand margin of both transcripts were written in the left-hand column of the table chronologically, based on the order that they came up within the transcripts. The first and second interview emergent themes were delineated by a solid horizontal line between the two lists. I then went through the list chronologically and moved themes from

the left column, “initial list of themes”, into the centre column, “clustering themes”, sorting the themes into clusters of similarity, or creating new clusters. This type of organization is called abstraction (Smith et al., 2012). Each cluster was separated by a horizontal, dotted line to represent the fluidity of emergent themes, and the ability to move themes around as needed. Not all emergent themes were incorporated into this stage of analysis; it is acceptable that some themes are discarded, based on the research questions and overall scope of the study (Smith et al., 2012). Once this process was completed for both interview lists of emergent themes, I reassessed the emergent themes list to determine whether any themes that were originally discarded fit into the clusters that were developed. Next, the centre column was reviewed and reorganized based on (a) if there were clusters that could be combined, or (b) if there were emergent themes within clusters that fit better into other clusters. Once I was satisfied that it was unnecessary to further organize and shuffle clusters, all clusters were given a name. Once named, it became apparent that certain clusters could fit in similar categories, as subthemes, from which superordinate themes encompassing the subthemes emerged. These superordinate themes signified what stood out as most reflective of the list of clustered themes. As such, these superordinate themes were moved into the right column of the table, “list of superordinate themes”, where each superordinate theme was labeled, and each subtheme underneath was linked to a direct quote from the transcript text to provide an overall description of the essence of the experiences represented in each superordinate theme that emerged.

As each connecting themes table was completed, I offered each participant the opportunity to review a document that summarized the superordinate and subthemes that emerged from their individual analyses to confirm the accuracy of my interpretations. One participant (Brittney) agreed to review her themes. This participant did not offer any additional notes, suggestions, or critiques, so the themes were accepted as accurate.

Cross-participant Analysis

Looking for patterns across participants. Once I completed analyses of each participant to draw out superordinate themes, I began cross-participant analysis. Utilizing the connecting themes tables of each participant, I was able to look across all four tables, and determine the connections across all participants. This stage of the data analysis process involved an examination of how themes for one participant helped illuminate the experiences of another participant, and which themes were most prevalent across all four participants (Smith et al.,

2012). This process involved a series of re-clustering themes, relabelling themes, and moving to a higher level or more theoretical explanation of the experiences across all participants.

Trustworthiness

Trustworthiness refers to rigor in qualitative research (Thomas & Magilvy, 2011). Four components are often considered for establishing trustworthiness in qualitative research: credibility (truth value), transferability (applicability), dependability (consistency), and confirmability (neutrality).

Credibility, or truth value, is the level of confidence a researcher has established in the truth of the findings about the participants and context of the research (Klopper, 2008). Two ways that I supported credibility in the current study were through prolonged engagement and peer examination. Prolonged engagement is where the investigator spends a prolonged amount of time with the participating population to build rapport and a foundation of trust between the researcher and participants (Shenton, 2004). I spent six months, before study commencement, engaging with the participating organization and building rapport with the gatekeepers (DS and AC) who allowed me access to the participating population. Furthermore, relationship building was ongoing with Smiley, which consisted of potential participants for this study. Additionally, since this study involved participatory aspects and multiple stages, there was prolonged engagement with the participants throughout the entire research process, including knowledge translation.

Peer examination is where colleagues, peers, and academics are sought out for feedback throughout the study (Shenton, 2004). I sought feedback from my thesis supervisor, Dr. Derek Jennings throughout the entire research process. We committed to bi-weekly meetings throughout the study to discuss study updates, questions, problems, and concerns with all aspects of the study. I additionally contacted Dr. Sylvia Abonyi at various points throughout the project to hold debriefing meetings or seek feedback on decisions I made throughout the research process (e.g., not recruiting more participants to replace the youth who had dropped out of the study). Finally, I had various discussions with a community health academic, Dr. Brenda Green, who was able to provide feedback and reassurance when my results took a different turn from what I had expected going into this study.

Transferability, or applicability, is the degree that research findings can be applied to other contexts and groups, or in other words, a way to evaluate external validity (Hammarberg et

al., 2016). In the current study, I supported transferability through the concept of transferability judgement. Transferability judgment is where the researcher offers a thick description of the participants and research process so that those who read through this study may assess whether it is transferable to their own research setting (Korstjens & Moser, 2018). To offer a thick description, I described the experiences of research participants, as well as their context in enough detail, so that their behaviours and experiences become meaningful to those outside of the study (Korstjens & Moser, 2018). My goal here was to communicate aspects of the research that are not explicitly expressed by the research or participants. To understand whether this study is applicable, it must have been described in enough detail so that a judgment of applicability can be made by readers.

Dependability, or consistency, is concerning whether the results of this study can be applied to the same participants in a similar context (Klopper 2006). This aspect of qualitative rigor implies that there are different aspects of variability to qualitative research, and qualitative research is by nature unpredictable. One way to support dependability is through a dependability audit (Klopper, 2006). In the current study, I used a field journal to establish a decision trail for readers. A decision trail is an explicit discussion of the decisions taken about the theoretical, methodological, and analytic choices I made throughout the study (Koch, 2006). In the field journal, I described access to participants and the setting, the setting itself, the equipment used, my experiences throughout the study, dilemmas encountered, biases, and assumptions going into and throughout the research. My research journal was available to my supervisor to review/audit. Additionally, Dr. Jennings reviewed my work by, for example, looking at the transcripts annotated with my notes and themes. Additionally, Dr. Jennings offered notes on what he thought was important to consider in the transcripts that I missed.

Confirmability, or neutrality, in qualitative research, refers to the degree of unbiased perspective throughout the research process, including the study's results (Klopper, 2008). I am not a neutral observer. However, I utilized a confirmability audit to address neutrality in the current study. A confirmability audit is an extension of a dependability audit; however, in this aspect of the decision trail, I recorded details in my field journal of the steps taken specifically on data analysis and my interpretations to ensure that the representations and results were not based on personal biases, motives, imagination, or perspectives (Korstjens & Moser, 2018). This record was also made available to Dr. Jennings.

Ethical Considerations

Because this research involved human participants, the Canadian Institute of Health Research's *Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada & Social Science and Humanities Research Council of Canada, 2018) was closely followed, and ethical approval was attained from the University of Saskatchewan Research Ethics Board (Beh ID 3056). Key ethical considerations from the TCPS that I addressed were participant welfare, informed consent, and confidentiality.

To support the protection of participant welfare, I took into consideration the extent to which simply talking about experiences with harm and harm reduction might cause harm to the participants. It was my intent when laying out the purpose of the study and explaining the details to prospective participants that I could foster a research experience where participating would be empowering and that participants had an opportunity to share their experiences for the purpose of achieving positive change. It was important and necessary to clearly outline the possible risks of speaking about their experiences with harm reduction and ensure participants were comfortable sharing their experiences without enduring negative effects. As a safety measure, a list of available counseling resources (Appendix B) was provided at the consent meeting and each participant session in case participants became emotionally upset or experienced any negative effects from speaking about their experiences. Additionally, a list of grounding techniques (Appendix C) was provided at each participant session for participants to refer to if they became overwhelmed at any moment throughout the study. Stress toys were also available at each participant session for the same purpose. Finally, an Elder was available for all interview sessions to hold a safe space for the participants to share their truths, and so they could debrief after the sessions were over. Throughout the interviews, I remained sensitive and aware of participants' body language and behaviours, and always let them guide the pace of discussion.

Informed consent requires the participants receive clear explanations of the topic to be studied, the procedure of data collection, and the right to withdraw from the study and remove personal data if desired (CIHR et al., 2018). Ongoing consent was renewed at all sessions with my participants, and they were consistently informed that participation was voluntary and could be rescinded at any point without consequence. Although group interview transcripts cannot be altered without changing meaning for other participants in the group, participants who attended

one-on-one interviews were offered the opportunity to review their transcripts to ensure they were truly comfortable with sharing their experiences, as told in their own words, with informed consent.

My final ethical consideration was confidentiality and my ethical duty to safeguard all information and data generated in this study (CIHR et al., 2018). All data were deidentified during the transcription stage (e.g., names, places). I also did not engage in peer examination until data had been edited for anonymity. Throughout the study, the only individuals who had access to research materials were me, my supervisor, and Dr. Sylvia Abonyi, the person responsible for my data storage at the University of Saskatchewan. All digital files were stored on a password-protected, encrypted laptop computer, and hard materials were stored in a twice-locked cabinet in a locked office at the University of Saskatchewan.

CHAPTER FOUR: RESULTS

The following section will summarize the analysis of participant experiences of harm and harm reduction. The main research questions guiding this study were: (1) How are harm and harm reduction experienced and perceived by urban Community Youth in Saskatoon, Saskatchewan? (2) What factors support/impede urban Community Youth uptake in harm reduction? Results from the analysis will be presented thematically using the participant within theme format; each theme will be presented in turn with evidence from each participant provided as support (Smith et al., 2012). To stay true to the guiding principles of IPA, each participant's voice will be grounded in themes through the inclusion of extracts from the transcripts, with analytical commentary from the researcher interwoven for dialogue between the participant and researcher (Smith et al., 2012). Additionally, participant photographs will be utilized in this chapter to illustrate the themes that were generated to further ground participant perspectives in the reporting of results. All photographs in this chapter were captured and titled by the participants. While the purpose of the photographs was to prompt participants to speak about their experiences, not all experiences discussed by participants were directly linked to their photographs. As such, it may not be possible to link every theme to a photograph.

To ensure clarity, direct quotes in this chapter were altered on occasion. As such, ellipses (...) were used to omit information not related to the concept being discussed, while square brackets ([]) were used to supply additional information to increase the reader's understanding of the context behind what was said. Stutters and repetitive/filler words such as 'um', 'like', or 'you know' were also omitted for clarity. Each participant was provided with a pseudonym to maintain and protect their identity, and information that could potentially compromise confidentiality (e.g., names of schools, people, and organizations accessed by participants) was also altered.

The chapter will begin with a section contextualizing the participants. Each participant will be introduced to provide the reader with a perspective surrounding each individual's harm and harm reduction experiences. Following contextualization, resulting superordinate themes

along with the subthemes produced from the analysis will be explored. Lastly, the chapter will conclude with a summary of the findings.

Contextualizing Participants

To best serve the following interpretation of thematic analysis, it is necessary to provide contextualized backgrounds of each participant, as I discovered their harm and harm reduction experiences to be diverse. Through this method of individual contextualization, I will develop a general understanding of each participant based on their harm and harm reduction experiences not only to accommodate the reader's understanding of each participant but also to facilitate the idiographic component of IPA research. Table 4.1 below outlines participant demographics.

Table 4.1 Participant Demographics

Pseudonym	Age	Gender	Ethnicity
Andrew	21	Cis Male	Metis
Brittney	23	Cis Female	First Nations
Cody	18/19	Cis Male	White
Devon	18	Trans Male	White

Andrew

Andrew was the first participant to be interviewed. At the time of the first interview, he was 21 years old and taking concrete steps to move from Saskatoon to a different city in a different province to be with family and make a fresh start for himself. In his second interview, he stated: "I've tried here for so long, nothing happened...I wanna do something better for myself." He spoke to aspects of Saskatoon that paled in comparison to what the city he was moving to could offer. Specifically, "...they're so positive...everyone there is just happier, honestly, everything's happier...they just do everything so much more advanced there than here." The dominant focus of Andrew's experiences of harm and harm reduction were centered around mental health.

Andrew established that he experienced "[s]elf harm. Mental harm... Putting yourself down." If he were able to effectively address his mental harms, he stated he would feel "...more together. More put together. Carrying myself better. Not overthinking, not depressed...less depressed...life would be better." While much of his harm was initially described as internal, after further reflection on harm, he acknowledged the role that substance use has had in his harm experiences. When talking about substance use, he stated, "I drink regularly...I have slowed down the last little bit. I've done coke maybe once this year... Smoke weed on a daily basis, for sure. Just really just tryna slow down my alcohol right now." For Andrew, not all substances

were the same in terms of harm. He indicated that he used cannabis daily; however, alcohol was the substance he was concerned about in terms of harm. Later in this section, I will explore how cannabis use was a form of harm reduction for Andrew, lending to why he may have considered his cannabis use as less harmful. While his dominant focus was on mental health, and to some extent, on substance use, the important distinction was that mental health and substance use were intertwined. This concurrence was especially prevalent when Andrew discussed his experience concerning the COVID-19 pandemic:

I started using drugs and drinking heavier. And more on a daily basis instead of an occasional basis. Affecting my loved ones around me, affecting my friends. Affecting myself. Everything, my moods were way off. I wasn't taking care of myself, I wasn't eating. And then it didn't help that during the pandemic when it first started that everything was closed, so it was very hard to get help for anything. So, the best opportunity was 'oh let's go drink with your friends' or 'let's go do some substances'. Instead of sitting on a phone on hold for two hours to talk to someone, at that point you just hang up and walk away.

In this excerpt, Andrew spoke about how his substance use was linked to physical, psychological, and interpersonal harms. And despite his attempts at seeking support for either/both his mental health and substance use, when his efforts were impeded, he resorted to further substance use.

Brittney

The second participant in the study was Brittney, who at the time of the first interview, was 23 years old. She tended to discuss the moments in her life when she was living with active substance use, and she would compare that time in her life to the present, where she was working on active recovery. Brittney spent the previous year and two months in abstinence from all substances, apart from nicotine (and caffeine).

For Brittney, she made it clear that harm and harm reduction were related to the concurrence of mental health and SUDs:

...Using and self-harm. So, they kind of went hand in hand. Fighting the want to go and use. And then when you're trying not to use, how much it affects your mental health and the withdraw symptoms, cause your body's lacking what you need. Right? ...being off it [substances], I got suicidal often...

The harms that Brittney experienced related to substance use were not isolated to mental health and problematic substance use. There was this intertwining of every facet of her life that came back to the cycle of mental health and substance use:

Cause with this addiction I really do feel like I took myself back mentally a lot. A lot of my vocabulary, my education, like my knowledge. I feel like just went right out the window. Or it's there, but it's like dormant, and it's locked away and I can't access – I don't know what's going on. I took myself back, and I'm not the same person mentally that I was. And even really spiritually. Like I'm damaged, for sure. I think I might have also like smoked myself to a point where I might have actually done damage to myself. So, it's not just forgetting stuff, but I may have actually damaged myself because of drug use.

While she was in recovery from substance use, she felt the lingering harms that resulted from that substance use. These harms deeply affected her mentally, spiritually, and physically.

Moreover, she had been affected on an interpersonal level. One outcome of substance use for Brittney was the struggle she had with forming and maintaining interpersonal relationships, and the harm that she experienced when this need for interpersonal connection was impeded:

...when I was in my addiction and my height of my addiction. Everybody left me. Like eeeverybody left me. I tried ta kill myself, and I had ta call [youth organization], and they were like 'we can't even speak to you right now, we just have ta report this'. And then they hung up on me. And I had nobody. And I took a bunch of pills and then I put my dresser in front of my door, and I listened to music, and I tried to fall asleep and the paramedics kicked my door in, and I even tried to fight them. I didn't wanna go to the hospital at all. They took me in, and I was sitting in the hospital by myself. I was looking at my phone, I didn't know who to call or anything. Then I actually ended up calling my dad's girlfriend. And I told her, you can tell dad if you want to, but I'm not calling, I'm not gonna go out of my way and call him and tell him that this just happened. So, I was super alone back then.

In this excerpt, Brittney described how she lost human connection during the height of her substance use, and as a result, that combined effect of substance use and lack of human connection viscerally affected her mental health, which in turn led to self-harm. For Brittney, no single specific factor led to a specific outcome in her experiences with harm. But rather, an interconnection of harms led to an interconnection of further harms, and vice versa.

Finally, for Brittney, a major source of harm came from the inability to meet basic human needs. Every photograph she took to capture her experiences of harm and harm reduction was fundamentally a basic need she felt she needed in her life to be ok; community support, tools for self-regulation, nature, nutrition, safe space, and human connection are basic needs she focused on in terms of harm and harm reduction. She spoke about a time in her life, during the COVID-19 pandemic, when various circumstances led to a major breakdown in her relationship with her dad, which resulted in a deprivation of her basic needs:

I remember that there was a big fight - like an actual fight...So I left town and everything, so all of this [basic needs] was completely shattered. I didn't have my home...I didn't have my supports, I wasn't in my city. I'm in a small town, could barely get a pack of cigarettes...where's the connections when you take yourself out of your own town...even the person I was living with, he went off to work and...three weeks out of the month I was all completely alone. So that was shattered, and then there was no video games, all my stuff was packed away in boxes and stuff... I just sat there alone, and just kinda destroyed my mental health...when I took my first swing at sobriety... I came back and then I moved into this little place and then I couldn't hack it...I had no connections...I was tryna stay away from the people that I was with. So I didn't have friends, and I was kind of in a weird position with relapsing, so I couldn't be healthy enough to participate with the organizations that I wanted to be with...if I wanted some sort of outside help or whatever, it was mostly focused on sobriety...because you can't really participate when you're messed up. So I ended up kind of sliding back into it...

For Brittney, meeting her basic needs was integral for her well-being. And while the failure to meet her basic needs led to substance use, she spoke in the excerpt above about an issue related to seeking some form of harm reduction for her substance use. It was a catch-22 situation, where she needed to be sober enough to take up harm reduction, but she could not be sober enough *without* taking up harm reduction. As a result, she struggled a lot with reducing harm at this time in her life.

Cody

Cody, the third participant, was a recent high school graduate, and 18 at the time of the first interview. He turned 19 over the course of the project. While Cody did not struggle with problematic substance use, he has a family history of problematic alcohol use among his mom and other family members. This family substance use history created anxiety surrounding his own substance use, and a fear of following a similar outcome as his family members:

...my mom, she was alcoholic...and a lot of my other family members too – and that kind of created a lot of anxiety for me and being like ‘would I become like that’ kind of question that pops up in my head.

Due to this concern surrounding his family's substance use history, Cody would take a meticulous approach to life, where he was conscientious of how every action he took could lead to a particular outcome. As a result, he was always working towards the best possible outcome for his own potential and growth.

Cody, and the final participant, Devon, were living together and in a relationship throughout the course of the project. Both Cody and Devon attended their first interview together, and then due to scheduling difficulties, the two attended their second interviews

separately. Cody's perspective was significantly influenced by a major life event that caused a lot of internal strife. Cody grew up in "small town" Saskatchewan; however, his mom passed away when he was 14 years old. As a result, he was forced to uproot his entire life and move to Saskatoon. Much of his perspective on harm and harm reduction involved the process of this transition, and transitions in general, where he felt unsupported and unguided through such a difficult and significant life event:

I used to live in [small town] community... I moved, not of my own volition, but because my mom died and I had to go live with my dad in the city when I was 14... I was experiencing huge change in my life or experiencing a lot of problems or controversy in my life itself.

For Cody, much of his harm stemmed from the above-described life event. There was a multi-factorial effect that the event had on his life. The harm that he experienced was related to the loss of control over his physical and interpersonal circumstances. He not only went through the trauma of losing a parent during adolescence but also, he was displaced from the community in which he grew up. These harms manifested internally in his sense of self, trust in others, and ability to navigate his way throughout the remaining adolescent years and into adulthood:

...leaving home and being very confused... it's anyone who's having a huge transition in their life I think. Or even a minor one sometimes. It's very confusing and hard and... if you're not able to utilize your tools, it can be very scary...things aren't necessarily as easy for everyone...I don't really know anyone else who had a parent pass away and had to move to an entirely different culture essentially. Small town Saskatchewan to Saskatoon is a really huge transition... I feel alienated from my past in a way. And I feel like removing that alienation and creating a bond would have been a better healing process...I feel just having support there. General counselling support or like 'hey this is a really tough part in your life, do you wanna slow down right now'... everything's just blaring at the same time.

While much of Cody's harm has occurred because of deficient support through life transitions, various factors were involved in such a transition. For example, feeling unsupported during this life transition affected other facets of his life, such as his ability to form trusting interpersonal relationships:

...I have troubles trusting people. So when my mom died when I was 14, I had to come to a whole new school – new city, in general, and new life...that was difficult...I floated around with a lot of different people... But I never really was opening myself to trust them yet. I was just kind of getting the lay of the land of who I could let in, or not, because, in previous history, I felt like I was burned too many times by people...So, I became very selective with who I trusted...

Cody determined that it was not the life transitions itself that caused all of the harm, but rather his harm was a result of his life circumstances that forced him to navigate these life transitions without the support of others:

...decision making...can be really difficult when you don't have knowledge or resources...I was stuck with a lot of choices to make. And I had very little resources to choose from, because, I didn't know anybody or have adults to look up to that's been through this stuff before. And all my siblings as a result to, my mom dying and stuff like that, as well as other issues, was very split up...It's a loss of information, or support, or guidance, and how you can just easily drown in it...

While the life event of his mom passing away and his lack of control in the events that followed were harmful to his well-being, the ineffective support he received following that life event is what ultimately led to him experiencing internal harm. Instead of feeling like he could get through this trauma, he felt like he was drowning.

Devon

The final participant in the project was Devon. At the time of the first interview, Devon was 18 years old, and a recent high school graduate. Devon's perspective of harm and harm reduction was deeply connected to his identity as a trans and queer person. He spoke not only to his own experiences as a trans and queer person but also, to the broader experiences felt by many people from the trans/queer community. For example, he noted:

I know a lot of young trans people, and I know that a lot of them are struggling. But I hope that you can find a way to look at your identity in a way that's hopeful. Because, it's hard. Cause being trans, it seems like a long linear timeline of just figuring yourself out. Because it's very heavy – it's a heavy topic... or it's a lot to take in as an individual. But also, you're dealing with all these outside possible harms of being trans... there's a lot of risks that it takes to be yourself, and I feel that it can be very threatening.

Devon referred to harms such as the negative feelings, lack of support, and external reactions, perceptions and behaviours all of which make up negative experiences for trans/queer youth. These experiences lend to the discomfort that trans/queer youth live with daily when trying to express their identities, in contrast from the experiences of cisgender/heterosexual youth.

The most consistent experience of harm felt by Devon was a lack of choice, where the outcome of either choice was an experience of harm. This harm was particularly prevalent concerning a lack of gender neutrality:

...I always wish that there was just a regular gym class. Didn't have to be gendered... it would have been a lot more helpful to know that it didn't matter. Cause it felt...like a lot of pressure to choose. Cause when I was picking classes, I was in grade eight and I was

like ‘I guess I’m gonna choose this, but I’m not really really comfortable with it’, but I didn’t really have a choice. And ... I was playing sports at the time, and I was on a girls' team and I was starting to realize I wasn’t really comfortable being on a girls' team if I wasn’t identifying as a girl. But I also didn’t feel comfortable just jumping into a boys' team, because I just didn’t feel safe either way. Or comfortable either way.

Inaccessibility to gender-neutral washrooms was a major source of harm that Devon experienced daily:

...the washroom one, it’s kind of a – on a daily basis, really impactful to me, because, I struggle with that lots...whenever I go out to public, I kind of avoid going to the washroom if they don’t have a gender-neutral washroom...and sometimes I just assume that there isn’t, because...lot of times it’s either that or a family washroom. And sometimes family washrooms aren’t even accessible... the other day I was at Midtown, and... the family washroom, you had to press a button and – it would be like someone would assist you over there...So, in general, it’s not as accessible as it is for other washrooms.

Devon was often confronted with harm disguised as choice. Without access to gender-neutral washrooms, gym classes, or sports teams, his options were to either experience internal harm from participating in a gendered aspect of life that did not affirm his own identity or participate in a gendered aspect of life that did affirm his identity; however, in the process of affirming his identity, he was at heightened risk of social and physical harm from people sharing the same space.

Devon’s main sources of harm either occurred internally, affecting his mental well-being, or they occurred socially, in consequence of how others treated trans/queer people. Considering harm on internal well-being, Devon stated, “...[D]on’t take the simple things for granted, because a lot of people who are cis don’t really think – they just, you know, go to the washroom. But, for trans people, it can be a very scary experience.” Devon was forced to think about the logistics of going to the washroom every single time he went out in public. Concern for the logistics triggered a stress response within him every time he went out in public. Whereas in terms of social harm, he stated:

...I identify as a trans man, but I don’t feel comfortable going into the men’s washroom, just because it does pose a lot of risks... there’s mean people out there *Laughter* and there’s also mean people who do mean things. So, you just have this fear that for whatever reason, for whatever, as a trans person, you have the right to be very scared of going to the men’s washroom or vice versa, if you’re a trans woman. But also, I don’t wanna go into the women’s washroom, because I’m not a woman.

If he chose to go into a gender-affirming washroom, he was at heightened risk of receiving

verbal threats and physical violence.

Devon constantly needed to consider his safety. To exist as trans/queer was often unsafe, even in the home environment:

...a lot of the time there's a lot of parents that just don't fully understand what it is to be queer. And I feel it's a lot of miseducation and just stigma - that your child - that you just never really thought that your child could be queer or just queer in general. So, it's hard to process that. And a lot of queer kids end up getting kicked out or being treated badly, just it's, it's not a good situation...

Devon asserted that stigma exacerbated harm for trans/queer youth in the community.

Furthermore, when experiencing harm, such as a lack of safety in the home, it could result in further harm in various ways:

Sometimes they're kicked out of their house because they're trans... they have no choice in that regards, they have no choice to move out, they're being kicked out and I think that's a huge problem just for queer people in general. There's a lot of cases where there's a lot of queer people in poverty and I think that's something to think hard on.

Devon was not speaking from personal experience in the excerpt above; however, he has seen how other trans/queer youth in the community have been treated by their families. Consequently, that knowledge of harm to other youth *like him* viscerally affected his own sense of safety.

Finally, Devon discussed throughout both interviews the importance of considering the intersectionality of experience. He stated:

...really really really really really want it to be emphasized that I knew a lot of people that went through a lot of mental health issues as queer people...having mental health support is something that's super important, just in general. But to queer people it can be lifesaving, a lot of queer people don't have good homes. Don't have this accessibility. It's just - it's important to have resources, support, and all of the above, and being able to have support for these people that could be in life-or-death situations...queer people they have the same issues that any other people could have, so it's just important to realize that it's just - it's hard - it can be hard and we just need to emphasize that *Chuckle* ...it's a lot of support and I know that I've said that a lot but it's important... addiction, poverty, everything that is in harm reduction... could be applied to someone...who's queer. It sounds silly in that way, it's obviously, they're a person, right? But I feel... sometimes you just don't think about it - you just think about the main issues ...that a queer person could go through...they could be discriminated against...or something like that, but you gotta think they could be going through those issues and then they could be going through something in combination, and it's a whole different combination that could be different from someone just battling with addiction. It could be very harmful.

While trans/queer youth experience harm such as stigma and discrimination, Devon is urging people to consider the diverse, complex, and layered realities that trans/queer youth could be

going through concerning puberty, trans/queer identity, inaccessibility to basic needs, poverty, mental health, and substance use. As a result, we need to be thinking about addressing harm reduction in a way that tackles these various and intersecting harms all at the same time.

Cross-Comparison of Participants

My analysis of the data generated from the four participants was a detailed process where I attempted to get to the essence of each participant’s experience of harm and harm reduction and then search for meaning across all participants. Through the following section, I will provide the reader with an account of the data generated and my interpretation of what it all means (Smith et al., 2012). Through IPA, five superordinate themes were generated with subsequent subthemes for each. Tables 4.2 and 4.3 below outline the organization of themes.

Table 4.2 Superordinate Themes and Subthemes: Supporting Harm Reduction

<i>Seeking Support</i>	<i>Meeting Basic Needs</i>	<i>Harms Reducing Harms</i>
<ul style="list-style-type: none"> • Self-motivated • Professional relationships 	<ul style="list-style-type: none"> • Biological & physiological • Love & belongingness • Safety 	<ul style="list-style-type: none"> • Substance use • Assuming & “choosing” harm

Table 4.3 Superordinate Themes and Subthemes: Impeding Harm Reduction

<i>Community Disconnection</i>	<i>Stigma</i>
<ul style="list-style-type: none"> • Transitional gaps • Miscommunication 	<ul style="list-style-type: none"> • Self and others • Punitive responses

While participants in this study spoke of diverse harm and harm reduction experiences, the process of the analysis revealed common threads that began weaving a collective experience. This collective experience is represented by the superordinate themes: **(Supports)** *Seeking Support, Meeting Basic Needs, Harms Reducing Harms*; **(Barriers)** *Community Disconnection, and Stigma*. Subthemes related to self-motivated support and professional relationships stood out as two key elements comprising *Seeking Support*. Biological and physiological, love and belongingness, and safety comprise *Meeting Basic Needs*. Substance use, and assuming and “choosing” harm facilitate understanding of *Harms Reducing Harms*. Alternatively, for harm reduction barriers, subthemes related to transitional gaps and miscommunication stood out as

two key elements comprising *Community Disconnection*. Finally, self and others, and punitive responses comprise *Stigma*.

Supporting Harm Reduction

Seeking Support. The first superordinate theme generated through data analysis was *Seeking Support*. While all participants had unique ways of seeking support for harm reduction, there were two major ways to seek support. The first way participants sought support was independently using skills, tools, or knowledge that participants had at hand to reduce harm. This type of support is self-motivated because each participant had things that they could do for themselves that did not require external intervention from others. The second method for seeking support was by engaging in professional relationships in the community. While professional relationships varied from participant to participant, community organizations and school communities were major professional supports that these youth went to for harm reduction.

Self-Motivated. One common practice between participants was that they all had methods for supporting themselves in reducing harm. In some instances, they sought out ways to support themselves by using the tools they had access to. Ultimately, participants utilized the knowledge they had at hand about what works best for their own well-being. While all participants spoke to some form of supporting themselves through harm reduction, Cody was the most likely to seek harm reduction himself, without external intervention. Cody asserted that to him, harm reduction was "...the experiences or actions that I take in order to better my or others' lives around me." One example of how Cody sought harm reduction was to accept the harms that have happened to him in the past as a way to ensure they do not continue to re-harm him in the present and into the future. He noted:

For harm reduction, sometimes it's kinda yourself and how your brain functions that might be the source of your harm in a way. Or, it might be continuing harm that you've experienced before. So, finding a way to accept your past and move forward is a huge thing... accepting doesn't mean to forget... It just means to stop looking at it like it's the present still. You can still take actions, like whatever happened has happened, and there's actions you can take to move in the forward that can help you now.... you are what the past was. But you can change that today depending on your actions... What is the best course of action you can take to minimize the bad parts of the past. And I guess expand on the good parts.

Cody acknowledged that the person he is today is, in part, a product of the harm that has happened to him in the past. And now that he is in the position to determine the person he will be in the future, he must figure out which actions to take that will allow him to move away from

harm and into a better future. Cody leans on knowledge and education to support himself in reducing current and future harm. For example:

...what is relevant in your life to learn. You can learn about a little bit of everything, like I did. Or, you can focus on what's relevant. Are you in a situation where you feel food is unstable...maybe you don't know how to make food, so maybe you search for ways that you can do that? ...so that way you can be there for yourself. For harm reduction.

Cody considered the source of his harm, and he reduced that harm by learning ways that he could be there for himself when others were not.

Andrew utilized the tools he had at hand for harm reduction. In particular, he spoke about journaling as his main tool for harm reduction:

... you can write about anything. Sometimes just writing in general is hope for people...It's a tool for many things...what if a counsellor pissed you off or something? ...For harm reduction. The view of it, it's so just personal, and for free too.

Part of harm reduction for Andrew was, “[n]oticing when you're feeling like that...”, so that he could ensure his immediate harm did not further manifest into something more harmful for him.

Andrew also stated:

I didn't know what else to do and I thought I'd just pull out my book and my pen and it actually helped. When I first started writing I used to write something down when I was angry or something and rip it up and go light it on fire and then, just a little relief.

As Andrew accessed the opportunity to externalize his internal harms more safely, he was able to experience catharsis and relief.

For Brittney, she utilized gaming as a harm reduction tool that supported her in regulating her emotions, stimulating her senses, and distracting her from negative emotions and thoughts of using substances out of boredom:

...there were a lot of nights that zombies got me through a lot of things...Angry emotions, or I wanted to just go and drink or sad emotions, I just wanted to go and use... I'm recognizing that I'm not ok. And this is the outlet. This is what I throw myself into...So that I'm not throwing myself into my problem...

In the excerpt above, Brittney spoke about the mental harm associated with boredom. She used the tools she has available to her, in this case, it was video games, to distract herself from the boredom or negative emotions that often pushed her to use substances.

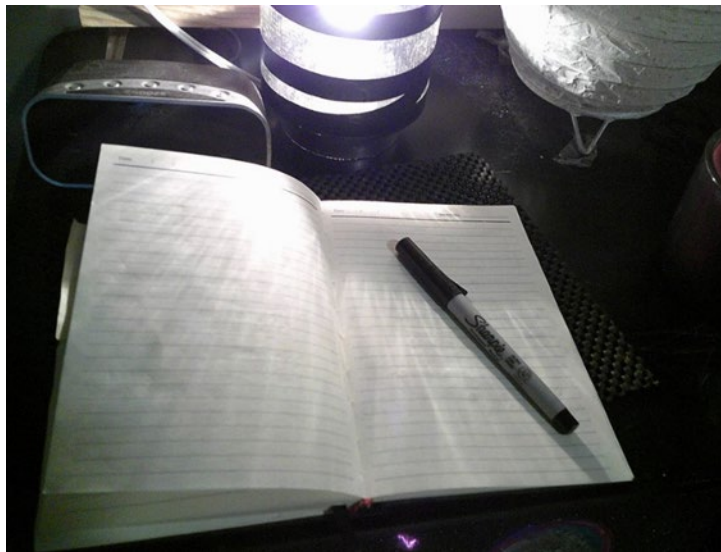
Alternatively, Devon identified comfortable clothing as a tool to make himself feel good through identity expression. Therefore, he would buy himself clothing for harm reduction:

I rode my bike all the way from my house to Walmart *Sharp laugh*, and I had bought myself a pair of men's underwear, because I didn't wanna ask my parents. And, I wanted to experience it myself, and... that's what I wanted to wear, but I didn't wanna tell anyone... when I look back...it was very funny, but it was also something that was super intense and impactful to me. Like, it was the essential thing...my first trans experience I guess *Laughter*...why did I have to feel so scared to ...go to Walmart *Laughter* and ... risk – I had to go over an overpass to just go to Walmart. It wasn't a normal experience that someone would have. But...I felt that it was unsafe otherwise...it would have been nice to say hey I'm trans and maybe my parents take me, because I was – I was 12 at the time I think probably, or 13 I wanna say. So, probably would have been better if I *Huff of laughter* - If I had a ride there *Laughter* ... why couldn't I have had the resources or felt more comfortable to even come out or have that experience in general...

Both Devon and Cody noted that they did not necessarily take up self-motivated harm reduction because they wanted to, but rather, they felt they did not have the resources or support to have another option otherwise.

Figures 4.1, 4.2, 4.3, and 4.4 below illustrate some forms of self-motivated harm reduction that participants utilized.

Figure 4.1 Patience



Note. By Andrew, 2022, digital camera, to represent journaling as an accessible form of harm reduction that he utilizes to address his mental harm.

Figure 4.2 Play Games, Not Yourself



Note. By Brittney, 2022, digital camera, to represent video gaming as an accessible form of harm reduction that she utilizes for self-regulation, stimulation, and distraction from mental harm.

Figure 4.3 Tools Without Teachers



Note. By Cody, 2022, digital camera, digitally edited, to represent the use of knowledge and education that empowers him to be there for himself when others are not.

Figure 4.4 Throwing Myself Out There



Note. By Devon, 2022, digital camera, digitally edited, to represent his clothes that affirm his identity and make him feel comfortable in his own skin.

Professional Relationships. Every participant discussed the importance of professional relationships in harm reduction. While Andrew was not a current high school student, he identified school as his most-utilized formal community support:

[School] is a very welcoming, understanding school with people there, teachers, that are always ready to help no matter the situation. Even if you just want an ear, someone to listen to, there's always an ear. If you set out a goal for yourself, they're going to push you until you get it...I've never been to another school with such love and care for each other. It makes me happy, it makes me tear up a lot... I'm very very happy and very proud for their support system and their support people...they are supportive people...How can school reduce harm? I used to ask that. And there's many ways...you can keep your mind off it [negative thoughts and feelings]. You can talk about it and figure out the situation and the problem...especially if they [other youth] can't find a place they feel comfortable at outside their home, or even at home, I know a lot of people tend to school for comfort. I know I did.

The school community has done a lot for Andrew in terms of harm reduction. They were there to support him with his goals and problem-solving. Additionally, he saw the school faculty as a

family that could offer love, care, and a support system. He spoke to various ways that school reduced harm for him: reducing negative thoughts and feelings, offering a safe space, reducing substance use, ensuring nutritional needs were met, and nurturing positive emotions. All these components for Andrew were harm reduction.

Alternatively, Brittney utilized various community organizations throughout the city. Speaking about one organization, she said:

I was going with them [community organization] from day one pretty well. I was seeing my counselor from day one for my addiction, and then about two months in is when I went to my first concurrent meeting...what they offered me too, was a little bit ah mental stability...You need people...and sometimes it's not always...just our buddies. We have ta actually go in and get professional help to help make it all better. They're very kind, very helpful, and patient. There was a while in the early recovery where they were actively tryna call me and see if I was coming out, and I wasn't super there and they didn't take me off the list – they waited it out. And then – they seen me show up, and when I showed up too, they made it known, 'we're glad you're here'...So, yeah, they're very patient and kind.

Service providers did not push their support on Brittney; however, they ensured she knew that even if she was unable to be active in accessing support, they would be there for her when she was ready. And when she *was* ready to access their support, they made it known to her that her presence was important. For Brittney, this patience, understanding and being there when she was ready encompassed harm reduction.

For Devon, there was one community organization that helped him throughout his journey of navigating his trans/queer identity:

... I could go to an organization, and they're a helping hand, and I could be face to face with them, and I know that they're a real person, and they accept me as a person. So, I found that that was a very important aspect of my life when I came out. Cause, I needed to find resources to kind of help me go through that. Because I was dealing with not only growing up, but I was also growing up as trans, and you know, dealing with mental health issues and everything, family issues, and I needed to figure out ...what could I do for myself to find help, I guess? So I went to [community organization] and for multiple years I definitely liked going there. I utilised it for a lot of things. I found out that being trans isn't ... a same-cut experience. You don't have to share the same problems as everyone else...one trans person could feel one thing, but the other person could feel the complete opposite, but it doesn't make them any less trans. While I was there, I found that, yeah. I'm a guy...I'm very confident ... as a trans person – but I also still enjoy – enjoyed and enjoy – feminine things... I learned about drag and I could still do drag and be female presenting and have fun with it, but know that I'm a trans guy, so that was something that was really big with me and still stuck with me. I enjoy doing that, and I am very confident. And I feel awesome while doing it, so that's something that was really

eye opening for me... I felt so small and kind of a grey shadow, like in all these photos, and...as I'm growing to be a person, I felt so small, but when I looked up to an organization, or whoever, I just saw just so much colour and light, and I looked up to that and it was a lot for me to take in, but I really loved that I could see that.

Devon was able to access professional support through mentorship, peer support, and role modeling. Ultimately, he felt accepted for who he was and gained confidence in his identity.

Figures 4.5, 4.6, and 4.7 illustrate professional support for participants.

Figure 4.5 Stability



Note. By Brittney, 2022, digital camera, to represent all community organizations in Saskatoon she relied on for professional support in harm reduction.

Figure 4.6 Helping Hands



Note. By Devon, 2022, digital camera, digitally edited, to represent in-person community

organizations that offered him a helping hand through his journey of self-discovery, identity formation, and identity expression.

Figure 4.7 Supportive Environment



Note. By Andrew, 2022, digital camera, to represent his school as a supportive environment full of people who support him in problem solving, meeting his goals, and fulfilling his basic needs.

Meeting Basic Needs. The second superordinate theme discovered during analysis was *Meeting Basic Needs*. Participants often experienced harm through one or more basic needs being unmet, and they did what needed to be done to direct energy toward meeting those needs. Most commonly, participants spoke to biological and physiological needs, safety needs, and love and belongingness needs.

Biological and Physiological. Two common ways that participants described meeting their biological and physiological needs were through nutrition and shelter. Andrew and Brittney both spoke of times in their lives when they did not have access to nutritious food. And sometimes, when given the option, Brittney noted that she chose to spend her money on substance use rather than a meal. As such, they both saw the importance of meeting nutritional needs for harm reduction, not only for themselves, but for their friends as well. When Andrew spoke about supporting his friends, he stated:

...one friend right now that's ... kinda getting bad right now, and he gets mad at me all the time for tryna be there for him to 'hey man you should go hit up a counsellor, I got a counsellor at school, I can introduce you'. Or 'let's go for a walk'. Or... 'come sleep at my house for a night so you're not doing anything. Come eat'.

While Andrew spoke about supporting his friends in meeting their basic needs for nutrition and shelter, he also spoke about the role that school faculty have had in ensuring his own nutritional needs were met:

... if I didn't have that support [school], I don't know what I would be doing during the day. And I know I would probably do something not good, you know just something harmful to myself...I'd probably be drinking or out doing drugs, or not eating either cause, they feed me there a lot and they send me home with food quite a bit so they always make sure I have something to eat...

Brittney spoke more directly about the role that nutrition had in her life. Nutrition was important to her because she recalled times in her life when she was unable to meet this basic need:

I used ta... go days without eating. I would survive off water and juices and stuff like that. Put myself on a liquid diet. And then ...when I ate, I was eating at McDonalds and some fast foods and stuff like that. Nothing too good. Chicken nuggets and fries. And my money was going to different things...And now so, I have more money too and now I eat a lot better with the whole chicken 'n rice, fruits, salads, vegetables. And I'm tryna eat more meals daily. I try ta wake up and have a muffin with my coffee.

Brittney could tackle multiple harms at a time when a single need was met. This experience was evident when she stated, "...[W]hen I'm hungry I get moody. I can't think straight, I'm harder on myself. Emotional...even the smallest of snacks gets me a long way." In this instance, she was referring to mental harm. However, she also referred to satisfying her physical and overall well-being when she said, "Good food...Vitamins, healthy...I always feel really well right after I eat the healthier things...Everybody needs vitamins!" So, meeting the basic need for nutrition facilitated harm reduction for her mind and body.

Cody also spoke about meeting nutritional needs. However, he spoke about cooking as a skill he needed to pick up so that this need could be met.

...in my life, how I really used learning and knowledge in general as almost like a shield to certain harms I had in life. Cause I grew up in a – I'd say – it was a bit of a rocky childhood... my mom was abusive, emotionally...And I just thought about how much I used learning stuff myself to make it so that I can live life better. For example, I learned a lot of cooking because I felt like I needed to rely on myself a lot.

This is the second excerpt from Cody concerning the importance of education and knowledge for meeting nutritional needs.

While Andrew spoke about offering a roof over his friend's head, Brittney and Devon directly spoke about how important it is for them to have a place to live. Brittney stated:

...when I was homeless for a while there, that was one thing I couldn't seem to straighten my mind, because all of my shit was in a bag. All of my shit was in a suitcase. How do you think clearly in your whole life when all of your whole life is in one small little situation or one bag or even a cart...How do you figure solutions...how do you even be organized...

Brittney spoke about how difficult it was to problem-solve or reduce harm in any other aspect of her life when she was living on the streets. For Brittney, having a home to live in offers her mental clarity and allows her to redirect her energy from her living situation, onto other concerns in her life.

For Devon, he spoke to meeting the need for *safe* shelter. Specifically, tackling both physiological/biological and safety needs at the same time. While Devon spoke in a previous excerpt about trans youth who are kicked out of their homes and are consequently living in poverty, he also spoke about a potential outcome that could occur if that youth is able to find a safe home to live in afterwards:

...I'm specifically targeting what it would be like for a trans person to move out...it shows that they probably didn't have a good family life, or a good resource at home so it's a very touchy and emotional experience so that's why it's fragile and you're moving out. But it's something new and it's growth to their trans soul because they're able to grow into kind of take a step into their own identity, and that could be a lot more comfortable for them as a trans person.

While unsafe youth may lose their home, alternatively, they may find a safer living environment where they can express and grow into their identity freely and safely without concern for shelter and safety.

Figures 4.8, 4.9, and 4.10 below illustrate participants meeting basic needs such as nutrition and shelter.

Figure 4.8 Is Your Life Fruitful?



Note. By Brittney, 2022, digital camera, to celebrate how good she feels when she can access nutritious foods that contribute to her physical and mental well-being.

Figure 4.9 Living A Clean Life



Note. By Brittney, 2022, digital camera, to illustrate the importance of having her own living space, where she can clean and organize her surroundings. In turn, she can better organize her thoughts and her life.

Figure 4.10 Growth to my Trans Soul



Note. By Devon, digital camera, digitally edited, to represent trans/queer peoples' experiences with an unsafe home environment, which may result in either a forced removal out of the home or the individual needing to move out so they can experience safety in a new environment.

Safety. Brittney and Devon both spoke about the need for safe spaces several times throughout their interviews. Devon spoke to safe spaces for trans/queer youth, which are needed in the school, community, and home. Safe spaces are especially important when trans youth feel unsafe much of the time:

...getting help is really scary, but it's not as scary as you'd think...it was super scary to come to terms that – I'm a trans person, and I'm going to seek help, and by seeking help, that means that – it feels like I'm putting myself out there and just feels like you're a target, even though it's definitely not. When you're there [community organization], you're not a target. You're just treated as a person, *as you should be*. And, you're learning things about yourself that you never knew you would, and it's a better experience to reach out then to have kept it inside...

While Devon has experienced harm in unsafe environments, he indicated the importance of ensuring the need for safety was met. By community organizations meeting the need for safety, Devon was able to access support to reduce harm in other aspects of his life, without encountering further harm in the process of seeking support.

For Brittney, one powerful moment in her interview was when she spoke about the safety that she felt with her mom. Although her mom had passed away from health complications due to a higher risk lifestyle, when her mom was alive, she was a safe person for Brittney:

...when I was younger, my mom always told me like I used to see her on the drugs all the time, and she'd always tell me, 'my babe, please don't ever get into the hard shit'. And she was like, 'you know everybody does a little bit of cocaine every once in a while. And I know that you're gonna get into it at one point because every fucking kid gets into this shit. Please try your best not to, but please don't ever go worse than that'. And she was talking to me and we had this really big heart to heart conversation. She's like 'you can come to me for anything'. And so, I always felt safe with her, or I could always go to her. Or even if I was on LSD [acid] or something, right? She was always like 'oh it's ok. Here's water, here's shelter'...

Brittney's mom tackled multiple needs at the same time: safety, love, and shelter. No matter what Brittney was going through, her mom offered her a safe space so that she could have her needs met.

Love and Belongingness. All participants spoke to interpersonal relationships that supported harm reduction in their lives. However, Brittney spoke with the most urgency about how crucial human connection was for her well-being:

...we can't go without being intertwined with other people. Intertwining our lives with others. We can't. Humans need interaction with other humans to be able to stay sane and not go crazy... even just being able to hold hands with a good friend and not have to have any expectations on that kind of affection and attention is really, it's nice, and it's very much needed. And I was lacking it for a long time, so it's super important for me.

Furthermore, Brittney spoke about the role that friends and significant others could play in harm reduction:

We're in a safe setting. We were able to speak and be like 'whoa! You're a really cool person, you're understanding and accepting. And I don't have to feel worried about when I'm talking to you or what I am talking about'. And it's really the same thing with...who I'm seeing right now. The exact same way...totally trust what I say around him and...It's safe spaces, when you have people who allow you your space to feel safe, it goes a long way. Even if you're not necessarily talking. Just being in the presence of people...

Brittney was speaking about safe friendships that could offer understanding, acceptance, safety, and trust. While Brittney spoke about the incredible internal and physical harm she experienced when she did not have access to human connection, she also spoke about the importance of meeting this need for her well-being.

Andrew also described what safe friendships felt like for him:

When I'm with my friends, I'm happy. My mind's clear. I feel safe. I feel at home. Comfortable... inspiring. I feel like when I talk to my friends about what I want my future to be, they're very inspiring for me. And their inspiration towards it is more than what I could even expect to receive. So, it just, it does wonders. Happiness is one of the biggest things – I think love...love is probably one of the biggest feelings, and cared for...Feeling accepted and loved...

For Andrew, friends support harm reduction by nurturing safety, comfort, inspiration, happiness, love, care, and acceptance. He was able to counter a lot of his internal harm by being with people who provided his need for social connection.

Andrew's discussion about inspiration resonated with what Devon needed when looking toward the future:

...it was comforting to know that I had people online that I can talk to who were like me...I was talking to them as a person and they cared about my feelings. Which is something, that I think a lot of people enjoy just in general. For harm reduction, I think that's a really important thing. Is to recognize that the internet can be bad, but also, it can be a real life savor for a lot of people, because of that. I also wanted...to display representation and how it impacted myself. I know that there wasn't a lot of representation, but the representation that I did see, it helped me a lot, and it made me realize 'hey, this is ok. I can be feeling these kinds of things'. And I hope I can be on their level one day. Look up to them.

As Devon found belonging online, he was supported in realizing that his trans/queer identity was ok. Moreover, by engaging with people he felt belonging with, he realized that there was a future to look towards and that he could be thriving one day.

Cody also spoke about the importance of interpersonal relationships. However, he took a different approach from the other participants:

I became very selective with who I trusted or not. And I still am to this day, very selective with that. And, I... started using trust as this tool for harm reduction... because that way if you are selective... whatever which way you use the tool, you're using it for your benefit, someday. I used it to ensure that I wouldn't have the problems I did before I would encounter these issues – and I haven't *Chuckle*... But, it takes a lot of strength to do something like that, because it takes a while to find those people that you can trust. ...it took me like three and a half years to know for sure... it's ok if it takes your whole life to find what you're looking for, because that's what you need. And why should you settle?

Cody used trust as a tool to prevent interpersonal harm from happening. He previously established that he “was burned too many times by people.” While he was vague in what exactly he meant by this interpersonal harm, he began utilizing trust as a tool to prevent such harm from

happening to him again. The final sentence of the excerpt is most important because he noted that through friendship, he was ensuring he was not settling for friendship that did not benefit him. Clarity on what he means can be found in the following excerpt:

I floated around with different people like the *pompous-sounding voice* quote-unquote popular crowd...I hung out with everyone, I knew pretty much everyone in my grade *Chuckle* oddly enough...But then I started finding people, like my first kind of friend there – someone I feel like I can trust this person. And in fact they led me to kind of, inadvertently, realizing ‘oh wait! I’m not straight’ *Chuckle*. And, she was awesome, really appreciate her. And it led me into finding different groups, such as part being into the drama crowd, and stuff like that. And that way I met [Devon], or at least got to know him better. And kind of solidified those who I call my friends today.

While Cody was the most cautious participant when approaching interpersonal relationships at a more intimate level, he *did* seek the need for belonging. Due to his uprooting from his previous town and having to go to a new school in a new city, it was difficult for him to form friendships with people he could trust; however, when he *did* form those friendships, they made a big difference for him. He was able to grow and find self-discovery of his sexuality and activities that bring him joy. And in this process, he moved from floating from friend group to friend group to feeling like he could form stronger bonds with people who uplift him rather than cause him harm.

Figures 4.11, 4.12, 4.13, and 4.14 illustrate participants seeking human connection as harm reduction.

Figure 4.11 The Clasp of Friendship



Note. By Brittney, 2022, digital camera, to illustrate the importance of forming human

connections that make her feel a sense of safety and belonging to support her mental well-being.

Figure 4.12 A Stroll with the Bro



Note. By Andrew, 2022, digital camera, to illustrate the people in his life who make him feel loved, safe, and hopeful for the future.

Figure 4.13 Light at the End of the Tunnel



Note. By Devon, 2022, digital camera, digitally edited, to illustrate an earlier time in his trans journey when the internet was a safe space for him to seek friendship and a sense of belonging.

Figure 4.14 Trust



Note. By Cody, 2022, digital camera, digitally edited, to illustrate his use of trust as a tool to ensure that the people he lets in his life uplift him rather than cause him harm.

Harms Reducing Harms. The third superordinate theme that emerged from data analysis was *Harms Reducing Harms*. This theme is related to every participant who did something in their life that may result in harm; however, the intent was to reduce another harm in their life. Often, it seemed as though no matter what, participants were going to experience harm, so they did what they could within their circumstances to take a route that was best for their well-being. The National Harm Reduction Coalition (2020a) affirms that people are the primary agents of reducing harm in their own lives, and harm reduction's goal is to empower these people by sharing information and support so that people can seek health and reduce harm in their own way. The following section explores how participants sought well-being in their own ways.

Substance Use. Andrew spoke about the concurrence of mental health and substance use harm. As mentioned previously, he was more concerned about the harms associated with alcohol than cannabis. This could be due to his utilization of cannabis for harm reduction:

I smoke weed. I take CBD [cannabidiol] pills sometimes. It calms me down. When I...feel anxious or ...when I get angry, I smoke weed when I get angry...if I'm in a large

group, if I have my CBD pills, I take em or just calms my body ... actually I lean towards that more than a counsellor. Or it's like I can just go for a walk, smoke a joint, just listen to music, or go for a walk and write and stuff cause I noticed when I get stoned, or when I take CBD pills or THC [psychoactive compound in cannabis] pills, I'm more open to talk. And my teachers noticed that in school, cause I when I wouldn't go to school stoned, I wouldn't write, and when I would go to school stoned, I'd be sitting there just writing a whole story line...and I guess I'm not afraid, I'm not so afraid of what everyone thinks...this is who I am at that point...that's also not good though. I should be able to do that without it.

Andrew was doing what he needed to feel ok. He used cannabis as a harm reduction tool for negative emotions and alleviating stress surrounding social situations. He acknowledged that this form of harm reduction was more meaningful for him compared to traditional mental health supports such as counseling. At the same time, he also felt conflicted about what he did to feel ok, indicating that he should be able to go through his day without relying on cannabis. However, Andrew was doing the best he could to seek harm reduction using the resources he had at hand that made a difference for him.

For Britney, her substance of choice in her recovery journey was nicotine. While she was in the active process of quitting smoking, she made a switch from cigarettes to incorporating her vape as a tool for harm reduction:

...the main goal is to quit smoking...[vaping] helps me stay away from the cigarettes...I feel I haven't been able to actually get myself a proper chance at slowing down at smoking just by going [cold turkey]. I lose control of being able...to manage my emotions properly. So this is kinda like a little bit of a [steppingstone]...It helps me when I'm completely away from cigarettes to manage my emotions a little bit better without having to commit to a full cigarette...Cause I can be mean. And I can be ... rude and harsh...And sometimes I'll just say things, and then I don't mean it... and then that feeling goes away and then I'm like fuck. So, having this [vape] to just be like *deep inhale* ... 'okay, take a breath and don't actually do that.'

Brittney vaped to reduce mental and interpersonal harm with the goal of abstinence. While abstaining from nicotine altogether could result in withdrawal symptoms, vaping allowed her to better regulate her emotions, maintain her interpersonal relationships, and reduce the impact that smoking had on her physical health.

While Andrew and Brittney spoke from the perspective of people who have struggled with problematic substance, Cody, alternatively, has used substances socially/casually to prevent himself from following the same outcome as his family:

So *sigh* kind of for me, a way of harm reduction is to prove something to yourself. I've

gone to a party, I've drunk before. And instead of me being blackout drunk and waking up the next day with no idea where I am. I just had a couple drinks, had fun, and that was it.

Cody has blurred the boundaries between harm and harm reduction, with his focus on risk-taking and boundary-testing surrounding substance use to develop healthy boundaries surrounding his substance use. While Cody has been able to safely experiment with alcohol use and avoid the same outcome as his family members, he has recognized that this form of harm reduction may result in some unintended consequences:

Prove yourself wrong...a lot of times we hold ourselves back a lot in cases, I'm not afraid of alcohol itself, so why should I exclude myself from social situations? Or make myself feel uncomfortable when that doesn't need to be the case...So, proving yourself wrong is a big part of it for me. And I've done that with a couple different things. I have tried weed before, my body proved myself wrong on that one because *With laughter* I had a panic attack from it... So it was like, 'you know what? This is the best way to prove myself – there's no way I'm gonna abuse that at all, cause I can't even use it in the first place'...I just learned my limits, and I became very comfortable...

Cody has utilized micro-dosing of substances, and in the process, has kept a gauge on his emotional and physical well-being, to avoid overextension of his boundaries and into harm.

Figures 4.15 and 4.16 illustrate participants utilizing substances for harm reduction.

Figure 4.15 Crutch



Note. By Brittney, 2022, digital camera, to illustrate vaping as both an emotional regulation tool, and a steppingstone, moving from cigarette use to complete abstinence from nicotine.

Figure 4.16 Prove Yourself Wrong



Note. By Cody, 2022, digital camera, digitally edited, to illustrate consumption and experimenting with boundaries surrounding substance use and other activities that make him feel anxious, as a way to develop comfort and safety within those boundaries.

Assuming & “Choosing” Harm. While Devon did not speak to substance use, he did speak to engaging in something that could be harmful as a way of experiencing harm reduction. Considering that many of the harms Devon experienced were due to a lack of choice, harm reduction for him was often related to choosing which potential harm to experience:

...in grade 12, before I came out, I was trying way too hard to be someone that I was not. I was hanging out with a lot of – I tried at least – I was just trying to get into a group of people that were super popular, girls or whatever...it was not working out for me *Laughter*. It was so much worse, and I wonder, if I just tried pushing through that, even harder, would I just keep doing that and doing that until eventually I just couldn’t handle it? Or would I just keep doing it? ... the first person I told that I was trans was not even a super close friend. I just told it to a friend that I just start hanging out, but it was easier for me, because I didn’t have those ties that were super close and personal. But at the same time...it’s super scary to do that cause you don’t know that person...you don’t know who you’re telling this super personal information to so, it’s a risk on both ends *Laughter*.

While either choice, to ‘come out’ or not to ‘come out’, may result in potential harm, he decided for himself which harm was necessary for him to endure for his well-being. Devon chose to risk interpersonal harm as opposed to suffering in silence. While Devon often had to decide between harms for his safety, he was forced to always assume that harm could occur. By assuming harm could occur, he was able to protect himself from harm. He made this clear by stating, “...I knew

that it's a possibility if I went into the boy's gym class, that I could be bullied... you gotta think of the worst possibility just for yourself, that's just what it was for me." By thinking about the worst-case scenario, considering harm would occur no matter what, he would make an informed choice for himself that was less harmful. Devon's experience is something that resonated with Brittney in choosing vaping over cigarettes when she said, "People go to sooth themselves, right? ... not even just children. I feel like everybody. People. When you're hurt, you go to sooth yourself...What you do to do those is everybody's own...it's like a lesser evil kind of thing...". Devon often went through his day considering which harm was the "lesser evil" on his well-being; he did what he felt was the best outcome for his safety.

Figure 4.17 below illustrates the necessity to choose a pathway that leads to the least amount of harm.

Figure 4.17 Inaccessibility



Note. By Devon, 2022, digital camera, digitally edited, to illustrate the daily choice between harms that a trans person must make when gender-neutral washrooms are inaccessible. Option A on the left asserts internal harm through an undermining of gender identity. Alternatively, Option B on the right asserts interpersonal harm from others who share the same space. Whereas Option C, the gender-neutral option in the middle, often does not exist.

Impeding Harm Reduction

In contrast to the ways youth take up harm reduction, the fourth and fifth superordinate themes focus on barriers that impede harm reduction for participants.

Community Disconnection. The fourth superordinate theme that emerged from data analysis was *Community Disconnection*. All participants spoke to some extent about cracks throughout the community that allow youth to fall through, ultimately impeding harm reduction

uptake.

Transitional Gaps. All participants in this project were in a transitional stage of their life. They were young enough to be considered youth; however, they were old enough to be considered adults. As such, there were gaps in the community these youth were falling through while society treated them as fully independent people who did not require support. In a particularly emotional part of Brittney's interview, she stated:

...it takes a village to raise a child. I feel like I need to go back to my village, but where's my village? ...another struggle is my family is super broken right now. We're all split. It started with the loss of my great grandma, and then everyone kind of just *mimics this splitting/shattering/spreading apart motion*. We all talk a little bit, but so I'm like, 'where's my village'? My village took up camp and ALL over the place! *Chuckle* And then I aged out of [youth organization] too. So, I have a little bit of support with them, but not as much as I would be able to access when I was in their age group. So, I'm kind of *frustrated noise*.

Brittney spoke about the struggle she had with feeling unsupported. Part of this impeded support was due to her age, where she was not allowed to participate in her youth organizations at the capacity she needed to; however, she was also not set up with adult community supports, so she felt disconnected. This sentiment was shared by Andrew who stated:

...kids like me, I know right now if I was 22, and I was about to turn 23, and I only knew *unintelligible*, where do you go for support? You just get dropped off. You just feel like you've been abandoned. So, they should definitely do that [offer support for transitional youth] cause then you'd be like 'oh look they care for me, they want me to get more help from organizations'. It just shows that you care a little.

Andrew spoke about the need for transitional support before youth "age out" of community services. Instead of feeling abandoned, these youth could be directly connected to their next support opportunity.

Out of all participants, Cody focused the most on how much youth are set up for failure when treated as excessively independent. This focus could be due to the lack of support he received during his own life transitions. Cody felt that transitional support was missing in high school. Once youth graduated high school, despite what they know or need, they were tossed out in the community to fend for themselves:

I think it's just generations of that, basically putting a label on being an adult, but I think, if you're gonna look at it realistically, or even scientifically, that's a dumb interpretation, right? ...we're part of a community, we should just help each other – and yes, as you get older you're more independent, but is 18, or even let's say 16 that old?! No! People live

to like 80, 90 all the time, so that doesn't sound that long... it's an issue. It's not a normal thing. It's an issue because people get stuck in the river and drown sometimes.

Cody often felt lost due to a lack of preparation he received before entering adulthood, and a lack of support now that he is labeled an adult. Cody expressed his frustration due to this disconnection from support:

...there's just a lot of problems, and it's something I'm really frustrated with a lot of the time, because I was put into a really sink or swim situation by having to move out here and stuff like that. And my dad – well he's – he doesn't know cause he hadn't lived in the city for 20 years at that point cause he was raising kids in a small town. And I had no siblings, and I didn't really know the rest of my family so I didn't have anyone. And I know even for people that probably lived there their whole lives, they don't have anyone. So why can't our community be there for people? Why can't the community be for the community...

Cody and Brittney's frustration towards disconnected support deeply resonated with one another. They were both searching for a supportive community, but results have turned up null.

Miscommunication. While all participants recognized that support *did* exist in the community, the problem was that there was a lack of effective communication about said support. Due to the miscommunication of resources, some youth felt that the resources were inaccessible. Specifically, Cody noted:

...why is our education communities like this where if you're a youth, it's sink or swim...we aren't birds *Chuckle*. We don't just toss them out of the nest and see what happens. See if they live or not. Like we should be helping everyone around us. And encourage that. And, I know that there's resources out there, but it's also accessibility to those resources. And, to make things truly accessible, you have to go to where the people are, and that's at most of the time in education, cause that's what's most accessible to youth, and children.

Cody was not only speaking to accessibility in terms of knowing which supports existed in the community, but also the location of said supports. He felt that the best way to bridge the gap of accessibility for high school students was to bring community organizations into schools to educate youth on community support.

Similarly, Devon recognized that support existed in the community; however, many youth were not aware of what was out there:

...realize that the impact the organizations could have on a person...there just should be more – more resources to have that, and also more spreading the word about those resources. So it's a lot of work – but it's something that's important to be done, and I just think that should happen in Saskatoon...

While Brittney was offering suggestions on how to improve community support, she recognized that what she was suggesting may already exist; however, the issue was that even if it did exist, it did not matter due to her lack of knowledge:

...knowing the resources, on letting them know where they can go...here's this hub, and it can even have things that start very small- like, here's outreach workers and street workers...These are the five main organizations and then, maybe even just little points on being like 'they have this kind of stuff' ...I'm sure there's something already that I JUST DON'T KNOW ABOUT! *Laughter*

In Andrew's frustration concerning a lack of communication of support for transitional youth, he spoke about taking matters into his own hands:

If I had a printer, and a stack of papers, I'd make them [a community support communication resource], and I'd go hand them out... I'd do it so much that I'd get known for it *Chuckle* ...I'd do it for non-profit, just for the community...They just need to do little stuff like that.

Figure 4.18 below illustrates a lack of effective community support.

Figure 4.18 Lost



Note. By Cody, 2022, digital camera, digitally edited, to illustrate how difficult it can be to problem solve when there is a lack of guidance and support from the community, resulting in him feeling lost and at risk of drowning in the river.

Stigma. The fifth and final superordinate theme that emerged from data analysis was *Stigma*. Participants felt self-stigma or stigma from others towards personal behaviours or identities, as well as the punitive responses people in the community take to youth who do not fit into society's norms.

Self and others. Brittney, Cody, and Devon spoke about stigma impeding harm

reduction. When Brittney was asked why she had preferred to use substances alone rather than access a space such as Saskatoon's safe consumption site, she said:

...I grew up on the streets. So, we all know how we talk about people who do methamphetamines. You're a head, you're a head, blah blah blah. I didn't wanna be seen as that person. Cause even after you catch that name, pretty hard to frickin' shake it...I've seen people go be two years, three years, five years, whatever, off their shit – and they're like 'oh that person's an alcoholic'... 'once an alcoholic, always an alcoholic'. But they don't ever say that person's a *recovering* alcoholic. Or that person's a *recovering* meth head. Or that person's a recovering head. No. That person is a head. That person is an alcoholic. That's who you are. And I think that's a lot of why I didn't wanna be out there... I always had blinds drawn and everything. I was hiding, cause I knew what I was doing wasn't right...Even though it felt good, and it was what I felt I needed at the time, I still kinda knew I shouldn't have been doing it.

Brittney felt shame and guilt for using substances, and she did not want to bring her substance use out into public view due to the risk of public scrutiny. She saw the impact that labels have had on people who were recovering from active substance use, and she did not want those labels to be applied to her as well. As a result, she used alone rather than in the safe consumption site.

While Cody did not struggle with problematic substance use, he saw the impact that the stigma of youth alcohol consumption had on youth:

I think stigma is a huge thing when it comes to that [youth feeling unsupported in being able to experiment with substance use without it becoming problematic]. Like a lot of, especially old-fashioned teachers – which are everywhere still, honestly, if they hear about kids going out to parties drinking or whatever like that, they take it kind of with disdain. Or family members too. But, I feel like it should be kind of openly accepted that people are going to do these things, *With laughter* regardless of whatever you do...I think removing stigma is a big thing, because people will feel like, 'well I'm already this character, I'm already this person doing this stuff'. So, they're basically making it like 'oh I'm the alcoholic', so they're gonna drink, you know?

Cody's experience of how other youth were treated in school regarding alcohol consumption resonated with what Brittney shared about stigmatizing labels. However, not only does stigma discourage people from accessing harm reduction support, but it can also exacerbate substance use altogether.

While Devon's harm reduction experience is unrelated to substance use, Devon felt that stigma often impeded trans youth from having access to their basic needs:

...there's always that concern– they always argue – 'a man could walk into [the women's washroom]' – *that argument*, which is obviously super super harmful to the community... I think that it's just really so problematic to look at it that way, because if that's the problem, we should just be protecting – we should just have the resources for

trans people, and it wouldn't be so secretive and weird like that...it's essential *Huff of laughter*. Everyone needs to use the washroom...it shouldn't be treated as a big deal, but it should be treated as something that's important...It should happen *Chuckle*.

Devon spoke about this discourse against gender-neutral public washrooms, where given the opportunity for gender neutrality, that opportunity would be utilized to harm people of the opposite gender. This discourse villainizes and demonizes people from the trans community, and Devon recognized that not only is this form of discourse harmful on its own, but it has impeded the implementation and accessibility of gender-neutral washrooms in many public spaces.

Punitive Responses. Andrew, Cody, and Devon spoke about how stigma and punitive responses seem to go hand-in-hand. Rather than supporting youth to reduce harm, they are punished. As a result, access to support is impeded. Andrew spoke about the limited support many schools have for youth who are suspended:

...they're [a couple Saskatoon schools he previously attended] very limited with support. Let's say if you got suspended or something, and you need a support there, if you need to talk to a counsellor or something, you can't. Cause you're not allowed to be there. Where the one I go to at [his current high school], even when I wasn't registered there, and I needed support there...my friends would recommend me, and the counsellors there would still take me and talk to me and be like there's not much we can do, but we'll talk to you and give you resources and stuff. Where other schools I noticed they don't do that.

When youth needed the most support, they were not allowed to access that support due to punishment. Cody spoke to this issue similarly, where support is limited for youth in school who struggle with substance use:

...they kinda villainized it...I feel like the teachers probably mostly villainized it. You know, administration at my school was trying to be really helpful. So they'd often be like 'hey I've noticed you doing this, let's get you sent to a counselor'. But if it gets any worse than that, they start handing out suspensions and stuff like that and I feel like that's too harsh. I feel like a suspension isn't right, but I feel like there should be a secondary program for people who are in schools who need help...Something that's a little softer handed...You wanna be like 'we want you here'...obviously you don't want students drunk at school period. So, maybe you're not...sober right now, but we can have you temporarily go to this place until you're able to be supported fully.

When youth are punished through suspensions and expulsions, they lose out on the supportive environment that school could offer. This support may be especially needed if it cannot be found in the home or community.

Devon recognized stigma that exists for trans/queer youth, concerning the punitive responses that parents may take to their child coming out. Not only does this punitive response

result in harm, but it impedes the youth's access to support that could result in harm reduction:

...a lot of the time there's a lot of parents that just don't fully understand what it is to be queer. And I feel it's a lot of miseducation and just stigma...that you just never really thought that your child could be queer... So, it's hard to process that. And a lot of queer kids end up getting kicked out or being treated badly, it's not a good situation. I just feel that there should be a lot more education in general, not only for youth. It's for the older generations as well so that they can look and be more kind to the future generations and hopefully from there-on we can not have so many situations too where people are - feel like they're uncomfortable or in danger.

While Devon did not encounter this specific scenario growing up, his awareness of its potential for happening instilled fear of punitive responses toward him.

Summary

My analysis of the four participants' experiences with harm and harm reduction in the Saskatoon community was a detailed and complex process. In the beginning, I was overwhelmed by the diversity of each participant's experience with harm reduction. However, as I sat with the data, the more I began to see overarching commonalities across participants. Five overarching superordinate themes **(Supports)** *Seeking Support, Meeting Basic Needs, Harms Reducing Harms*; **(Barriers)** *Community Disconnection*, and *Stigma* were conceptualized as my interpretation of the participants' supports and barriers for harm reduction in the community. Within these superordinate themes, self-motivated harm reduction, professional relationships, biological and physiological, love and belongingness, safety, substance use, assuming and "choosing" harm, transitional gaps, miscommunication, stigma of self and others, and punitive responses work to further represent how these youth experienced harm reduction.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore experiences and perspectives in harm reduction among Community Youth in Saskatoon, Saskatchewan. Harm reduction has been widely researched from the perspective of adults who use substances; however, qualitative inquiry around youth and their experiences of harm reduction that move beyond substance have been understudied in recent literature. More studies are emerging that address harm reduction related to harms such as gambling, housing, and mental health. However, these various sources of literature operate in siloes that fail to communicate the broader harm reduction philosophy. This study sought to address this gap in the research: how do youth experience harm and harm reduction? Moreover, this study contributes to the understudied philosophical approach to harm reduction which moves from the historical roots of substance use to other applications in the health and social fields (Dea, 2020).

Detailed analysis of the experiences recounted by four participants reveals five superordinate themes which together encompass their experiences of harm and harm reduction: **(Supports)** *Seeking Support, Meeting Basic Needs, Harms Reducing Harms*, **(Barriers)** *Community Disconnection, and Stigma*. Regardless of the context surrounding their experiences of harm, all participants expressed experiences central to these five themes. The following section will provide a summary of the findings in connection to the current literature, followed by researcher reflections on the study's implications. Next, I will highlight the strengths and limitations of the study as well as outline future directions for research. Finally, I will close this thesis with the conclusion. For reference, Tables 5.1 and 5.2 organizing superordinate themes and subthemes have been provided.

Table 5.1 Superordinate Themes and Subthemes: Supporting Harm Reduction

<i>Seeking Support</i>	<i>Meeting Basic Needs</i>	<i>Harms Reducing Harms</i>
<ul style="list-style-type: none">• Self-motivated• Professional relationships	<ul style="list-style-type: none">• Biological & physiological• Love & belongingness• Safety	<ul style="list-style-type: none">• Substance use• Assuming & “choosing” harm

Table 5.2 Superordinate Themes and Subthemes: Impeding Harm Reduction

<i>Community Disconnection</i>	<i>Stigma</i>
<ul style="list-style-type: none"> • Transitional gaps • Miscommunication 	<ul style="list-style-type: none"> • Self and others • Punitive responses

Connecting Findings to Current Literature

Seeking Support

The first superordinate theme, *Seeking Support*, represents participant effort and motivation toward seeking support for harm reduction uptake. The subthemes of *self-motivated* and *professional relationships* mirrored harm reduction strategies described by participants in a different qualitative, community-based study. Boucher et al. (2017) describe “two overarching themes: (1) accessing community health and social services and (2) employing personal practices” (p. 6). Regarding the first theme, the authors described participant uptake of services and professional support in the community to find a sense of belonging, to receive support, and to experience positive social interaction with the staff in these professional environments. Additionally, these participants sought professional support for multiple purposes, as these services offered a variety of supports from housing support to sterile equipment for substance use. Participants in the current study sought professional support through their physicians, counselors, community organizations and schools, similarly, for a variety of different reasons.

The Public Health Agency of Canada (2021) has asserted that schools provide an important environment for youth in their learning, development, socialization, and promotion of health and well-being. Cody provided a river analogy in discussing what he needed from the community when he stated, “...people get stuck in the river and drown sometimes.” While Cody was speaking about “[making] a bridge there where people drown a lot”, his words resonate with discussions of upstream intervention in the public health “river parable”:

While walking alongside a river, a witness sees someone caught in the current. The witness jumps in the river and saves the person from drowning, only to see another person caught in the river in need of rescue. This continues for some time until the witness has saved many people and is completely exhausted. The witness then decides to walk upstream to see why so many people are falling into the river in the first place to see if they can help there instead. (Public Health Agency of Canada, 2021, p. 10)

The “river parable” illustrates the need to identify and act on factors that cause people to fall into the river (i.e., being at a high risk of harm). The Public Health Agency of Canada (2021) asserted

that school-based programming can protect youth from falling into the river in the first place by addressing upstream approaches to health promotion. To summarize, upstream approaches address the root causes of health issues and promote protective factors in youth such as positive social (i.e., social connectedness) and health (i.e., autonomy) outcomes, and minimize risk factors, such as substance use-related harms. Upstream interventions focus on factors that promote overall health and well-being, such as healthy relationships, a strong sense of self, access to high-quality education, a safe environment, and community connectedness. These factors can prevent youth from falling into the river; thereby avoiding the negative impact of risk factors, such as poverty, food insecurity, social isolation, and experiences of trauma, stigma, and discrimination. In turn, youth have a decreased likelihood of experiencing substance use-related harms. Enhancing protective factors, particularly during early life, can have a significant positive impact on health and well-being in long-term health outcomes. In this endeavour of facilitating protective factors, schools can offer supportive relationships between students and adults within the school and a high degree of school connectedness. Moreover, creating safe, inclusive spaces for youth and demonstrating a genuine interest in students' interests and goals, can help reduce their likelihood of experiencing substance use-related harms. As such, schools provide an important source of professional support that can nurture positive health outcomes for youth.

Alternatively, participants in the study conducted by Boucher et al. (2017) described personal harm reduction strategies to manage and reduce harms associated with their substance use in their daily lives. While personal harm reduction strategies are more personalized, the common thread is that participants in both studies relied on personal knowledge, resources, tools, and abilities to do what they could to reduce the impact of harm in their everyday lives. While Barnaby et al. (2010) speak specifically to substance use, when harm reduction services are not available to PWUDs in the community, they develop their own strategies to manage situations that can result in potential harm. Cody spoke about his reliance on knowledge for harm reduction. Similarly, Barnaby et al. (2010) recognized that educational resources and knowledge of the availability of community resources were identified as successful health promotion tools that supported youth in reducing substance use-related harms for themselves. Alternatively, Wallace et al. (2021) asserted that increased knowledge of the substances that they were using, such as a substance's composition, would inform and support decision-making for substance use consumption and harm reduction strategies. While much of the literature speaks to knowledge

informing personal harm reduction practices related to substance use, the message that knowledge is empowering could be applied to other forms of harm reduction that youth uptake in areas of sexual health, risk-taking, and meeting basic needs.

Meeting Basic Needs

The second superordinate theme, *Meeting Basic Needs*, describes unmet needs as a source of harm, and meeting those needs as harm reduction. While all participants spoke about various needs, *biological and physiological*, *love and belongingness*, and *safety* were the subthemes that emerged most within participant experiences of this superordinate theme. Collectively, these subthemes align with the Social Determinants of Health (SDoH).

SDoH are defined by the World Health Organization (WHO; 2022) as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (para. 1). These SDoH are the non-medical conditions that affect health outcomes. SDoH have been argued to be more important to the health of an individual than their healthcare or lifestyle choices, accounting for between 30 – 55% of health outcomes (WHO, 2022). Moreover, some populations experience better health outcomes compared to others. These differences in health outcomes are called health inequalities. Health inequity is defined as health differences between groups of people that are unfair and subject to change (Government of Canada, 2022). As such, addressing SDoH is important for improving health outcomes. One mixed-methods study conducted by Hawk et al. (2017) concluded with the message that harm reduction can be applied to all individuals regardless of their harms, given that the harms operate along a continuum based on a variety of individual and social determinants. However, these authors focused specifically on how individual health behaviors were influenced by SDoH rather than the SDoH attributing to circumstances that led to individuals experiencing harm. This focus on health behaviours neglects the reality that certain populations experience harm as a result of their life circumstances as opposed to any particular behaviour. By focusing more on the SDoH, we can take an approach that looks at the conditions that people experience that are attributed to the harm that they experience as opposed to any particular behaviour.

Conversely, a qualitative study conducted by Kerman et al. (2020) spoke to how populations of people who are more exposed to potential harm, namely PWIDs, also experience higher inequities when it comes to SDoH such as home and food insecurity, lack of social

support, and inaccessibility to healthcare. When participants in that study had access to harm reduction services (i.e., a safe consumption site), their SDoH were also affected. Particularly, social connectedness, emotional support, safety, housing support, and healthcare access were supported. The study indicated that while the SDoH focus on the upstream impacts of health and well-being, harm reduction services may offer downstream support for addressing these SDoH inequities. Similarly, Saing et al. (2020) recommend integrating, namely mental health, services into harm reduction programming for PWUDs across all healthcare system levels to better tackle issues across this population.

Park et al., (2020) acknowledge that the SDoH are neglected within research concerning risk and harm, particularly when it comes to SUDs. While research on the SDoH is heavily influenced by substance use harms, the main message is that harm reduction should not focus solely on addressing immediate harm. Pauly (2008) asserted that health inequities for people who experience harm, such as PWUDs, experience intersecting harm such as homelessness, poverty, and lack of social support. As such, the author urges harm reduction to be bolstered by an approach that tackles the SDoH simultaneously while reducing harm. Harm reduction alone is insufficient in supporting people who experience harm (Pauly, 2008).

The first subtheme, biological and physiological needs, lends to the living conditions that Community Youth experienced that attributed to accessing their biological and physiological needs. Various social determinants can affect access to meeting biological and physical needs, such as economic stability (Office of Disease Prevention and Health Promotion, n.d.-a). Moreover, the quality of education individuals receive can determine the career path they enter, affecting the health problems they may encounter because of the level of economic stability they can enjoy (Office of Disease Prevention and Health Promotion, n.d.-b). Alternatively, one physiological need that both Andrew and Devon spoke about was related to the inaccessibility of public washrooms. Specifically, Andrew stated:

...you're forced to go to a store that's far away or forced to use the bush or something. And you know, even for homeless people that's the thing they have to think about all the time. Especially some stores, you can't use the washroom without buying something. So, it's like well what if you don't have money? I know in some cases I've been in that situation where I go to the store to buy something. I'm not homeless, but damn I'm broke too...

Andrew spoke not only about economic instability attributing to the inaccessibility of public washrooms but also about the neighbourhood and built environment he lived in. Neighbourhoods

that people live in have a major impact on access to meeting basic needs that attribute to individual health and well-being (Office of Disease Prevention and Health Promotion, n.d.-c). When a neighbourhood does not meet the basic needs of its members, then people who are lacking in other SDoH, such as economic stability, are further encountering inequity. Devon spoke about washroom inaccessibility from a trans perspective:

...don't take the simple things for granted, because a lot of people who are cis don't really think – they just go to the washroom. But, for trans people, it can be a very scary experience. Even people who are fully transitioned...it's still very scary for them, just because it could bring back a lot of trauma...it just still could be a threat to them.

Devon spoke about the social and community context that attributed to his impeded access to gender-neutral washrooms. Unsafe neighbourhoods and discrimination can lead to impeded access to meeting basic needs, and as a result, there is a negative impact on the health and safety of individuals (Office of Disease Prevention and Health Promotion, n.d.-d). Adding complexity, gender is a core SDoH that references the attributes, roles, responsibilities, and expectations within society based on gender expression and how gender is perceived by others (Miani et al., 2021). This SDoH describes the different resources that are allocated to women, men, and gender diverse individuals based on societal norms and the power systems in charge of resource allocation (Miani et al., 2021). In combination with other SDoH, gender can shape health outcomes through various systems such as housing, neighbourhood quality, and interpersonal relationships (Miani et al., 2021). As such, these SDoH must be addressed so that basic needs can be met by people who are inequitably affected.

Similarly, the subtheme of love and belongingness also speaks to the importance of social and community context in meeting this need. People's relationships and interactions with family, friends, and other community members can have a major impact on their health outcomes (Office of Disease Prevention and Health Promotion, n.d.-d). As such, positive relationships must be nurtured to reduce negative health outcomes. However, nurturing positive relationships can be difficult for youth who experience discrimination or unsafe home environments (Office of Disease Prevention and Health Promotion, n.d.-d).

Interconnected with love and belongingness, the subtheme of safety speaks to the need for safe environments to foster relationships that nurture love and belongingness. A person living in an unsafe environment can lead to less social support, resulting in higher levels of stress and trauma, ultimately affecting mental health (HealthyBR, n.d.). Unsafe living environments can

harm the health and safety of youth throughout their lifespan (Office of Disease Prevention and Health Promotion, n.d.-d).

Harms Reducing Harms

The third superordinate theme, *Harms Reducing Harms*, represents participant experiences in taking up something that has the potential to cause harm, as a form of harm reduction. *Substance use*, and *assuming and “choosing” harm* were the subthemes that emerged within participant experiences of this superordinate theme. The first principle of harm reduction identified by the National Harm Reduction Coalition (2020b) is that substance use is a part of our world, and a harm reduction approach minimizes the harmful effects of substance use rather than ignoring or condemning them. As such, it is no surprise that most participants engaged in some form of substance use to reduce harm in their lives. In a community-based participatory research study conducted by Boucher et al. (2017), participants spoke about various techniques they employed in their use of substances during harm reduction. For example, participants in that study spoke to moderation in using substances as both a strategy used to reduce harm in their daily lives and as a lifestyle goal that they hoped to achieve. Both Andrew and Cody spoke about moderation in their substance use journeys. Andrew stopped using particular substances entirely, he cut down on others, while continuing to use different substances at the same rate. Cody spoke about his strategy related to having control over his substance use to reduce harm in his life through this tactic of moderation. Cody’s family history of substance use affecting his own substance using behaviour is documented in the literature. A qualitative study conducted by Jenkins et al. (2017) documented participants who witnessed the negative effects of substance use in their families and communities, which ultimately shaped their perspectives on their own use.

Another example of a substance use harm reduction technique in the study conducted by Boucher et al. (2017) was to replace what participants saw as more problematic substance use with the use of substances that resulted in less harm. Much like Andrew, the participants in that study described cannabis as the most commonly utilized replacement substance. Like Brittney, the next most commonly utilized substitution was cigarettes. However, for Brittney, while cigarettes were one alternative she utilized to cope with sobriety from more harmful substances, alternatively, she utilized vaping as a steppingstone to total abstinence. While vaping is considered a controversial harm reduction technique (Pipe, 2021), generally, it is considered less

harmful compared to smoking cigarettes, and an effective smoking cessation device (Erku et al., 2020).

The second subtheme that emerged from participant experiences of this superordinate theme, assuming and “choosing” harm, was more difficult to find during the literature search. As such, while cases of this phenomenon may be described implicitly in the literature, there appears to be a gap in the literature that directly addresses youth experiences with being placed in a position where they will encounter harm no matter what, and their only choice is to decide which harm is less harmful to their well-being. Adapting the National Harm Reduction Coalition’s (2020b) first principle of harm reduction, participants in the current study acknowledged that harm, regardless of type, is a part of their world and often they have no choice in how it would be experienced; however, rather than just allowing harm to happen, they do what they can within their sphere of influence to determine a less harmful pathway, when it is assumed that harm will be inflicted no matter what. While preventative interventions aim to prevent harm from occurring at all, harm reduction interventions minimize the harms that were not prevented. For some youth, there are various intersecting harms which are very layered, complex, and present in every facet their life. Devon spoke specifically to this experience, where his existence as a trans person was often harmful. Trans youth are disproportionately affected by poor health outcomes, such as anxiety, depression, suicidal ideation, and attempts, consequential to the heightened levels of social rejection that they experience (e.g., lack of parental support, bullying, stigma and discrimination; Tordoff et al., 2022). Davies et al. (2019) assert that the school environment can exacerbate harmful transgender youth experiences by facilitating a gender-binary system that enforces binary sex classification on official documents, gendered dress codes, and gender-binary facilities such as washrooms and changerooms. Corroborating Devon’s experience, the authors affirmed that cis people rarely question their gender identity, because the gender-binary system implemented in most public environments validates them, enabling cisgender people to go about their day without conflict. However, for transgender students, gender-binary washrooms can produce feelings of anxiety and shame and may result in accusations that the youth is in the ‘wrong’ washroom. This accusation de-legitimizes trans youth identities and limits their ability to operate in the public sphere safely and comfortably (Davies et al., 2019). The other alternative to trans youth being accused of accessing the ‘wrong’ washroom, is to suppress their identity to access a washroom that the general public would label as ‘right’. While

Newhook et al. (2018) assert that there is a lack of research conducted on the harms associated with gender suppression, the authors do suggest that there is great potential for harm for youth who suppress their gender identity, as it is a fundamental element of their sense of self.

Therefore, youth like Devon who experience inaccessibility to gender-neutral washrooms must assume that, if they must go to the washroom, they must choose between a washroom that may result in harm such as anxiety and shame, or a washroom that may result in harms associated with suppressing a fundamental part of their identity. Either choice may result in harm, and if public institutions do not accommodate gender-diverse individuals, these youth must choose which harm they would rather endure so they can go on with their day.

Community Disconnection

The fourth superordinate theme, *Community Disconnection*, represents the first barrier impeding harm reduction, which is the participants' experiences of feeling disconnected from community resources, services, and support. *Transitional gaps* and *miscommunication* were the subthemes that emerged within participant experiences of this superordinate theme. While all participants recognized that there were routes to support that existed in the community, these routes were often unclear, webby, confusing, or unknown. The first subtheme, *transitional gaps*, represents disconnections in support that transitional youth experience. Transitional youth represent individuals, typically between the ages of 15 and 25 years who experience service challenges because they are considered too old for many "youth" services, and are either too young, not ready, or ineligible for "adult" services (Law Insider, n.d.). All participants in this project were between the ages of 18 to 23, and as such, they were transitional youth. There are various community services in Saskatoon that have specific age requirements for support. For example, EGADZ is a non-profit organization in Saskatoon that provides programming and services to youth and their families to meet their needs and improve their overall quality of life (EGADZ, 2022a). However, while the United Nations (n.d.) defines youth as individuals between the ages of 15 to 24, the youth programming that EGADZ offers varies. For example, the drop-in centre offers support to youth between the ages of 12 to 19, while the school support program accommodates youth between the ages of 12 to 18, and the teen parent outreach program supports parents between the ages of 12 to 20 (EGADZ, 2022b). While the reasoning behind these various ages of support is ultimately based on funding sources (e.g., the school support program is supported through the Ministry of Justice; EGADZ, 2022b), it can be

confusing for youth who fit in the category of transitional youth to know whether they can access various youth-specific community supports.

The search for literature on transitional youth experiences with harm reduction turned up zero results. When the search was redirected to transitional gaps in substance use, a couple of promising articles turned up, but did not fit the scope of the current study. When the search was opened to transitional gaps in services more generally, most literature was focused on mental health services. In an article written by Abidi (2017), the author acknowledged that age boundary definitions vary specifically for youth ages 15 to 24. While this author discusses the gap between youth and adult mental health services, the takeaway message rings true for various youth and adult community services. The author asserted that there is a lack of coordination between child and adult mental health services which ultimately disrupts the care for transitional youth. This disconnection is problematic because these youth are at higher risk of poor mental health outcomes and a decline in service uptake (Abidi, 2017). This gap has been identified by the author as a health systems-related determinant of health, and a serious problem in Canada. One issue that attributes to this gap is the concept of readiness in adolescence, which is defined by societal expectations placed on youth based on chronological age as opposed to their biological and social experiences specific to the adolescent life phase (Abidi, 2017). In actuality, youth readiness is based on various developmental, social, familial, and psychological markers (Abidi, 2017; Bukstein, 2017). Moreover, physiological development within youth lends to an increased need for support, supervision, predictability, and consistency (Abidi, 2017).

Similarly, in an editorial by Hadland (2020), the author discussed various issues that interfere with the continuum of care for young adults with opioid addiction. One issue is that youth who come of age are treated similarly to older adults, which may not account for the unique developmental differences that exist between youth and older adults. Ultimately, this gap in transitional support lends to challenging navigation of support which can lead to poor health outcomes (Abidi, 2017).

Similarly, the Youth Action Committee (2018) provided consultations in Ontario on emerging issues in child and youth mental health services. Among the emerging issues was a description of the frustration that transitional youth experience when they have been turned away from services because of their age, and the expectation placed upon these youth to find support once they turn 18. While these sentiments were echoed by Cody, youth at this stage in their life

recognize that they are no longer children, but they also do not feel like adults (Youth Action Committee, 2018). Without transitional supports that guide youth from child to adult services, youth in this age range are more susceptible to falling through the cracks of service (Youth Action Committee, 2018).

The second subtheme, miscommunication, represents the lack of knowledge that participants had of the community resources, services, and supports due to ineffective communication of this support. Barnaby et al. (2010) described barriers to harm reduction, healthcare, and community services for youth. Among these barriers, the authors described a lack of knowledge of services and support, corroborating barriers experienced by Community Youth in the current study. Barnaby et al. (2010) described youth as not always being aware of the availability of services, in addition to which services would be welcoming and understanding of their complex needs. Specifically, the authors identified a lack of knowledge as inhibiting to the reduction of harms and risks related to substance use, taking care of their health and well-being, and accessing of services for support and advocacy.

Something that stuck with me during participants' conversations surrounding the superordinate theme, *Community Disconnection*, was the statement made by Brittney, where she stated, "...[I]t takes a village to raise a child. I feel like I need to go back to my village, but where's my village?" This excerpt from Brittney's interview was during a moment of heightened emotion, and due to the collective experience from all participants for the need for better community connection, I felt that Brittney's comment about her own village would serve a meaningful title for this thesis. The phrase "it takes a village to raise a child" originates from an African proverb, and it means that it takes many people to provide a healthy environment for children, where children are given the resources they need for successful development (Reupert et al., 2022). Children need an environment where their voices are taken seriously, and where various sources of support (i.e., family members, neighbors, professionals, community members, and policymakers) work together to support youth (Reupert et al., 2022). However, as we have seen both from the participants of the study and the wider body of literature, the village is currently fragmented and youth are more frequently feeling isolated from their communities. Brittney viscerally felt her disconnection from the community that interfered with her development. She spoke to the frustration in her village being fragmented, which contributes to the proverb's inherent teaching, which is that caring for youth is a shared responsibility amongst

an entire community (Reupert et al., 2022). By taking a “village” approach to supporting youth, what emerges is a range of support from interpersonal relationships to professional relationships, to government-led initiatives, all of which can facilitate public health policy and ultimately support our youth (Reupert et al., 2022).

Youth Research Academy (2019) describes youth engagement as a solution that could address the miscommunication of support. To summarize, youth engagement refers to the meaningful and sustainable involvement of young people in all decisions that affect them. In the process of youth engagement, youth are empowered to take action, have their voices heard, and be active participants in their own development. While effective youth engagement has been associated with improved health outcomes and overall well-being, youth who have been involved in youth engagement initiatives have reported increased knowledge and openness to accessing community services. As such, it is beneficial for the health outcomes of youth that there are initiatives that engage youth for improved health outcomes in the community.

Stigma

The final superordinate theme, *Stigma*, represents the second barrier impeding harm reduction, which is the participants’ experiences with experiencing stigma. *Stigma towards self and from others* and *punitive responses* were the subthemes that emerged within participant experiences of this superordinate theme. The first subtheme of self and others relates to how some participants expressed stigma they felt towards themselves and from others regarding particular behaviours they exhibited, or towards their entire identity. For participants, stigma was either a source of harm, exacerbated harm, or a barrier to reducing harm. Barnaby et al. (2010) assert that stigma can come from community members, service providers, peers, and family members. In a mixed-methods study conducted by Ali et al. (2022), participants recognized that stigmatization from others of specific health behaviours, namely substance use, negatively impacted youth decision-making towards seeking support. In the report by Barnaby et al. (2010), social stigma and discrimination were described as barriers to harm reduction, healthcare, and community services. Specifically, stigma inhibited access to resources and services, in addition to the negative impact stigma had on youth and their well-being. Inhibited access to support may lead to an increased risk of harm (Barnaby et al., 2010).

Brittney spoke about how Saskatoon’s safe consumption site was less accessible for her due to the stigma that accessing such a place would have on how she was perceived by the

community. Alternatively, Brittney felt more comfortable seeking access from community organizations that provided more generalized youth support, and as such, she felt she could access some form of harm reduction more subtly. Brittney's experience resonated with respondents in the report from Barnaby et al. (2010), where some youth avoided community services that were publicly known for supporting socially stigmatized groups of people, such as street-involved youth, PWUDs, and sex workers. Brittney feared the label of "a head", which prevented her from seeking professional help.

For Devon, stigma was tied to his trans identity. Barnaby et al. (2010) described how negative experiences and poor quality of care related to stigma inhibited youth access to support. While the authors speak specifically to substance use, many youth fear disclosing their life circumstances (i.e., homelessness, sex work, substance use) in fear of being denied or receiving inadequate support. Devon initially feared seeking community support due to how he would be treated in return. When examining the literature on Two-Spirit, lesbian, gay, bisexual, transgender, queer & questioning, plus (2SLGBTQ+) youth, it is acknowledged that 2SLGBTQ+ youth experience heightened stress compared with heterosexual and cisgender youth as a result of living with a stigmatized identity, frequently resulting in victimization, bullying, and discrimination (Higgins et al., 2020); consequently, these youth avoid seeking support out of fear of the repercussions (Wilson & Cariola, 2020).

The second subtheme, punitive responses, represents the enforcement approach that interferes with participants accessing effective support. Examining literature related to enforcement approaches often leads to discussions surrounding the criminalization of specific activities such as illicit substance use (Government of Canada, 2018b) and sex work (Positive Women's Network, 2019). Criminalization is problematic, because it prevents people who are experiencing harm from seeking help and support (Positive Women's Network, 2019). Moreover, when the harm being experienced is life-threatening (e.g., drug toxicity), the fear of legal consequences can interfere with seeking help for lifesaving measures (Positive Women's Network, 2019). The two major responses to criminalization are decriminalization and legalization. Decriminalization involves the removal of all criminal laws related to a certain activity that is deemed illegal, whereas legalization involves the use of criminal laws to control certain activities so that they can happen legally (Positive Women's Network, 2019). It is recommended that youth should be protected with harm reduction services rather than punishing

them for their behaviours, such as substance use. Looking beyond substance use responses, youth homelessness in Canada has also been treated through a punitive approach, ultimately criminalizing youth who live in circumstances that place them out-of-home (Barnaby et al., 2010).

Cody spoke about how schools villainize youth who use substances. School faculty would have a certain level of support they would provide students who used substances; however, there seemed to be a threshold, where if students crossed the line that faculty established, then the response was punitive. This response is problematic because punitive responses discourage students from seeking assistance from their school for support (Vancouver Island Health Authority, 2012). Ali et al. (2022) asserted the need for more school-based programming where youth are provided the opportunity to openly discuss substance use in a non-judgemental environment. Furthermore, the authors suggested school as an accessible environment that could facilitate student support through educational programming, after-school programming, and outreach support. However, for these opportunities to be possible, what is needed is training for school faculty so that they have the tools at hand to offer non-judgemental, safe spaces where students can be connected with the appropriate services (Ali et al., 2022). Furthermore, Andrew spoke about how students who were suspended were cut off from the support that schools could provide students who were struggling. In one longitudinal study conducted by Hemphill et al. (2011), it was asserted that school suspensions may further contribute to harmful behaviours, including substance use, antisocial behaviour, and ultimately, dropping out of school. Similarly, Vancouver Island Health Authority (2012) asserted that suspensions and expulsions may contribute to increased substance use. As such, alternative pathways should be offered to students in response to their behaviours as opposed to school suspension (Hemphill et al., 2011; Vancouver Island Health Authority, 2012). For example, moving from zero tolerance policies in schools to focusing on mitigating the harms associated with substance use (Vancouver Island Health Authority, 2012).

Alternatively, Devon spoke to punitive responses from parents for circumstances surrounding gender identity. Specifically, Devon spoke about the risks associated with youth coming out to their parents. In some cases, the youth will be punished through poor treatment, or in other cases, the youth will be kicked out of their home. Ultimately, there is a fear surrounding adverse parental responses that leave trans and queer youth feeling like they are in danger.

Devon's description of the trans and queer experience is corroborated by the literature, where these youth are at significantly higher risk compared to heteronormative and cisgender youth to be exposed to physical and sexual abuse (Mills-Koonce et al., 2018). Moreover, these youth are more likely to run away from home or be kicked out by their caregivers; consequently, these youth are more likely to experience homelessness due to these punitive responses (Mills-Koonce et al., 2018). Adverse parental responses to youth coming out to their parents have been linked to outcomes such as poor mental health, problematic substance use, homelessness, and sexual risk-taking (Grossman, 2021). In many cases, leaving home may be the only way to survive the circumstances they were enduring (Mills-Koonce et al., 2018). Newhook et al. (2018) recommend that all gender-diverse youth are supported and loved for who they are, and not who society, or their parents expect them to be. Instead of punishing trans and queer youth for their diversity, they require affirmation, celebration, and support to reach their potential and experience positive health outcomes.

Researcher Reflections

Rethinking Harm

During my database searches when I initially conducted the literature review for this study, most results turned up were concerning substance use. After a series of community discussions with Smiley, I gained the understanding that that Community Youth had diverse understandings of harm and harm reduction. This diversity is evident from the Chokecherry Studios' "Community is Harm Reduction" programming, which takes a youth-focused approach to harm reduction through various programmes such as mental health conversations, grief support, community clean-up, and social media campaigning. From the variety of programmes, one can see that harm can come in many forms. Participants in the current study brought in a wide range of their perspectives and understandings of what harm can look like. After my perspective on harm reduction expanded, I began to modify my database searches to inquire about harm reduction from other fields of health and wellbeing to see what would emerge. While the literature is expanding on what harm can look like through a harm reduction lens, this area of research appears to be novel. Currently, there are various types of harms discussed in the literature (e.g., self harm, transgender patient care, chronic diseases); however, these various authors are working in siloes, and a gap has emerged which reveals a missing link between these various scholars in the wider body of literature. The wider body of literature recognizes that

harm reduction's roots are situated within the context of substance use, but at the same time, the frameworks and principles of harm reduction can be adapted to other areas of health and well-being which can support various populations of people who experience harm in their daily lives. It appears that this area of research is calling for a transdisciplinary and collaborative approach to harm reduction research that further adapts the philosophical movement of Harm Reduction, to connect these various academic works in a way that researchers can better support and consolidate the various understandings of harm and harm reduction.

Rethinking Harm Reduction

Harm reduction has many names in the literature: secondary prevention, risk reduction, risk management, risk minimization, and harm minimization. When we look at Harm Reduction as a philosophical movement, the focus is on reducing harmful outcomes, and the people who are experiencing harm are central to the discussion, ultimately diverting resources, power, and support to those people (National Harm Reduction Coalition, 2020a). While we typically understand and practice harm reduction in respect to the harms associated with substance-using behaviours, these participants urge us to look at harm reduction with more of an open mind and a wider lens. Due to trauma, ACEs, and unsupportive living, working and playing environments, youth may encounter various harms that could result in harmful outcomes for the health and well-being of youth who are most exposed to these situations. The participants of the current study are asking that we expand on how we talk about harm reduction, work together as a community to support these youth, and nurture the circumstances surrounding the SDoH so that youth can experience improved health outcomes. While the literature is beginning to move in this direction, more work needs to be done. One gap in the literature that needs to be filled is regarding the concept of “choosing” harm. While there are various cases where people choose something less harmful under the label of harm reduction (e.g., vaping instead of cigarettes, using prescribed Suboxone instead of street opioids), this conversation is not explicit in the literature in the same manner that was described by the participants of the current study. While harm reduction often involves a choice in behaviour, the current study's participants take that approach of choice and expand on it into other areas of life, such as choosing between gender affirmation/social harm or gender suppression/social safety. Future research on this topic would benefit from expanding on the idea of choosing between harms when there appears to be no alternative void of harm.

Rethinking Harm Reduction Uptake

Gabor Maté, a Hungarian-Canadian physician, focuses his work on the overdose crisis; however, he asserted that the work communities do must go beyond immediate substance use. Instead, Maté stated:

I think we live in an insane culture. By insane, I mean a culture that does not meet real human needs. It meets our physical and economic needs, for the most part, for many people — at least in the privileged West...But at the same time, it alienates people. It cuts people off from themselves, from their gut feelings, from nature [and] from other people. It sets people against each other. We're destroying the earth. It's a very unhealthy system that we're living in right now...So where's hope in that? Hope in that is people realizing that we live in troubled times, to look for solutions within themselves and within their communities and ... recognizing our spiritual nature, that we have needs beyond the physical ones...We have to look at the other needs we have that this way of life just does not satisfy. (CBC Radio, 2018, paras. 24-27)

Maté is speaking about combatting trauma and despair, both of which could exacerbate substance use. In this point of view, substance use takes a back seat to what could be playing a major role in substance-using behaviours. Similarly, the participants in the current study, including those who used substances, did not focus on substance use. Instead, trauma, mental health, community support, and the SDoH were central to each participant's harm reduction experience. While some participants struggled with substance use more than others, substance use was not necessarily central to their experience. Instead, seeking support, meeting basic needs, and choosing the least harmful pathway to well-being were central to their experience. Alternatively, stigma and community disconnection were major barriers that prevented harm reduction, and in some cases, exacerbated further harm. Brittney raised a critical point that Maté spoke to in the excerpt above, "I feel like I need to go back to my village, but where's my village?" Ultimately, these Community Youth urge us to take a critical look at how the community is coming together to best support youth, regardless of their harms, so that they can enjoy a fulfilling future with positive health outcomes. This is harm reduction.

Study Strengths

This study has many strengths. First, while youth perspectives of harm reduction have been acknowledged in research previously, missing links between studies describing experiences beyond substance use towards various forms of harm and harm reduction reveals a significant gap in the literature. A study of youth taking up harm reduction in response to various forms of harm allows us to understand the nature of harm reduction beyond what is typically discussed. I

hope that these stories of youth-centered harm reduction will prompt others to consider harm reduction that has moved beyond the historical foci to be more encompassing for the health and well-being of youth. These participants shared unique experiences that contribute to a novel body of research that offers insight and pushes boundaries into alternative perspectives of harm reduction.

Second, the IPA methodological approach allowed me to examine deeper, more personal perspectives on harm reduction compared to other research approaches. This is due to my attempt at understanding how harm and harm reduction are experienced by individuals. As such, I was able to gain rich data on the phenomena of harm and harm reduction. IPA is showing via lived experience an expanded understanding of how Community Youth experience and reduce harm. The small sample allowed me to focus on individual participants, with meaning being made from their collective experiences (Smith et al., 2012). The process of thematic analysis allowed me to weave together a collective experience of harm reduction across participants that demonstrated harm reduction is not a simple experience.

A third strength of the study was the use of photovoice as a method to facilitate youth discussions of harm reduction. Harm reduction as a topic of discussion may be difficult for youth to discuss. Alternatively, participants were able to capture photographs that represented their perspectives and experiences of harm and harm reduction. As a result, these photographs served as prompts that facilitated participant discussions. Photovoice provides the opportunity for participants to visually express their experiences, which facilitates knowledge sharing about harm reduction, which can be difficult to express with words alone (Nykiforuk et al., 2011). While many of the experiences that participants discussed were not directly related to the photographs, these photographs facilitated a foundation of understanding from which youth built up and expanded as further thoughts and ideas came to mind during conversations. These participants were co-researchers in the process of knowledge-making and knowledge-sharing, ultimately placing the power in their hands to draw attention to community issues that were important to them (Nykiforuk et al., 2011). While I may have gone into the study with preconceptions about what harm reduction looked like, these participants were able to show through their photographs that harm reduction looks like something entirely different to them. The impact of visual materials cannot be understated. The combination of photographs and

interview data allowed a richer source of data that enhanced my understanding as a researcher to make meaning from the participant's point of view (Nykiforuk et al., 2011).

A fourth strength of the study was the diversity of participant demographics, backgrounds, and experiences. Not only were there varied gendered experiences, but there was also variety in age, cultural backgrounds, and substance use histories. Knowing that the participants had such diverse experiences, yet common threads could be found across them, increases my confidence in the validation of my findings. The participants all spoke to a philosophy of Harm Reduction that moves beyond immediate substance use and into a bigger picture made up of bigger brushstrokes.

The fifth strength of the study was the community-based research approach I took in building researcher-community partnerships for the advancement of community health. Knowledge creation involving complex social problems, especially regarding populations who experience heightened risks and harms in their lives, should be done in a way that combines scientific methods, as well as the lived and living experience of people who reside in the community of study (Suarez-Balcazar et al., 2015). While community-based research is challenging, the outcome is more beneficial for all partners involved compared to if I went out and conducted research on my own. With the guidance of DS, AC, Smiley, and the research participants, this study was informed by what these community members needed, rather than a particular agenda I determined. All Community Youth on this project, as well as my community partners, DS and AC, expressed feeling somewhat obligated to engage with this study because they felt the type of research was rarely conducted and there was a unique opportunity to move forward the health agenda of voices who often go unheard. Strong desires to help and support the community were expressed frequently. I felt invigorated as community members expressed their motivation for sharing their time, labour (physical and emotional), resources, and experiences simply because they hoped maybe it could improve conditions in the community so that all youth could feel better supported in harm reduction.

Finally, the sixth strength of the study was that this project was youth-guided. Since this project's conception, Community Youth informed the development and implementation of the study. Smiley youth were the ones to initially challenge what harm reduction looked like in the community. While the participants corroborated what the advisory committee members argued from the outset, all Community Youth on this project participated to make our community a

better place for all youth. I am honored that I had the opportunity to work with every youth on this project and that they believed full-heartedly in the importance and significance of this research. By having these Community Youth willingly and enthusiastically continue their engagement in the project throughout the year and a half it took for this project to reach completion, the ongoing message throughout this project that youth have a right to be involved in all matters that affect them was demonstrated through concrete action.

Study Limitations

This study is not without limitations. The first limitation of this study was due to the recruitment process. Recruitment was made difficult due to the COVID-19 pandemic shifting much of the in-person interactions during this process to virtual. At times, it was tricky coordinating with my community partners dates and times to meet with prospective participants. While the pandemic did not interfere with community partners reaching out to prospective participants who did not have the means to communicate virtually, it did make the process drawn-out, and more difficult to reach out to a larger group of youth. Additionally, the closing of the study site at the time of the recruitment process, due to pandemic health and safety measures, made in-person recruitment efforts drawn out as well. As such, community outreach for prospective participants was quite limited, taking time and patience to complete.

Closely following the first limitation, a second limitation is that the study was unable to reach members from a younger youth group. All participants in this project were 18 years and older. While outreach did occur with younger youth, it was ultimately the older youth who responded and consented to participate. While it is unknown why younger youth did not respond to recruitment efforts, it would have been beneficial to expand recruitment efforts to other community organizations that serviced youth.

A third limitation is due to the nature of IPA research. While IPA provides a flexible means to explore rich descriptions of lived experiences (Smith et al., 2012), the small samples common in IPA research limit the generalizability of findings (Pringle et al., 2011). While the diversity of participants in the current study adds relevance to results, generalizability is just not possible with a sample of four. Furthermore, the inclusion of only one female participant does not allow an account of gender-based differences in harm reduction to be reflected since females did not account for at least half of the sample, so the results may be more relevant to a male

population of youth. Moreover, while the current study does include one trans participant, this youth made it clear in his accounts that he does not speak for all trans youth.

A fourth limitation, identified by Pringle et al. (2011), speaks to the idiographic and intense level of analysis that could result in researcher interpretations moving farther away from the real meanings behind participant experiences. To support the credibility of my interpretations, direct quotes from participant data grounded the findings (Pringle et al., 2011). I attempted to remain true to get to the essence of each participant's experience; however, the process of generating collective meaning across participants can only be credited as my own understanding of the participants' experiences.

Finally, a fifth limitation of the study was that while exploring harm and harm reduction through the lens of the SDoH urges us to address the upstream causes for harm at the same time as addressing the immediate harms, the current IPA study focused on experience, which means that we do not know the root causes for these experiences. All I can do is report on these experiences. While a study of Community Youth experiencing various harms and taking up harm reduction practices to minimize those harms allows us to understand that a broader discussion of harm reduction is needed in the literature, these participants' understandings are incomplete by themselves.

Recommendations for Future Research

First and foremost, the difficulties encountered in locating a unified body of research on harm reduction that moved beyond substance use, call for the need for a unifying body of literature. Unifying literature can help build a more accessible body of empirical work for reference by researchers and professionals in diverse areas of health research. Secondly, the need for subsequent inquiry around harm reduction would help increase evidence of and build a larger knowledge base around harm reduction for various fields of health study. A procedural literature review would be beneficial to collect all terms of reference in how harm and harm reduction are discussed in health research to present a concise summary of a philosophical approach to Harm Reduction that bridges the gaps between various forms of harm reduction literature from gambling to chronic diseases. This phenomenon may represent a daily occurrence in the lives of youth from various backgrounds, who encounter harm daily. The knowledge that comes from an inquiry on this topic could carry a therapeutic weight that possesses the power to better support youth in their health outcomes. One avenue that could potentially warrant exploration is a more

intensive inquiry into harm reduction amongst younger youth (ages 16-18), where their experiences may differ from youth who are no longer in high school. Youth continue to be under-represented in the wider body of literature. Finally, it would be beneficial to continue exploring harm reduction through the lens of the SDoH with a focus on harms beyond substance use.

Conclusion

This project sought to explore how individuals experienced harm and took up harm reduction. Through IPA methodology, the unique experiences of four diverse individuals were carefully and thematically analyzed and then woven together to create an interpretation of youth-centered harm reduction. While youth-centered harm reduction may lack recognition in the wider literature, particularly in Saskatchewan, the experiences of these individuals offer proof that youth in the community are experiencing harm and committing to reducing harm in their lives. While community disconnection and stigma speak to gaps currently existing in the community that must be bridged, experiences of seeking support, meeting basic needs, and harms reducing harms exemplify an alternative approach to harm reduction for these youth or for future community service providers in need of research-informed guidance as they support youth who want to uptake harm reduction.

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APPENDIX

A: Consent Forms – Group, Individual, & Virtual



Group Participation Consent Form

You are invited to participate in a research study entitled: *Experiences of Harm Reduction from Urban Community Youth in Saskatoon, Saskatchewan Using Photovoice and Interpretative Phenomenological Analysis (IPA)*

Student Researcher(s): Amanda Gannon, Graduate Student, Department of Community Health and Epidemiology, University of Saskatchewan, 306-966-1020 and alg171@usask.ca.

Principal Investigator/Supervisor: Derek Jennings, Adjunct Faculty, Department of Community Health and Epidemiology, University of Saskatchewan, 1-206-616-1012 and derek.jennings@usask.ca.

Purpose and Objective of the Research

- Being a youth is an important time in a person's life where health behaviours develop and continue through their life. Youth also begin experimenting and taking part in risky activities, such as substance use (e.g., alcohol, cannabis, nicotine). These risks can lead to harms such as accidents, mental health struggles, addictions, and health and social problems. Youth substance use approaches are often focused on avoiding using substances all together, which does not work for everyone. Harm reduction is one approach to substance use where options and resources are offered to people who are trying to pursue health in their own way. Harm reduction is not only about substance use but can be about other ways youth experience harms such as relationships, police interactions, trauma, and mental health. However, it is not clear how well youth are supported in the community to reduce harms in their everyday lives. It is also not clear how well youth are supported in the community to have harm reduction resources available to them that they can use to support a loved one (e.g., family member, friend, significant other). The goal of this study is to work with youth in the community to understand their experiences in reducing harms in their everyday lives and accessing resources that can support loved ones in reducing harms in their everyday lives as well. This project supports youth in creating art and sharing their stories to support the health and wellness of all youth and their loved ones in the community.

Procedures

- You will be taking part in a photovoice project where you will take pictures within your home, school, or community of your experiences, opportunities, or barriers with accessing harm reduction in your or a loved one's (e.g., family member, friend, significant other) everyday life. The photovoice process is as follows:

o You will attend a group photovoice training session– this is where you will learn how to take photos about your experiences. There will be about 8 participants total, including yourself, attending this session.

o You will then be given a camera, or you can choose to use your own digital camera/phone, and over 10 days on your own time, you will take pictures that represent times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction. You will then choose your top five photos that you feel do the best job at representing your barriers, supports, or experiences with seeking harm reduction for yourself or a loved one. Only these five photos will be discussed during the sharing circles. Only these five photographs will be included in the data analysis, art, and reporting of the results (i.e., art exhibit, presentations, thesis manuscript, reports). If you are using a camera that has been borrowed to you, you would delete the photos that you do not want to be a part of this project. Any photos that you choose to be printed will be returned to you to keep at the last session of the project.

o Student researcher Amanda Gannon will then take the camera to print the five photos that you choose to use for this project. The photos will be printed using the student researcher's own photo printer. You will attend two sharing circles to talk about the pictures you took. The sharing circles will be led by Amanda. There will be no more than 8 participants total at the sharing circles sessions, including yourself. Marjorie Beaucage, an Elder on the Chokecherry Board of Directors, will be present to hold a safe space. If you do not feel comfortable attending the group sharing circle, you can attend a one-on-one interview instead.

o After the student researcher takes time to analyze all sharing circles, interviews, and pictures, you will be invited to take part in group data analysis sessions at Chokecherry; part of that analysis you will be asked to create a collage based on the results of the analysis. There will be about 8 participants total, including yourself, attending these sessions.

- There will be no video recording devices used at any point in this project. However, all sharing circles will be audio recorded. There will be no use of audio recorders at any other point in the project. You do not have to answer any questions you don't want to. You can pass during your turn. You can leave the circle at any time. But the parts you have already contributed will remain. If you would prefer, you can instead participate in individual interviews which may or may not be audio recorded as per your wishes.
- Chokecherry Studios is a youth founded non-profit organization offering arts-based programming and mentorship to young and emerging artists in inner-city Saskatoon on Treaty 6 Territory and the Homeland of the Métis. Chokecherry Studios is the location where the consent process is occurring. Chokecherry Studios will also be there the photovoice training session, sharing circle sessions, and data analysis sessions will occur. When it comes to taking pictures of your experiences with harm reduction, this can happen out in the community, or at Chokecherry Studios. Wherever you feel you can safely capture pictures for this project.
- The photovoice training session will be about 2-hours long. You will have 10 days to take pictures in the community. The student researcher will have 1 week to take the camera to print the photos that you take. The length of each sharing circle will be about an hour to an hour and a half. However, the sharing circles could take longer, depending on how much you and other participants have to say during the sharing circles. The group data analysis sessions will be 2 hours long and will continue until the art and analysis are complete. There will be about 3 data analysis sessions in total.

- Amanda Gannon, the student researcher from the University of Saskatchewan, will type all the audio recordings of the sharing circles onto a word document to analyze.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by

- Funding for this project comes from the Department of Community Health and Epidemiology at the University of Saskatchewan. There is no actual or potential conflict of interest on the part of the researchers or funding source for this project.

Potential Risks

- You may experience social harms such as a breach of confidentiality from others in the sharing circles.
 - You may experience social stigma when discussing your experiences of seeking harm reduction for yourself or a loved one in front of other participants in the sharing circles.
 - You may experience threats to your or your loved one's reputation when discussing your experiences of seeking harm reduction for yourself or a loved one in front of other participants in the sharing circles.
 - You may experience physical discomfort discussing your experiences of seeking harm reduction for yourself or a loved one.
 - This project will be held in-person during a global pandemic. There are risks of exposure to COVID-19 during in-person project activities.
 - When discussing your experiences of seeking harm reduction for yourself or a loved one, you may experience psychological harms, such as: feeling emotional, embarrassment, uneasy, anxiety, regret, and/or guilt.
 - This research has the potential to reveal information that is required by law to be communicated to a law enforcement or other agency. You should be aware that there is a legal requirement to report any suspicions of abuse or neglect of a minor, which extends to any individual, whether you, your siblings or your own children. If there is suspicion of abuse or neglect of any child, not just yourself, the student researcher has a legal duty to report it.
- o Abuse and neglect refer to circumstances that may be harmful to a child's physical, emotional or psychological health.
- Physical abuse – any action, including discipline, causing injury to the child's body.
 - Sexual abuse – any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography.
 - Emotional maltreatment – expecting a child to be able to do things he or she cannot do, embarrassing or insulting a child, making hurtful comments about a child's appearance, intelligence, size, ability, etc.
 - Neglect – failing to provide a child with enough food, proper clothing, shelter, health care, or supervision.
 - Domestic violence – exposing a child to a pattern of abusive behaviour or threats of abusive behaviour by one caregiver against another (hitting, kicking, restraining, slapping, throwing objects, intimidation, stalking, etc.).

- The student researcher will report all incidents of suspected, observed, or disclosed abuse to the nearest Ministry of Social Services office, First Nations Child and Family Services Agency or local police/RCMP, depending on the circumstances.
 - Your choice to participate, or not, will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).
 - Risks will be addressed by:
- Chokecherry staff will be available to debrief with after each in-person session.
- Elder Marjorie will be present at the sharing circles to provide a safe space for all participants.
- A list of counselling supports, crisis and support phone numbers, mental health and addictions support, and general community supports will be provided to you every time you attend each in-person session.
- A list of grounding techniques will be provided to you every time you attend each in-person session.
- Fidget/stress toys will be available to you for every in-person project activity.
- A debrief sharing circle will be held at the end of each in-person project activity that you can choose to attend.
- A COVID-19 Safe Research Plan has been created that includes
 - the student researcher's completion of the COVID-19 Health and Safety Certificate, and
 - the creation of a COVID-19 Self-Assessment document that will be completed by everyone (i.e., participants, student researcher, Elder) who attends in-person sessions.
- The potential risks or discomforts are anticipated due to the sensitive nature of the project (i.e., the topic of harm reduction). Therefore, the following information is included on the availability of counselling or other such services.
- ***[Review Appendix H Participant Supports with student researcher]***
- This project entails greater than minimum risk to you due to the possibility that you may reveal culturally sensitive or personally identifying information, and due to the possibility, that you may become stressed or upset because of participation in the project. Should you like to debrief with someone following the sharing circle sessions, Elder Marjorie will be available immediately after the sessions, in addition to the Chokecherry staff. Also, please provide feedback in email (listed on page 1) as well should you want to do so.
- It is our intent to offer a safe space for all participants to share their truths. Please respect others (i.e., participants, student researcher, Elder) during group activities. If anyone were to engage in violent acts, either physical or verbal violence (e.g., threats, bullying, taunting, touching others, attempting to start a fight), they will be respectfully asked to leave the study.

Potential Benefits

- Although benefits are not guaranteed on this project, there are potential benefits of this research both to you as the participants, and others who this research might affect.
 - Youth who participate will learn and practice new skills (e.g., photography, art).
 - Youth experiences that are described as a part of this project will inform community service providers of the barriers and supports for harm reduction. This

in turn may improve harm reduction supports for all youth and their loved ones in the community.

Compensation

- At each in-person session, food and beverages will be offered to everyone who attends.
- Single-day bus passes will be available to you for the Saskatoon Transit to ensure that you will be able to attend each in-person session.
- For your commitment to this project, you will receive a \$75 honorarium in the form of cash payment.
- Compensation will not be dependent on completion of the project. If you choose to leave the project at any point, you will still be compensated the full \$75.

Confidentiality

- For this project, you cannot take pictures of people, private homes or businesses, or images that would identify people. There is a possibility that someone might recognize you as the photographer of the pictures you take if you include images that others could identify you by. To reduce this possibility, avoid taking photos that others could connect to you as the photographer (e.g., easily recognizable personal belongings or room decorations).
- Chokecherry will be operating like they normally do during the time of in-person group sessions. Chokecherry staff will be present in the building while you are attending research activities. Dave (Students Commission of Canada), Andrea (Chokecherry Studios), and a Youth Advisory Committee overseeing this project, named SMILEY, will be invited to attend a meeting to review the research findings (i.e., themes) before they are reported in any presentations or summary reports. These findings that will be reviewed will not have your identities attached.
- The researcher will safeguard the confidentiality of discussions but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing what is discussed outside the group and be aware that others may not respect your confidentiality.
- The data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All these knowledge sharing activities may share data in these ways up until five years post final publication.
- The data will be reported in summarized form to describe the key themes that come out of this project. Direct quotations will be reported as an illustration of the key themes that have been summarized. However, personally identifying information will not be included in the report.
- The researcher will ensure that they do not disclose identifiable information about you in the reporting or presenting of the research findings. However, anonymity in this project is

not possible as the researcher and other group members will know who you are. You may be identified as a participant based on your association with the student researcher. You may also be identified based on what you say in the quotations, especially if you share a story about a loved one, and that loved one is able to link your identity to the story you share.

- The data from this research project will be published and presented at conferences; however, your identity will be kept confidential. Although direct quotations may be reported from the focus group sessions, all identifying information (your name, position in the community, connection to Chokecherry Studios) will be removed from the report. Because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to other people on the basis of what you have said.
- The student researcher that is doing the data transcription is from the University of Saskatchewan. They will not share the raw data (that is, data with your identity attached) with a third party. The student researcher will share their work with the Supervisor listed on page 1 of this document for quality purposes. However, this work will include direct quotes or summary information, and not specific names.

Storage of Data

- Physical data will be stored behind two locks, in a locked cabinet in the locked office of Dr. Sylvia Abonyi, the nominated person at the University of Saskatchewan who will be in charge of all data storage for this project. Electronic data (i.e., audio recordings, transcripts) will be stored on a password-protected computer during analyses and Dr. Sylvia Abonyi's Usask OneDrive for short-term storage but moved to Datastore for long-term storage.
- Data must be stored for five years post final publication.
- Once the data is no longer required, and following the required five-year storage period, the data will be destroyed by Dr. Sylvia Abonyi beyond recovery.
- Identifying information will be stored separately from the data collected. The Master List will be stored separately from all research data, including the interview recordings, transcripts, and photographs. The Master List will be stored on Dr. Abonyi's Usask OneDrive. We will only keep the master list until the data has all been included in analysis (approximately one month after the second interview) and it is no longer possible to withdraw participants from the study.

Right to Withdraw

- Your participation is voluntary, and you can participate in only those discussions that you are comfortable with. You may withdraw from the research project for any reason, without explanation or penalty of any sort. Should you wish to withdraw, you may leave the group meeting (i.e., sharing circle) at any time; however, sharing circle transcripts, and photos discussed during sharing circles will not be withdrawn. Any photos provided that were not discussed during sharing circles will be withdrawn. As your participation forms part of the context for information provided by other participants, other participants may discuss things in response to your presence in the group sessions. This context will not be removed from other participants' transcripts, but there will be no information identifying you as the participant in the transcripts.

- Whether you choose to withdraw will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).

Follow up

- If you wish to receive a summary of the research findings, please email the student researcher, listed on page 1 of this document, at alg171@usask.ca. It is estimated that a summary of the research findings will be available September 2022.
- Your photos will not be used in the future without your knowledge and consent. The use of the photos will be restricted to the art exhibit, presentations, and reports described in this document
- As previously stated, the data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All of these knowledge sharing activities may share data in these ways up until five years post final publication.
- The reported data will be in summarized form to describe the key themes that come out of this project. Direct quotations will be used to illustrate the key themes that have been summarized. Photos will also be used to illustrate the key themes. However, personally identifying information will not be connected to any of the themes, quotations, or photos.
- By signing this consent form, you, as the photographer, will be giving permission to share the results of this project and data (including photos) with no identities attached with Chokecherry Studios and The Students Commission of Canada. Additionally, you will be giving permission to report the project's results in the ways that have been described above.

COVID-19:

- The research site is located at Chokecherry Studios in Saskatoon, Saskatchewan under the jurisdiction of Saskatchewan Public Health. We are taking all safety precautions to reduce the risk of spread of COVID-19 and expect you to follow public health guidelines as well.
- All University of Saskatchewan researchers working in the field with human participants must be fully vaccinated (or until January, 2022, they must submit regular negative tests). The student researcher that will be working with you on this project is fully vaccinated as per the University of Saskatchewan vaccine mandate.
- If you feel that you are from a vulnerable group regarding COVID-19 effects (e.g., immuno-compromised, unvaccinated), please discuss your participation with the student researcher before consenting. You are under no obligation to participate and nothing bad will happen to you if you change your mind about participating in the research.
- The student researcher will be collecting personal contact information that they must retain for three months after participation has ended in order to follow up with you and/or

conduct contact tracing if you may have been exposed to COVID-19 in coming to the research site.

- Contact information will be kept separate from data collected through the research study to allow for de-identification of the research data.
- You maintain your right to withdraw from the study at any time, including photos that you may provide but do not discuss during sharing circles. If you do withdraw, the student researcher will continue to maintain your contact information and will only give it to the Saskatchewan Health Authority if required for contact tracing.
- We cannot guarantee anonymity as the personal contact information identifies you as a participant.
- If you exhibit/develop any symptoms after your participation or become aware of exposure to infection that may have allowed for transmission to a researcher or other participant, please contact the researcher(s) using the contact information on page 1 of this form.
- Personal Protective Equipment (PPE; i.e., masks) will be required and made available for all in-person activities by the student researcher.
- Hand sanitizer will be available for all participants. You will be required to practice personal hygiene such as washing hands and using hand sanitizer before attending the in-person sessions, after the in-person sessions, and whenever the hands become dirty during the sessions. If there are multiple in-person sessions scheduled in a single day, we will schedule 1 hour to allow for appropriate sanitization of shared spaces and devices between sessions.
- Chokecherry Studios follows the Saskatchewan Health Authority guidelines. As such, we will follow a minimum of 2-metres to 3-metres for physical distancing while inside the facility.

Questions or Concerns

- Contact the researcher(s) using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: ethics.office@usask.ca; 306-966-2975; out of town participants may call toll free 1-888-966-2975.

Continued or On-going Consent

- This project will occur over multiple occasions. Therefore, you will be providing your ongoing consent for each interaction. To provide ongoing consent, the student research will go over a consent script with you that will remind you of what you are consenting to. You will then provide oral consent. To document your oral consent, the script will be dated and signed by the researcher.

Signed Consent

Your signature below indicates that you have read and understand the description provided.

I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this consent form has been given to me for my records.

Name of Participant

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.



Individual Participation Consent Form

You are invited to participate in a research study entitled: *Experiences of Harm Reduction from Urban Community Youth in Saskatoon, Saskatchewan Using Photovoice and Interpretative Phenomenological Analysis (IPA)*

Student Researcher(s): Amanda Gannon, Graduate Student, Department of Community Health and Epidemiology, University of Saskatchewan, 306-966-1020 and alg171@usask.ca.

Principal Investigator/Supervisor: Derek Jennings, Adjunct Faculty, Department of Community Health and Epidemiology, University of Saskatchewan, 1-206-616-1012 and derek.jennings@usask.ca.

Purpose and Objective of the Research

- Being a youth is an important time in a person's life where health behaviours develop and continue through their life. Youth also begin experimenting and taking part in risky activities, such as substance use (e.g., alcohol, cannabis, nicotine). These risks can lead to harms such as accidents, mental health struggles, addictions, and health and social problems. Youth substance use approaches are often focused on avoiding using substances all together, which does not work for everyone. Harm reduction is one approach to substance use where options and resources are offered to people who are trying to pursue health in their own way. Harm reduction is not only about substance use but can be about other ways youth experience harms such as relationships, police interactions, trauma, and mental health. However, it is not clear how well youth are supported in the community to reduce harms in their everyday lives. It is also not clear how well youth are supported in the community to have harm reduction resources available to them that they can use to support a loved one (e.g., family member, friend, significant other). The goal of this study is to work with youth in the community to understand their experiences in reducing harms in their everyday lives and accessing

resources that can support loved ones in reducing harms in their everyday lives as well. This project supports youth in creating art and sharing their stories to support the health and wellness of all youth and their loved ones in the community.

Procedures

- You will be taking part in a photovoice project where you will take pictures within your home, school, or community of your experiences, opportunities, or barriers with accessing harm reduction in your or a loved one's (e.g., family member, friend, significant other) everyday life. The photovoice process is as follows:
 - You will attend a group photovoice training session– this is where you will learn how to take photos about your experiences.
 - You will then be given a camera, or you can choose to use your own digital camera/phone, and over 10 days on your own time, you will take pictures that represent times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction. You will then choose your top five photos that you feel do the best job at representing your barriers, supports, or experiences with seeking harm reduction for yourself or a loved one. Only these five photos will be discussed during the interviews. Only these five photographs will be included in the data analysis, art, and reporting of the results (i.e., art exhibit, presentations, thesis manuscript, reports). If you are using a camera that has been borrowed to you, you would delete the photos that you do not want to be a part of this project. Any photos that you choose to be printed will be returned to you to keep at the last session of the project.
 - Student researcher Amanda Gannon will then take the camera to print the five photos that you choose to use for this project. The photos will be printed using the student researcher's own photo printer. You will attend two one-on-one interviews to talk about the pictures you took. The interviews will be facilitated by Amanda. Marjorie Beaucage, an Elder on the Chokecherry Board of Directors, will be present at Chokecherry to hold a safe space for you.
 - After the student researcher takes time to analyze all sharing circles, interviews, and pictures, you will be invited to take part in one-on-one data analysis sessions at Chokecherry; part of that analysis you will be asked to create a collage based on the results of the analysis.
- There will be no video recording devices used at any point in this project. However, both interviews will be audio recorded. There will be no use of audio recorders at any other point in the project. You do not have to answer any questions you don't want to, and you may request that the recorder be turned off at any time during the interviews without giving a reason.
- Chokecherry Studios is a youth founded non-profit organization offering arts-based programming and mentorship to young and emerging artists in inner-city Saskatoon on Treaty 6 Territory and the Homeland of the Métis. Chokecherry Studios is the location where the consent process is occurring. Chokecherry Studios will also be there the photovoice training session, interview sessions, and data analysis sessions will occur. When it comes to taking pictures of your experiences with harm reduction, this can occur out in the community, or at Chokecherry Studios. Wherever you feel you can safely capture pictures for this project.
- The photovoice training session will be about 2-hours long. You will have 10 days to take pictures in the community. The student researcher will have 1 week to take the camera to print the photos that you take. The length of each interview will be about 45 minutes to

an hour and a half long. However, the interviews could take longer, depending on how much you have to say during the interviews. The data analysis sessions will be 2 hours long and will continue until the art and analysis are complete. There will be about 3 data analysis sessions in total.

- After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcript as you see fit. We will set up a time after transcription has occurred to meet at Chokecherry and review your transcript together. If you do not attend a transcription review meeting, then the transcripts will be used as is.
- Amanda Gannon, the student researcher from the University of Saskatchewan, will transcribe any recordings of the interviews.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by

- Funding for this project comes from the Department of Community Health and Epidemiology at the University of Saskatchewan. There is no actual or potential conflict of interest on the part of the researchers or funding source for this project.

Potential Risks

- You may experience physical discomfort discussing your experiences of seeking harm reduction for yourself or a loved one.
 - This project will be conducted in-person during a global pandemic. There are risks of exposure to COVID-19 during in-person project activities.
 - When discussing your experiences of seeking harm reduction for yourself or a loved one, you may experience psychological harms, such as: feeling emotional, embarrassed, uneasy, anxiety, regret, and/or guilt.
 - This research has the potential to reveal information that is required by law to be communicated to a law enforcement or other agency. You should be aware that there is a legal requirement to report any suspicions of abuse or neglect of a minor, which extends to any individual, whether you, your siblings or your own children. If there is suspicion of abuse or neglect of any child, not just yourself, the student researcher has a legal duty to report it.
- o Abuse and neglect refer to circumstances that may be harmful to a child's physical, emotional or psychological health.
- Physical abuse – any action, including discipline, causing injury to the child's body.
 - Sexual abuse – any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography.
 - Emotional maltreatment – expecting a child to be able to do things he or she cannot do, embarrassing or insulting a child, making hurtful comments about a child's appearance, intelligence, size, ability, etc.
 - Neglect – failing to provide a child with enough food, proper clothing, shelter, health care, or supervision.

- Domestic violence – exposing a child to a pattern of abusive behaviour or threats of abusive behaviour by one caregiver against another (hitting, kicking, restraining, slapping, throwing objects, intimidation, stalking, etc.).
- The student researcher will report all incidents of suspected, observed, or disclosed abuse to the nearest Ministry of Social Services office, First Nations Child and Family Services Agency or local police/RCMP, depending on the circumstances.
 - Your choice to participate, or not, will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).
 - The following supports will be in place to help relieve the identified risks:
- Chokecherry staff will be available to debrief with after each in-person session.
- Elder Marjorie will be present at Chokecherry while the interviews are taking place to provide a safe space for you.
- A list of counselling supports, crisis and support phone numbers, mental health and addictions support, and general community supports will be provided to you every time you attend each in-person session.
- A list of grounding techniques will be provided to you every time you attend each in-person session.
- Fidget/stress toys will be available to you for every in-person project activity.
- A COVID-19 Safe Research Plan has been created that includes
 - the student researcher’s completion of the COVID-19 Health and Safety Certificate, and
 - the creation of a COVID-19 Self-Assessment document that will be completed by everyone (i.e., participants, student researcher, Elder) who attends in-person sessions.
- The potential risks or discomforts are anticipated due to the sensitive nature of the project (i.e., the topic of harm reduction). Therefore, the following information is included on the availability of counselling or other such services.
- ***[Review Appendix H Participant Supports with student researcher]***
- This project entails greater than minimum risk to you due to the possibility that you may reveal culturally sensitive or personally identifying information, and due to the possibility, that you may become stressed or upset because of participation in the project. Should you like to debrief with someone following the interview sessions, Elder Marjorie will be available immediately after the sessions, in addition to the Chokecherry staff. Also, please provide feedback in email (listed on page 1) as well should you want to do so.
- It is our intent to offer a safe space for you to share your truths. However, if you were to engage in violent acts, either physical or verbal violence (e.g., threats, touching), during your engagement in this project you will be respectfully asked to leave the study.

Potential Benefits

- Although benefits are not guaranteed on this project, there are potential benefits of this research both to you as the participants, and others who this research might affect.
 - Youth who participate will have the opportunity to learn and practice new skills (e.g., photography, art).
 - Youth experiences that are described as a part of this project will inform community service providers of the barriers and supports for harm reduction. This

in turn may improve harm reduction supports for all youth and their loved ones in the community.

Compensation

- At each in-person session, food and beverages will be offered to everyone in attendance.
- Single-day bus passes will be available to you for the Saskatoon Transit to ensure that you will be able to attend each in-person session.
- For your commitment to this project, you will receive a \$75 honorarium in the form of cash.
- Compensation will not be dependent on completion of the project. If you choose to leave the project at any point, you will still be compensated the full \$75.

Confidentiality

- For this project, you cannot take pictures of people, private homes or businesses, or images that would identify people. There is a possibility that someone might recognize you as the photographer of the pictures you take if you include images that others could identify you by. To reduce this possibility, avoid taking photos that others could connect to you as the photographer (e.g., easily recognizable personal belongings or room decorations).
- Chokecherry will be operating like they normally do during the time of in-person sessions. Chokecherry staff will be present in the building while you are attending research activities. Dave (Students Commission of Canada), Andrea (Chokecherry Studios), and a Youth Advisory Committee overseeing this project, named SMILEY, will be invited to attend a meeting to review the research findings (i.e., themes) before they are reported in any presentations or summary reports. These findings that will be reviewed will not have your identities attached.
- The data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All these knowledge sharing activities may share data in these ways up until five years post final publication.
- The data will be reported in summarized form to describe the key themes that come out of this project. Direct quotations will be reported as an illustration of the key themes that have been summarized. However, personally identifying information will not be included in the report.
- Participation will not be anonymous, because the student researcher interviewing you will know who you are. You may be identified as a participant based on your association with the student researcher. You may also be identified based on what you say in the quotations, especially if you share a story about a loved one, and that loved one is able to link your identity to the story you share.
- The researcher will ensure that they do not disclose identifiable information about you in the reporting or presenting of research findings. The data from this research project will

be reported and presented at conferences; however, your identity will be kept confidential. Although direct quotations may be reported from the interview, all identifying information (your name, position in the community, connection to Chokecherry Studios) will be removed from the report. Because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to other people on the basis of what you have said.

- The student researcher that is doing the data transcription is from the University of Saskatchewan. They will not share the raw data (that is, data with your identity attached) with a third party. The student researcher will share their work with the Supervisor listed on page 1 of this document for quality purposes. However, this work will include direct quotes or summary information, and not specific names.

Storage of Data

- Physical data will be stored behind two locks, in a locked cabinet in the locked office of Dr. Sylvia Abonyi, the nominated person at the University of Saskatchewan who will be in charge of all data storage for this project. Electronic data (i.e., audio recordings, transcripts) will be stored on a password-protected computer during analyses and Dr. Sylvia Abonyi's Usask OneDrive for short-term storage but moved to Datastore for long-term storage.
- Data must be stored for five years post final publication.
- Once the data is no longer required, and following the required five-year storage period, the data will be destroyed by Dr. Sylvia Abonyi beyond recovery.
- Identifying information will be stored separately from the data collected. The Master List will be stored separately from all research data, including the interview recordings, transcripts, and photographs. The Master List will be stored on Dr. Abonyi's Usask OneDrive. We will only keep the master list until the data has all been included in analysis (approximately one month after the second interview) and it is no longer possible to withdraw participants from the study.

Right to Withdraw

- Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Should you wish to withdraw, data (e.g., any previous audio recordings, transcripts, photographs) will be deleted from the research project and destroyed.
- Whether you choose to withdraw will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).
- Your right to withdraw data from the study will apply until one month after the second interview has occurred. After this point in time, data withdrawal may no longer be possible. After this, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data. Please note that the data for individual participants will not be identified.

Follow up

- If you wish to receive a summary of the research findings, please email the student researcher, listed on page 1 of this document, at alg171@usask.ca. It is estimated that a summary of the research findings will be available September 2022.
- Your photos will not be used in the future without your knowledge and consent. The use of the photos will be restricted to the art exhibit, presentations, and reports described in this document.
- As previously stated, the data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All of these knowledge sharing activities may share data in these ways up until five years post final publication.
- The reported data will be in summarized form to describe the key themes that come out of this project. Direct quotations will be used to illustrate the key themes that have been summarized. Photos will also be used to illustrate the key themes. However, personally identifying information will not be connected to any of the themes, quotations, or photos.
- By signing this consent form, you, as the photographer, will be giving permission to share the results of this project and data (including photos) with no identities attached with Chokecherry Studios and The Students Commission of Canada. Additionally, you will be giving permission to report the project's results in the ways that have been described above.

COVID-19:

- The research site is located at Chokecherry Studios in Saskatoon, Saskatchewan under the jurisdiction of Saskatchewan Public Health. We are taking all safety precautions to reduce the risk of spread of COVID-19 and expect you to follow public health guidelines as well.
- All University of Saskatchewan researchers working in the field with human participants must be fully vaccinated (or until January, 2022, they must submit regular negative tests). The student researcher that will be working with you on this project is fully vaccinated as per the University of Saskatchewan vaccine mandate.
- If you feel that you are from a vulnerable group regarding COVID-19 effects (e.g., immuno-compromised, unvaccinated), please discuss your participation with the student researcher before consenting. You are under no obligation to participate and nothing bad will happen to you if you change your mind about participating in the research.
- The student researcher will be collecting personal contact information that they must retain for three months after participation has ended in order to follow up with you and/or conduct contact tracing if you may have been exposed to COVID-19 in coming to the research site.
- Contact information will be kept separate from data collected through the research study to allow for de-identification of the research data.

- You maintain your right to withdraw from the study at any time, including research data. If you do withdraw, the student researcher will continue to maintain your contact information and will only give it to the Saskatchewan Health Authority if required for contact tracing.
- We cannot guarantee anonymity as the personal contact information identifies you as a participant.
- If you exhibit/develop any symptoms after your participation or become aware of exposure to infection that may have allowed for transmission to a researcher or other participant, please contact the researcher(s) using the contact information on page 1 of this form.
- Personal Protective Equipment (PPE; i.e., masks) will be required and made available for all in-person activities by the student researcher.
- Hand sanitizer will be available for all participants. You will be required to practice personal hygiene such as washing hands and using hand sanitizer before attending the in-person sessions, after the in-person sessions, and whenever the hands become dirty during the sessions. If there are multiple in-person sessions scheduled in a single day, we will schedule 1 hour to allow for appropriate sanitization of shared spaces and devices between sessions.
- Chokecherry Studios follows the Saskatchewan Health Authority guidelines. As such, we will follow a minimum of 2-metres to 3-metres for physical distancing while inside the facility.

Questions or Concerns

- Contact the researcher(s) using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: ethics.office@usask.ca; 306-966-2975; out of town participants may call toll free 1-888-966-2975.

Continued or On-going Consent

- This project will occur over multiple occasions. Therefore, you will be providing your ongoing consent for each interaction. To provide ongoing consent, the student research will go over a consent script with you that will remind you of what you are consenting to. You will then provide oral consent. To document your oral consent, the script will be dated and signed by the researcher.

Signed Consent

Your signature below indicates that you have read and understand the description provided.

I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this consent form has been given to me for my records.

Name of Participant

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.



Virtual Participation Consent Form

You are invited to participate in a research study entitled: *Experiences of Harm Reduction from Urban Community Youth in Saskatoon, Saskatchewan Using Photovoice and Interpretative Phenomenological Analysis (IPA)*

Student Researcher(s): Amanda Gannon, Graduate Student, Department of Community Health and Epidemiology, University of Saskatchewan, 306-966-1020 and alg171@usask.ca.

Principal Investigator/Supervisor: Derek Jennings, Adjunct Faculty, Department of Community Health and Epidemiology, University of Saskatchewan, 1-206-616-1012 and derek.jennings@usask.ca.

Purpose and Objective of the Research

- Being a youth is an important time in a person's life where health behaviours develop and continue through their life. Youth also begin experimenting and taking part in risky activities, such as substance use (e.g., alcohol, cannabis, nicotine). These risks can lead to harms such as accidents, mental health struggles, addictions, and health and social problems. Youth substance use approaches are often focused on avoiding using substances all together, which does not work for everyone. Harm reduction is one approach to substance use where options and resources are offered to people who are trying to pursue health in their own way. Harm reduction is not only about substance use but can be about other ways youth experience harms such as relationships, police interactions, trauma, and mental health. However, it is not clear how well youth are supported in the community to reduce harms in their everyday lives. It is also not clear how well youth are supported in the community to have harm reduction resources available to them that they can use to support a loved one (e.g., family member, friend, significant other). The goal of this study is to work with youth in the community to understand their experiences in reducing harms in their everyday lives and accessing resources that can support loved ones in reducing harms in their everyday lives as well. This project supports youth in creating art and sharing their stories to support the health and wellness of all youth and their loved ones in the community.

Procedures

- You will be taking part in a photovoice project where you will take pictures within your home, school, or community of your experiences, opportunities, or barriers with accessing harm reduction in your or a loved one's (e.g., family member, friend, significant other) everyday life. It is expected that the following research activities would take place in person. But, if you become sick while this project is taking place, you can choose to still participate. Due to the current COVID-19 pandemic, this participation would continue virtually. Depending on when during the research project you may have become sick, it is possible that previous steps of the process have already been completed, and you will be joining in at any stage of the project virtually that needs to still be completed. The virtual photovoice process is as follows:
 - If you do not have your own computer, smart phone, or tablet that can be used for video calls, then the student researcher will plan with you to mailbox drop off a smart phone at your home. At the agreed upon time, the student researcher would place the sanitized smart phone and charger in a Ziplock bag and place it in the mailbox of your home. You would then be able to retrieve the package and use it while connected to Wi-Fi. At the same time, a second bag will be dropped off with the digital camera that you will use for the photovoice training and photography.
 - You will attend a virtual one-on-one photovoice training session— this is where you will learn how to take photos about your experiences.
 - With the digital camera, over 10 days on your own time, you will take pictures that represent times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction. You will then choose your top five photos that you feel do the best job at representing your barriers, supports, or experiences with seeking harm reduction for yourself or a loved one. Only these five photos will be discussed during the interviews. Only these five photographs will be included in the data analysis, art, and reporting of the results (i.e., art exhibit, presentations, thesis manuscript, reports). If you are using a camera that has been borrowed to you, you would delete the photos that you do not want to be a part of this project. Any photos that you choose to be printed will be returned to you to keep at the last session of the project using the mailbox drop-off method. The photos will be printed using the student researcher's own photo printer.
 - The student researcher will then arrange a mailbox pickup, where you will place the borrowed smart phone and camera back in the bag and leave it in your mailbox at the agreed upon date and time. The student researcher will sanitize the device, and then take the camera to print the photos that you take.
 - You will attend two virtual one-on-one interviews to talk about the pictures you took. The interviews will be facilitated by Amanda. Marjorie Beaucage, an Elder on the Chokecherry Board of Directors, will be available to help at any time.
- After the student researcher takes time to analyze all sharing circles, interviews, and pictures, you will be invited to take part in virtual one-on-one data analysis; part of that analysis you will be asked to create a collage based on the results of the analysis. Supplies to participate in the data analysis session will be dropped off to you in the same method as above.
- At the end of data analysis, the student researcher will pick up any materials given to you to participate in this project. All materials can be placed in a plastic bag, and the student researcher will sanitize the items upon pick up and the retrieval of these items will mark the end of virtual participation.

- The online video platform you will use for all virtual sessions is Zoom. Any virtual meetings that the research team participates in will be conducted in a private area of their home or office that will not be accessible by individuals outside of the research team. As a participant, it is recommended that you also join these virtual meetings in a private area of your home that will not be accessible by anyone else during the sessions. Please see Zoom's privacy policy to understand how Zoom handles your data, including all security measures that Zoom has in place: <https://zoom.us/privacy>. We will be taking all the possible measures to protect your privacy. However, there is no guarantee that privacy of data can be made with Zoom, or any other platforms (e.g., WebEx, Microsoft Teams, Lifesize) currently in use.
- We will not record the virtual sessions. Due to the level of interaction required for this project (e.g., looking at photos, creating art), over-the-phone participation will not be offered as an option. The student researcher will make a record of the interviews by taking notes during each session to make note of what you talk about.
- The photovoice training session will be about 2-hours long. Although participants will typically be given 10 days to take pictures, it is possible that you must follow public health order due to the current COVID-19 pandemic. As per the current public health orders, anyone who tests positive for COVID-19 must self-isolate immediately at home or in another suitable environment. **If you are fully vaccinated:** self-isolate for 5 days from the date of test or 24 hours after fever has resolved without the aid of fever-reducing medications and all other symptoms have been improving for at least 48 hours, whichever is later. **If you are not fully vaccinated:** self-isolate for 10 days from the date of test or 24 hours after fever has resolved without the aid of fever-reducing medications and all other symptoms have been improving for at least 48 hours, whichever is later. If you are named as a close contact of someone testing positive for COVID-19, you must isolate for 10 days from the date of last exposure to the confirmed case unless you are fully vaccinated and do not have any symptoms. Therefore, if you cannot take photos due to self-isolation, this timeline will be extended until 10 days after you are no longer self-isolating. The student researcher will have 1 week to take the camera to print the photos that you take. The length of each interview will be about 45 minutes to an hour and a half long. However, the interviews could take longer, depending on how much you have to say during the interviews. The data analysis sessions will be 2 hours long and will continue until the art and analysis are complete. There will be about 3 data analysis sessions in total.
- After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcript as you see fit. We will set up a time after transcription has occurred to meet on Zoom and review your transcript together. If you do not attend a transcription review meeting, then the transcripts will be used as is.
- Amanda Gannon, the student researcher from the University of Saskatchewan, will transcribe any recordings of the interviews.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by

- Funding for this project comes from the Department of Community Health and Epidemiology at the University of Saskatchewan. There is no actual or potential conflict of interest on the part of the researchers or funding source for this project.

Potential Risks

- You may experience physical discomfort discussing times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction.
 - When discussing times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction, you may experience psychological harms, such as: feeling emotional, embarrassed, uneasy, anxiety, regret, and/or guilt.
 - This research has the potential to reveal information that is required by law to be communicated to a law enforcement or other agency. You should be aware that there is a legal requirement to report any suspicions of abuse or neglect of a minor, which extends to any individual, whether you, your siblings or your own children. If there is suspicion of abuse or neglect of any child, not just yourself, the student researcher has a legal duty to report it.
- o Abuse and neglect refer to circumstances that may be harmful to a child's physical, emotional or psychological health.
- Physical abuse – any action, including discipline, causing injury to the child's body.
 - Sexual abuse – any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography.
 - Emotional maltreatment – expecting a child to be able to do things he or she cannot do, embarrassing or insulting a child, making hurtful comments about a child's appearance, intelligence, size, ability, etc.
 - Neglect – failing to provide a child with enough food, proper clothing, shelter, health care, or supervision.
 - Domestic violence – exposing a child to a pattern of abusive behaviour or threats of abusive behaviour by one caregiver against another (hitting, kicking, restraining, slapping, throwing objects, intimidation, stalking, etc.).
- o The student researcher will report all incidents of suspected, observed, or disclosed abuse to the nearest Ministry of Social Services office, First Nations Child and Family Services Agency or local police/RCMP, depending on the circumstances.
- Your choice to participate, or not, will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).
 - The following supports will be in place to help relieve the identified risks:
- o Chokecherry staff will be available to join in a video session and debrief with you after each virtual session.
- o Elder Marjorie will be available to join in at the end of the virtual interviews sessions to debrief with you.
- o A list of counselling supports, crisis and support phone numbers, mental health and addictions supports, and general community supports will be provided to you every time you attend a virtual session. These supports will be dropped off in your mailbox prior to each virtual session.

- A list of grounding techniques will be provided to you every time you attend each virtual session. These techniques will be dropped off in your mailbox prior to each virtual session.
- A fidget/stress toy of your choice will be dropped off to you in the same method that all other project materials will be handed over to you. The fidget/stress toy will be sanitized prior to drop-off and upon pick-up, just as all other project materials.
 - The potential risks or discomforts are anticipated due to the sensitive nature of the project (i.e., the topic of harm reduction). Therefore, the following information is included on the availability of counselling or other such services.
 - ***[Review Appendix H Participants Supports with student researcher]***
 - This project entails greater than minimum risk to you due to the possibility that you may reveal culturally sensitive or personally identifying information, and due to the possibility, that you may become stressed or upset because of participation in the project. Should you like to debrief with someone during or following the interview sessions, Elder Marjorie will be available immediately at any time, in addition to the Chokecherry staff. These supports will be available via Zoom. Also, please provide feedback in email (listed on page 1) as well should you want to do so.
 - It is our intent to offer a safe space for you to share your truths. However, if you were to engage in violent acts (e.g., verbal violence, threats), during your engagement in this project you will be respectfully asked to leave the study.

Potential Benefits

- Although benefits are not guaranteed on this project, there are potential benefits of this research both to you as the participants, and others who this research might affect.
 - Youth who participate will have the opportunity to learn and practice new skills (e.g., photography, art).
 - Youth experiences that are described as a part of this project will inform community service providers of the barriers and supports for harm reduction. This in turn may improve harm reduction supports for all youth and their loved ones in the community.

Compensation

- Food and beverage will be offered to you for each virtual session. If you accept this form of compensation, the student researcher would then drop off the meal at your door, so that you can have a meal during each virtual session.
- For your commitment to this project, you will receive a \$75 honorarium in the form of cash. The honorarium will be dropped off to you in an envelope at the same time that all the project materials are picked up from you.
- Compensation will not be dependent on completion of the project. If you choose to leave the project at any point, you will still be compensated the full \$75. The honorarium will be dropped off to you through the mailbox method described above.

Confidentiality

- For this project, you cannot take pictures of people, private homes or businesses, or images that would identify people. There is a possibility that someone might recognize you as the photographer of the pictures you take if you include images that others could

identify you by. To reduce this possibility, avoid taking photos that others could connect to you as the photographer (e.g., easily recognizable personal belongings or room decorations).

- Please note that although we will make every effort to safeguard your data, we cannot guarantee the privacy of your data, due to the technical vulnerabilities inherent to all online video conferencing platforms.
- If you are signing this document, you are agreeing to not make any unauthorized recordings of the content of the virtual sessions.
- Dave from The Students Commission of Canada, Andrea from Chokecherry Studios, and a Youth Advisory Committee overseeing this project, named SMILEY, will be invited to attend a meeting to review the research findings before they are reported in any presentations or summary reports. These findings that will be reviewed will not have your identities attached.
- The data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All these knowledge sharing activities may share data in these ways up until five years post final publication.
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- Participation will not be anonymous, because the student researcher interviewing you will know who you are. You may be identified as a participant based on your association with the student researcher. You may also be identified based on what you say in the quotations, especially if you share a story about a loved one, and that loved one is able to link your identity to the story you share.
- The researcher will ensure that they do not disclose identifiable information about you in the reporting or presenting of research findings. The data from this research project will be reported and presented at conferences; however, your identity will be kept confidential. Although direct quotations may be reported from the interview, all identifying information (your name, position in the community, connection to Chokecherry Studios) will be removed from the report. Because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to other people on the basis of what you have said.
- The student researcher that is doing the data transcription is from the University of Saskatchewan. They will not share the raw data (that is, data with your identity attached) with a third party. The student researcher will share their work with the Supervisor listed on page 1 of this document for quality purposes. However, this work will include direct quotes or summary information, and not specific names.

Storage of Data

- All data routed through Zoom's servers in Canada.
- The student researcher may store research data in their home. This may happen to support analysis. Electronic data will be stored on a password-protected research-dedicated computer that only the student researcher will use, with files password protected. The student researcher will use Dr. Sylvia Abonyi's USask OneDrive to back up files into the cloud storage for short-term storage and moved to Datastore for long-term storage.
- Physical data will be stored behind two locks, in a locked cabinet in the locked office of Dr. Sylvia Abonyi, the nominated person at the University of Saskatchewan who will be in charge of all data storage for this project. Electronic data (i.e., audio recordings, transcripts) will be stored on a password-protected computer during analyses but moved to Datastore for long-term storage.
- The data must be stored for five years post final publication.
- Once the data is no longer required, and following the required five-year storage period, the data will be destroyed by Dr. Sylvia Abonyi beyond recovery.
- Identifying information will be stored separately from the data collected. The Master List will be stored separately from all research data, including the interview recordings, transcripts, and photographs. The Master List will be stored on Dr. Abonyi's Usask OneDrive. We will only keep the master list until the data has all been included in analysis (approximately one month after the second interview) and it is no longer possible to withdraw participants from the study.

Right to Withdraw

- Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Should you wish to withdraw, data (e.g., any previous audio recordings, transcripts, photographs) will be deleted from the research project and destroyed.
- Whether you choose to withdraw will not affect your access to services provided by the partner organizations (i.e., Chokecherry Studios, The Students Commission of Canada).
- Your right to withdraw data from the study will apply until one month after the second interview has occurred. After this point in time, data withdrawal may no longer be possible. After this, it is possible that some form of research dissemination will have already occurred, and it may not be possible to withdraw your data. Please note that the data for individual participants will not be identified.

Follow up

- If you wish to receive a summary of the research findings, please email the student researcher, listed on page 1 of this document, at alg171@usask.ca. It is estimated that a summary of the research findings will be available September 2022.
- Your photos will not be used in the future without your knowledge and consent. The use of the photos will be restricted to the art exhibit, presentations, and reports described in this document.
- As previously stated, the data collected (including your photos) will be reported through knowledge-sharing activities, such as a thesis manuscript and a report to Chokecherry

Studios, The Students Commission of Canada, Saskatoon Tribal Council (STC), the Central Urban Métis Federation Incorporation (CUMFI), and the Métis Nation Saskatchewan (MNS). Furthermore, the data, including photos, will be presented at the art exhibit that will occur at the end of this project at the Frances Morrison Central Library. The data, including photos, will also be presented at academic presentations that the student attends, including research conferences and thesis seminars. Finally, the data, including photos, may be presented in peer review publications. All of these knowledge sharing activities may share data in these ways up until five years post final publication.

- The reported data will be in summarized form to describe the key themes that come out of this project. Direct quotations will be used to illustrate the key themes that have been summarized. Photos will also be used to illustrate the key themes. However, personally identifying information will not be connected to any of the themes, quotations, or photos.
- By signing this consent form, you, as the photographer, will be giving permission to share the results of this project and data (including photos) with no identities attached with Chokecherry Studios and The Students Commission of Canada. Additionally, you will be giving permission to report the project's results in the ways that have been described above.

Questions or Concerns

- Contact the researcher(s) using the information at the top of page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: ethics.office@usask.ca; 306-966-2975; out of town participants may call toll free 1-888-966-2975.

Continued or On-going Consent

- This project will occur over multiple occasions. Therefore, you will be providing your ongoing consent for each interaction. To provide ongoing consent, the student research will go over a consent script with you that will remind you of what you are consenting to. You will then provide oral consent. To document your oral consent, the script will be dated and signed by the researcher.

Oral Consent

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Name of Participant

Researcher's Signature

Date

B: Participant Supports

Emergency Assistance

- In an emergency, dial 911 or your local emergency number immediately.
- An emergency is any situation that requires immediate assistance from the police, fire department or ambulance. Examples include:
 - A fire
 - A crime, especially if in progress
 - A car crash, especially if someone is injured
 - A medical emergency, especially for symptoms that require immediate medical attention

Phone Number: 911

Family Services Saskatoon Counselling

- No cost.
- Available to individuals, couples, families.
- No referral required.
- Phone, video, some on site sessions.
- Pre-booked sessions to adhere to COVID 19 limitations.

CALL-IN OR WALK-IN COUNSELLING CLINICS:

West Winds Primary Health

3311 Fairlight Drive

Mondays 1:00 pm to 5:00 pm

(306) 655-4250

Family Services Saskatoon

#102-506 25th Street East

Monday and Wednesday 1:00 pm to 5:00 pm

(306) 244-0127

Prairie Harm Reduction

1516 20th Street West

Wednesday afternoons 12:30 pm to 4:00 pm

(306) 242-5005

Axiom Career College

2345 Avenue C North

Thursdays 11:00 am to 3:00 pm

(306) 952-0509

OUT Saskatoon

Phone or virtual sessions

Thursday evenings 5:00 pm to 9:00 pm

(306) 665-1224

Saskatoon Public Library

Meet with Outreach Workers at the following libraries:

Frances Morrison Central Library

311 23rd Street East

Frances Morrison Central Library offers the Outreach Support Walk-Up Window. Located along 4th Avenue

Monday to Friday 10:00 am to 12:00 pm; 2:00 pm to 5:00 pm

Dr. Freda Ahenakew Library

219 Avenue K South

Mondays & Fridays 12:00 pm to 4:00 pm

To contact an outreach worker by phone (306) 657-8556 or (306) 657-8768

Mobile Crisis: Saskatoon Crisis Intervention Service

- 24/7 emergency service for anyone experiencing a crisis. Response occurs over the telephone, in the office, or in the community (within Saskatoon City limits).

Phone Number: (306) 933-6200

Canada Suicide Prevention Service

- If you're thinking about suicide, or are worried about a friend or loved one, the Canada Suicide Prevention Service is available 24/7

Phone Number: 1-833-456-4566

Send a text to 45645 – Available 4pm – Midnight ET (Standard text messaging rates apply)

Kids Help Phone

- Kids Help Phone is Canada's only 24/7, national support service. They offer professional counselling, information and referrals and volunteer-led, text-based support to young people in both English and French.

Phone Number: 1-800-668-6868

Send a text to 686868 (Texting service is free and available across Canada 24/7)

Saskatoon Sexual Assault and Information Centre

- SSAIC offers individual counselling for survivors of sexualized violence (sexual abuse, sexual assault, and sexual harassment) and secondary survivors (a loved one who feels impacted by the survivor's experience). Trauma-informed counselling services are available to all people aged 12 and older. All genders, romantic orientations, sexualities, ethnicities, cultural identities, creeds, and religions are welcome.
- SSAIC services are for short-term purposes; a total of 12 sessions will be offered to each client. SSAIC's services are free of charge for all clients.

Phone Number: (306) 244-2294

OUTSaskatoon Counselling, Peer Support, & Psychiatry

- OUTSaskatoon offers free peer support and short-term counselling services to the following groups:
 - Individuals who are questioning their sexuality and/or gender identity.
 - Members of the LGBTQ2S community.

- Parents, family, and friends of the LGBTQ2S community who need support and resources to foster supportive relationships with LGBTQ2S loved ones.
- Peer support allows people to ask questions and explore their feelings in a confidential, non-judgmental environment in the company of those who have been through similar situations and experiences. Volunteers, practicum students, and OUTSaskatoon employees are available to chat with anyone who drops in and/or phones our centre. Peer supporters will listen, refer when necessary, and will provide information. They also offer a range of support & social groups that are peer-led that they encourage you to attend.

Phone Number: (306) 665-1224

- They also offer psychiatry one day a week out of their space for individuals that are part of the LGBTQ2S community. To access these services, you must receive a referral to see the psychiatrist, Dr. Dungavell. Referrals must be made through your family doctor. For more information call: 1-306-361-4163 and ask for Dr. Dungavell.

Community Adult Mental Health Services

Who Do They Serve?

- Individuals (including family members) 18 years or older who are experiencing significant distress, which may include:
 - Anxiety
 - Depression
 - Eating difficulties
 - Enduring health, mental health, and stress-related problems
 - Isolation and loneliness
 - Life challenges related to experiences of oppression such as racism, sexism, and poverty.
 - Problems associated with histories of trauma, loss, abuse, and violence.
 - Relationship issues

Services Offered:

- *Community Adult Counselling Program:* This program provides counselling and therapy services to adults, both individually and through educational and therapeutic groups.

- *Community Adult Psychiatry Program:* This program provides assessment and treatment services, and consultation to family physicians and primary health care workers.
- Adult counselling services are by appointment only.

Phone number: (306) 655-8877 for more information to speak to a counselor.

Youth Mental Health & Addiction Services

Who Do They Serve?

- They provide services to youth between the ages 12 to 18 years (and their caregivers), who are experiencing a wide range of concerns that may include:
 - Behavioral disorders
 - Complicated bereavement and trauma
 - Depression and anxiety
 - Eating disorders
 - Issues unique to gay and lesbian youth
 - Mental illnesses
 - Parent/teen conflict
 - Social skills
 - Substance misuse
 - Suicide risk

Services Offered

- This program provides assessment, individual, family and group therapy to youth and their families who are experiencing mental health and/or substance use/abuse issues. Services are offered at 715 Queen Street or on a community outreach basis.

Phone Number: (306) 655-7802

Adult Outreach Services

- Adult Outreach Services provides community support to adults 18 years and older. The role of Adult Outreach is to engage clients within the core community who may not engage in traditional recovery services.

- Adult Outreach Services offers a client centered approach, working with individuals where they are at, from a recovery and harm reduction perspective. Counsellors work closely with community agencies and partners to provide inclusive services to clients.
- Counsellors may provide the following services:
 - Assist with food and shelter concerns.
 - Assist with medical transportation.
 - Connect clients with supportive community-based organizations (e.g., Friendship Inn).
 - Link clients to appropriate services within Saskatoon Health Region

Phone Number: (306) 655-7777

Brief & Social Detox

- They provide services for adults 18 years of age and older.
- Clients can self-refer to the Brief Detox by walk-in or phone.
- Admission criteria:
 - Be medically stable (conscious)
 - Present no risk of harm to self or others.
 - Voluntarily accept services.
- Social Detox Unit (SDU):
 - Is a recovery based program focusing on the management of physical withdrawal symptoms while engaging in a recovery process.
 - Case management is provided, focusing on goal setting and treatment planning.

Brief Detox Unit (BDU):

- The Brief Detox Unit (BDU) is a 12-bed unit which provides a safe place to sleep for individuals under the influence of alcohol or drugs where they can be supervised until no longer intoxicated from their alcohol or substance use.
- The BDU is an alternative to overnight incarceration or admission to emergency rooms for intoxicated people who do not require emergency care.
- The BDU is an opportunity for brief intervention where clients are monitored (vital sign/observed) for approximately 12 hours by an Emergency Medical Technician (EMT). Addiction counselling support is also available.

- Following a brief stay in the BDU, clients may choose to attend the Social Detox Unit to enter a recovery focused program.

Social Detox Unit (SDU):

- Is a recovery based inpatient unit where clients often begin or reconnect with their recovery process. Clients may self-refer to schedule an admission to the SDU. Upon admission, clients are assessed to determine the appropriate detox services. If clients are intoxicated upon arrival, they may be supported through the Brief Detox Unit first.

Phone Number: (306) 655-4195

Haven Kid's House

- Haven Kids' House is a home away from home for children aged 0-12 whose families are in crisis or have no safe alternatives when they need respite.
- This cozy ten-bed home is open 24 hours a day, 365 days a year. Parents can be certain that their kids will be safe and cared for while they work hard to get back on their feet.
- Haven Kids' House provides a free service to all Saskatoon and area families in crisis.

Phone Number: (306) 242-2433

Saskatoon Interval House

- Saskatoon Interval House is a temporary shelter for women and their children leaving domestic violence who require safe accommodation. If you feel you or your children are not safe because someone is violent or abusive in your home Interval House can help with:
 - ***SHELTER:*** They offer safe/supportive accommodations to you and your children.
 - ***SUPPORTIVE COUNSELLING:*** They offer in-house counselling for women and their children fleeing domestic violence.
 - ***REFERRALS:*** When needed they will refer you to the appropriate agency.
 - ***ADVOCACY:*** They will provide you with support and guidance when working with outside agencies.

Phone Number: 1-888-338-0880

YWCA Crisis Shelter

- The YWCA Saskatoon offers free, short-term emergency shelter for all women and children who are in need of a safe place to stay for up to 30 days. They have staff available 24 hours a day 7 days a week. They are inclusive, accepting, and give our clients much more than just a warm bed for the night. Their shelter welcomes clients experiencing everything from domestic abuse, homelessness, addiction, and mental health issues.
- They provide:
 - Basic food and personal items
 - Crisis counselling
 - Assistance with conflict resolution
 - Connections to legal resources and educational supports
 - Referrals to medical professionals if required.
 - Advocacy on behalf of the woman and/or child

Phone Number: (306) 244-7034

HealthLine

- HealthLine 811 is a confidential, 24-hour health and mental health and addictions advice, education and support telephone line available to the people of Saskatchewan. It is staffed by experienced and specially trained Registered Nurses, Registered Psychiatric Nurses, and Registered Social Workers.
- HealthLine 811 is free. Services are offered in English, with translation available in over 100 languages.

Phone Number: 811

Indian Residential School Survivors Society

- Crisis Support Available 24/7
- IRSSS provides essential services to Residential School Survivors, their families, and those dealing with Intergenerational traumas.

Phone Number: 1-800-721-0066

Assaulted Women's Helpline

- The Assaulted Women's Helpline offers a 24-hour crisis line to all woman who have experienced abuse. They provide counselling, emotional support, information, and referrals.

Phone Number: 1-866-863-0511

First Nations and Inuit Hope for Wellness Help Line

- The Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada.
- Experienced and culturally competent Help Line counsellors can help if you:
 - want to talk.
 - are distressed.
 - have strong emotional reactions.
 - are triggered by painful memories.
- If asked, counsellors can also work with you to find other wellness supports that are available near you.
- Phone and chat counselling is available in English and French. On request, phone counselling is also available in:
 - Cree
 - Ojibway
 - Inuktitut

Phone Number: 1-855-242-3310

Trans Lifeline (Transgender Helpline)

- Trans Lifeline provides trans peer support that is run by and for trans people.

Phone Number: 1-877-330-6366

211 Saskatchewan

- Connect with resources in your community.
- 211 Saskatchewan offers a database of over 6,000 community, social, non-clinical health, and government services across the province.

- Call or Text 211 to be connected with Service Navigators ready to help 24/7/365. Help over the phone is available in over 175 languages, including 17 Indigenous languages.

Phone Number: 211

Canadian Human Trafficking Hotline

- The Canadian Human Trafficking Hotline is a confidential, multilingual service, operating 24/7 to connect victims and survivors with social services, law enforcement, and emergency services, as well as receive tips from the public.
- The hotline uses a victim-centered approach when connecting human trafficking victims and survivors with local emergency, transition, and/or long-term supports and services across the country, as well as connecting callers to law enforcement where appropriate.

Phone Number: 1-833-900-1010

LOCAL ORGANIZATIONS THAT SERVE THE SASKATOON COMMUNITY

- **Indian and Metis Friendship Centre**
 - 168 Wall St
 - (306) 244-0174
- **Prairie Harm Reduction**
 - 1516 20th St W
 - (306) 242-5005
- **Canadian Mental Health Association - Saskatoon Branch**
 - 1301 Avenue P N
 - (306) 384-9333
- **Crocus Co-op**
 - 135 Avenue B S
 - (306) 477-2960
- **John Howard Society**
 - 218 33rd St W
 - (306) 244-8347
- **EGADZ (Saskatoon Downtown Youth Centre)**
 - 485 1st Ave N

- EGADZ offers housing for
- (306) 931-6644
- **Saskatoon Housing Coalition**
 - 319 Camponi Pl
 - (306) 655-4979
- **Lighthouse Supported Living**
 - 304 2 Ave S
 - (306) 653-0538
- **Family Service Saskatoon**
 - 506 25 St E Unit #102
 - (306) 244-0127
- **McKerracher Centre**
 - 2302 Arlington Ave
 - (306) 655-4590
- **Saskatoon Tribal Council - Urban First Nations Services Inc**
 - 200-335 Packham Avenue
 - (306) 956-6100
- **Saskatoon Salvation Army**
 - 38 Bateman Cres
 - (306) 477-2363
- **Saskatoon Food Bank & Learning Centre**
 - 202 Avenue C S
 - (306) 664-6565
- **Saskatoon Library Outreach Workers**
 - Outreach Workers can help in many ways, particularly with support you may need in solving problems related to housing, mental health, addictions, crisis support, employment, income, or other confidential and important needs.
 - Outreach Workers can:
 - Connect you to support services in the community through referrals.

- Help you navigate through policies and procedures of community organizations.
 - Provide supportive listening and brief counselling.
- (306) 657-8556 or (306) 657-8768
- **Saskatoon Sexual Health**
 - 213 Ave C S
 - (306) 244-7989
- **CFS Saskatoon**
 - 200 506- 25th St E
 - (306) 244-7773
- **Out Saskatoon**
 - 213 Avenue C S
 - (306) 665-1224
- **White Buffalo Youth Lodge**
 - 602 20th St W
 - (306) 653-7676
- **United Way Saskatoon**
 - 506 25 St E #100
 - (306) 975-7700
- **Quint Saskatoon**
 - Suite 101, 1120 20th St W
 - (306) 978-4041

C: Participant Grounding Exercises

Grounding exercises are simple yet useful techniques to use to bring you back to the present and help you to realise you are safe and in control.

The 54321 Technique

1. The first step is to look around the room and name **five things that you can see around you**. For instance, a painting on the wall or a car. Think about how that thing looks to you or what is it that you like or don't like about it.
2. The second step is to focus on **four things that you can feel**. Suppose that you notice how the wind is blowing through your hair or how the sun feels on your skin. It can be helpful to say these things out loud, such as 'I can feel the couch that I am sitting on'.
3. The third step is to name **three things that you can hear around you**. For example, you may become aware of the traffic in the background or some birds chirping in a nearby tree.
4. The fourth step is to notice **two things that you can smell around you right now**. To illustrate, you may notice the smell of grass or perhaps the smell of perfume wafting around. If you can't smell anything around you, then it can be helpful to name two or three smells that you like such as fresh baked bread or a flower.
5. The fifth step is to focus on **one thing that you can taste**. If you can't taste anything, then instead you can choose to name a taste that you like.

Progressive Muscle Relaxation

Find a quiet place free from distractions. Lie on the floor or recline in a chair, loosen any tight clothing, and remove glasses or contacts. Rest your hands in your lap or on the arms of the chair. Take a few slow even breaths. If you have not already, spend a few minutes practicing deep breathing. Now, focus your attention on the following areas, being careful to leave the rest of your body relaxed.

1. **Forehead:** Squeeze the muscles in your forehead, holding for 15 seconds. Feel the muscles becoming tighter and tenser. Then, slowly release the tension in your forehead while counting for 30 seconds. Notice the difference in how your muscles feel as you

relax. Continue to release the tension until your forehead feels completely relaxed.
Breathe slowly and evenly.

2. **Jaw:** Tense the muscles in your jaw, holding for 15 seconds. Then release the tension slowly while counting for 30 seconds. Notice the feeling of relaxation and continue to breathe slowly and evenly.
3. **Neck and shoulders:** Increase tension in your neck and shoulders by raising your shoulders up toward your ears and hold for 15 seconds. Slowly release the tension as you count for 30 seconds. Notice the tension melting away.
4. **Arms and hands:** Slowly draw both hands into fists. Pull your fists into your chest and hold for 15 seconds, squeezing as tight as you can. Then slowly release while you count for 30 seconds. Notice the feeling of relaxation.
5. **Buttocks:** Slowly increase tension in your buttocks over 15 seconds. Then, slowly release the tension over 30 seconds. Notice the tension melting away. Continue to breathe slowly and evenly.
6. **Legs:** Slowly increase the tension in your thighs and calves over 15 seconds. Squeeze the muscles as hard as you can. Then gently release the tension over 30 seconds. Notice the tension melting away and the feeling of relaxation that is left.
7. **Feet:** Slowly increase the tension in your feet and toes. Tighten the muscles as much as you can. Then slowly release the tension while you count for 30 seconds. Notice all the tension melting away. Continue breathing slowly and evenly.

Enjoy the feeling of relaxation sweeping through your body. Continue to breathe slowly and evenly.

Play a Game with Yourself

You could get your mind off of things by playing a quick game. Ask yourself a question that has several answers:

- Name as many provinces as you can.
- Name as many dog breeds as you can.
- Name as many cities as you can.
- Recite the alphabet backwards.

- Practice simple times tables.

Pick up or Touch Items Near You

Are the things you touch soft or hard? Heavy or light? Warm or cool? Focus on the texture and color of each item. Challenge yourself to think of specific colors, such as crimson, burgundy, indigo, or turquoise, instead of simply red or blue.

Feel Your Body

You can do this sitting or standing. Focus on how your body feels from head to toe, noticing each part.

Can you feel your hair on your shoulders or forehead? Glasses on your ears or nose? The weight of your shirt on your shoulders? Do your arms feel loose or stiff at your sides? Can you feel your heartbeat? Is it rapid or steady? Does your stomach feel full, or are you hungry? Are your legs crossed, or are your feet resting on the floor? Is your back straight? Curl your fingers and wiggle your toes. Are you barefoot or in shoes? How does the floor feel against your feet?

Use an Anchoring Phrase

This might be something like, “I’m *Full Name*. I’m *X* years old. I live in *City, Province*. Today is *Friday, June 3*. It’s *10:04 in the morning*. I’m *sitting at my desk at school*. There’s *three other people in the room*.”

You can expand on the phrase by adding details until you feel calm, such as, “*It’s raining lightly, but I can still see the sun. It’s my break time. I’m thirsty, so I’m going to make a cup of tea.*”

Talk Yourself into Calming Down

Another form of grounding involves self-therapy. When you feel negative feelings coming up, talk to yourself (either out loud or in your head). Tell yourself what you are feeling and that it is going to be OK. You have gone through this before, and you can get through it again. Keep repeating positive statements to yourself until you feel yourself calming down.

D: Participant Photovoice Instructions

STAGE 1: Preparation Stage – Introduction to Photovoice (2 hours)

Overview of Participant Training Session:

- **Icebreaker Activity** – Have participants introduce themselves to each other, because they will be working together in discussing their photos and experiences later in the project.
- **Introduce Photovoice** – Introduce the concept and benefits of photovoice and explain how this project can have a positive effect on a community.
- **Introduce the Project** – Introduce the topic and timeline for the project. Explain what is expected from the participants and ethical considerations.
- **Introduce Photography Concepts** – Provide a tutorial on how to use the camera for the photovoice project.

Introduce Photovoice

What is it?

Photovoice is a method of research that gets messages across by using photos. You take pictures: you use the camera to answer a question, combining pictures with your own stories. The results of the exercise can be used for data collection for research. Additionally, photovoice allows you to document your life and concerns and present it to the outside world.

Elements of a Photovoice Project

1. *Photographs*: Participants take pictures that mean something to them, about specific topics.
2. *Narratives*: The participant discusses the photos to help the image give a clear message.

Three Main Goals of Photovoice:

1. To support people to record and reflect their community strengths and concerns.
2. To promote discussion and knowledge about important issues through large and small group discussions of photos.
3. To reach policy makers and encourage the use of health promoting policies.

Introduce the Project

The title of this project is: Experiences of Harm Reduction from Urban Community Youth in Saskatoon, Saskatchewan Using Photovoice and Interpretative Phenomenological Analysis (IPA)

Being a youth is an important time in a person's life where health behaviours develop and continue through their life. Youth also begin experimenting and taking part in risky activities, such as substance use (e.g., alcohol, cannabis, nicotine). These risks can lead to harms such as accidents, mental health struggles, addictions, and health and social problems. Youth substance use approaches are often focused on avoiding using substances all together, which does not work for everyone. Harm reduction is one approach to substance use where options and resources are offered to people who are trying to pursue health in their own way. Harm reduction is not only about substance use but can be about other ways youth experience harms such as relationships, police interactions, trauma, and mental health. However, it is not clear how well youth are supported in the community to reduce harms in their everyday lives. It is also not clear how well youth are supported in the community to have harm reduction resources available to them that they can use to support a loved one (e.g., family member, friend, significant other). The goal of this study is to work with youth in the community to understand their experiences in reducing harms in their everyday lives and accessing resources that can support loved ones in reducing harms in their everyday lives as well. This project supports youth in creating art and sharing their stories to support the health and wellness of all youth and their loved ones in the community.

Photovoice Process in this Project:

1. Digital cameras will be borrowed to you, and you will have 10 days to take pictures that represent times you tried to do harm reduction, or you tried to support a loved one in accessing harm reduction.
2. You will choose 5 photos and talk about them in two sharing circles or interviews.
3. A student researcher will analyze all photographs, sharing circles and interviews for themes that come out of the photovoice process.
4. You will be invited to participate in data analysis to connect themes together and create art based on the results of the project.

What is expected of me?

While participating in photovoice, you should always be respectful, honest, sincere, and focused on addressing the important issues in your community. There are four expectations:

1. Time Commitment
2. Photography
3. Sharing Circles or One-on-one Interviews
4. Data Analysis/Making Art

We went over these expectations when you signed the consent forms before joining us in today's training session. You can review your consent form at any point in time to remind you of what these expectations are, but I will also go over these expectations with you as a review right before each in-person session.

What can I take a picture of?

When participating in photovoice, you as the photographer, have the ability to take pictures of whatever you want to address a community issue or theme. In this project, you will be taking pictures that relate to times you tried to do harm reduction, or you tried to find supports for a loved one to access harm reduction in your community, school, or home environment. However, you are responsible for following the ethical guidelines below to make sure that you are protecting yourself, others, and your community.

Is it ethical?

1. **Protect Others** – For this project, **you cannot take pictures of people, private homes or businesses, or images that would identify people.**

It is **not ok** to take pictures of:

- someone who is recognizable (faces, tattoos, or markings)
- minors (under 18 years)
- someone else's personal belongings and/or personal property

It is **ok** to take pictures of:

- the environment or public settings
- your own personal belongings and/or personal property
- objects that are not the personal property of someone else

ASK YOURSELF? Is it invading someone's privacy?

2. **Protect Participants** – Participants must not enter dangerous spaces/situations to complete the project. Think not only about danger in terms of physical harm, but also in emotional harm, harm to individual reputation, or potential financial harm, among others. Participants must not participate in illegal activities or capture illegal activities for the purpose of completing the project. You should also know that there is a possibility that someone might recognize you as the photographer of the pictures you take if you include images that others could identify you by. To reduce this possibility, avoid taking photos that others could connect to you as the photographer (e.g., easily recognizable personal belongings or room decorations). If there is a picture you think could allow others to identify you as the photographer, you can choose to not use that photo, and just delete it from the camera.

ASK YOURSELF? Will it harm me or others? Is it dangerous? Is it illegal?

3. **Protect the Community** – It is important to protect others by not taking pictures that may harm the reputation, safety, or individual liberty-of another.

ASK YOURSELF? Will it put a person's employment, status in the community, ect... in jeopardy?

4. **False Light** – It is important to make sure that situations in the community are reflected accurately. Necessary steps must be taken to accurately portray the community and to avoid taking photographs of images that could be taken out of context.

ASK YOURSELF? Is it truthful? Does it accurately represent the situation?

Photovoice Prompts for this Project

For this project, you can take photos of objects, landscapes, situations, or symbols anywhere in your school, home, or community to

- represent what you experience and view as harm reduction,
- represent a time you were able to participate in harm reduction or find supports

- for a loved one so they could participate in harm reduction.
- represent a time you wanted to participate in harm reduction, or you wanted to find supports for a loved one so they could participate in harm reduction, but something prevented that from happening.
- represent an outcome of being able to participate in harm reduction, or being able to find supports for a loved one so they could participate in harm reduction.

Some examples of harm reduction are:

- Taking a walk by the river.
- Attending a party with friends rather than alone and staying at the party and leaving with the same group of friends (Please note: you cannot take pictures of your friends – think of creative ways to portray such a situation that does not involve taking pictures of people).
- Carrying contraceptives.
- Carrying a naloxone kit in your backpack.
- Taking naloxone training.
- Going to Prairie Harm Reduction (**Please note** it is not ok to take pictures **inside** of buildings, because it could invade someone else's privacy).
- Going to the sexual health clinic for STD screening.

Tasks Participants will be Involved in during this Project

- **Preparation Stage:** this stage refers to today's 2-hour training session on photovoice and photography.
- **Intermediary Stage:** this stage is where you will have 10 days to take photographs out in the community. Following this 10-day period, I will have 1 week to collect your cameras to print the photos. The photos will be printed to help support your discussion and refresh your memory as you talk about your experiences.
- **Stage One - First Sharing Circles/One-On-One Interviews:** this is where you will attend the first sharing circle (1 hour – 1.5 hours long or longer) or interview (45 minutes – 1 hour long or longer) to talk about the photos you took. Before the sharing circle/interview begins, you will choose 5 photographs that you think best represents the issues, ideas, or experiences you want to discuss.

- **Stage Two - Second Sharing Circles/One-On-One Interviews:** this is where you will attend the second sharing circle (1 hour – 1.5 hours long or longer) or interview (45 minutes – 1 hour long or longer) to talk a bit more about those 5 pictures you took.
- **Arts Analysis:** after the interviews and sharing circles take place, the student researcher will analyze what was said during the sharing circles and interviews. You will then be invited to help connect the major themes that everyone discussed, as well as create art that represents the major themes and experiences that come out of this project. These sessions will be 2 hours long and will continue until the art and analysis are complete. There will be about 3 data analysis sessions in total.

Introduce Photography Concepts

How does my camera work?

1. **Turn the camera on.** The first step to using a digital camera is simply turning the device on. Most cameras have a small “on” button located somewhere on the side of the camera.
 - Most digital cameras have to charge. If your camera's battery is dead, it will not turn on. Don't panic if your camera is not turning on. A charger comes with the camera. The charger plugs into the wall and then into your camera. In the event your camera does not turn on, try plugging it into the charger, waiting a few minutes, and then trying again.
2. **About the memory card.** Most digital cameras only have enough storage to hold a few pictures on their own. You will already have a memory card inserted into your camera so it can hold a larger number of photos. Please do not attempt to remove the memory card from this device, as it could damage either the memory card, or the camera. The memory cards, just as the cameras, will be collected by the researcher when you are done taking photos in the community.
3. **Familiarize yourself with the buttons.** Digital cameras come with a variety of buttons. You should spend some time familiarizing yourself with what these buttons do. Some buttons help you zoom in and take pictures. Others allow you to adjust settings on your camera.
 - The shutter button is a small button, usually on the top right corner of the camera, you press down when taking a picture. The zoom button is usually a long line, which you toggle back and forth to zoom in and out on a subject. These are the basic buttons you need to take a picture.
 - The "mode" button is usually a rectangular button labeled "mode." You press down on this button to switch from picture mode to video mode. You will only be taking pictures for this project, so please ensure your camera is in “picture” mode. A rectangular button labeled "menu" allows you to switch the

settings on your camera. You usually navigate through the menu mode with the help of a scroll wheel you rotate to select and adjust settings.

- A triangle-shaped button, much like a “play” button on a DVD player, allows you to playback pictures you just took. You can scroll through pictures using the scroll wheel.

4. **Take a few pictures.** If you want to start using your camera, begin by taking a few pictures. Choose a subject, like a landscape or an object, focus your camera for a moment, and then press the shutter button. The camera should capture this image. To get the hang of using your digital camera, take a few pictures around the room.
5. **View your pictures.** Once you've taken a few practice pictures, review your pictures. Press down on the “play” button. The pictures you just took should appear on your camera's screen. You can scroll through the pictures using the scroll wheel.
 - As these are just practice pictures, you may want to delete them. You can usually select an image on screen using the scroll wheel, shaped something like a trash can, to delete unwanted pictures. You will be able to delete any unwanted photos throughout the project.

Photography Tips

What are you taking a picture of?

Do you have a clear idea of what you want your image to say? With a digital camera, you can take a lot of pictures. How will you showcase what you are trying to say? How many times do you retake a picture before finding the right photo?

Does it stand out?

When taking a picture of a small object or a singular object among many it is important to focus on the main message. Is your photo telling the same story that you are seeing?

Color makes a difference.

Color is a key player in taking a powerful photo as colors often relate to one's emotions. Green is often associated with nature, or the outdoors. Red can be interpreted as passion either in a loving or negative way, whereas the lack of color may also help express your message. Black and white photos can be a powerful way to make a statement.

All about perspective.

Naturally, we take a picture from the angle we are looking but consider looking at the world

from a different perspective. Youth see the world from the ground up, and birds from the sky down, try holding your camera at different levels and angles to see the world a little differently.

Rule of thirds.

To get someone's attention through photography you must make sure that the photos are interesting out of context, meaning that it is visually pleasing even without knowing the story behind it. Try using the rule of thirds to make an image more appealing. Instead of lining up your main subject directly in the middle of the photograph, imagine that there are these lines over the top of your picture. Try placing your subject where the lines intersect.

Adjusting Camera Settings (Optional: For Experienced Photographers Only)

1. **Decide between auto or manual focus.** The first thing you should do when adjusting your camera's settings is make a decision between auto or manual focus. In auto focus, your camera will focus in on pictures on its own. When using manual focus, you will have to focus the camera yourself.
 - In auto focus, the camera will choose a spot on frame and focus on that just before you take the picture. In manual focus, you are able to choose an area of focus on your camera's lens. You usually do so using the scroll wheel.
 - If you're new to photography, you should go with auto focus for the most part.
2. **Pick your shutter speed.** Shutter speed is how quickly the camera's shutter moves, allowing you to choose how fast you want to take a picture. A higher shutter speed will allow you to freeze action in a shot. To capture moving water in detail, for example, pick a higher shutter speed. A lower shutter speed will blur action. If you want a hazy photograph of a waterfall, pick a low shutter speed.
 - If you're shooting at a low shutter speed, shaking your camera could result in blurry photos. It takes awhile to get a steady hold on a camera when taking pictures. Therefore, it may be a good idea to see if your camera has a shake-free shutter speed option. If it does, set your camera to the shake-free option when operating at a lower shutter speed. This will help your pictures come out crisper.
3. **Choose your aperture.** Aperture refers to the opening of a camera lens, which is formed by a set of blades. Adjusting the aperture settings allows the blades to open more or close more, letting more light into your shot.
 - The aperture setting you want depends on the type of picture you're taking. For close-up photos, select an aperture between F1.4 and F5.6.
 - For landscapes, an aperture between F11 and F22 should work well. For the sharpest possible landscape photos, you can go as high as F23.
 - For any other pictures, stick to an aperture between F8 and F11.
4. **Do not adjust the ISO speed.** A camera's ISO speed is the speed at which a camera picks up light. A higher ISO speed results in brighter photos, but pictures may become

grainy if your ISO speed is too high. For the most part, you will not need to create brighter photos. Leave the ISO speed alone until you're a more experienced photographer.

- 5. Decide on a picture quality.** The default file setting for pictures in most digital cameras is JPEG. JPEG photos are easily shareable. However, as JPEG files are compressed, some information is lost when photos are uploaded. If you want to avoid having your photos compressed, consider switching to RAW picture quality. This setting does not compress or tamper with the pictures.

E: One-On-One and Sharing Circle Interview Guide (Stage 3)

The conversation will begin with introductions and an icebreaker. When the participants introduce themselves, they will be asked how their week is going and then they will be asked an ice breaker questions (e.g., How do you try to be more in the moment? If you could live in a TV show world for 1 month, which TV show would it be and why? If you had the body of a human, but the head of an animal, which animal would you choose and why?). The participants will then be invited to share their preferred pronoun and their year of birth.

Hand out hard copies of youth photographs to the respective youth.

Discussion: Ask each youth to talk about one of their photos using photo elicitation.

Photo Elicitation

For each photograph, each youth will provide:

- a title,
- a phrase,
- a statement, and
- a question for each photograph as a way of highlighting the main idea(s) of their experience.

Follow-up: Repeat this method with all five photographs with each youth.

F: One-On-One and Sharing Circle Interview Guide (Stage 4)

The conversation will begin with introductions and an icebreaker. When the participants introduce themselves, they will be asked how their week is going and then they will be asked an ice breaker questions (e.g., How do you try to be more in the moment? If you could live in a TV show world for 1 month, which TV show would it be and why? If you had the body of a human, but the head of an animal, which animal would you choose and why?). The participants will then be invited to share their preferred pronoun and their year of birth.

Hand out hard copies of youth photographs to the respective youth.

Discussion: Ask each youth to talk about one of their photos using the SHOWED method template. Have them explain why they chose that particular photo and how they came up with a solution to their problem/situation. Review what the SHOWED method is and why we are using it.

SHOWED Method

S	What is Shown here?
H	What is really Happening here?
O	How does this relate to Our (your) lives?
W	Why are things this way?
E	How could this image Educate people?
D	What should be Done about this?

Follow-up: Repeat this method with all five photographs with each youth.