



FAQ: Providing Harm Reduction Services to Youth – Legal Considerations

Youth are often overlooked when planning the delivery of harm reduction services resulting in multiple barriers including exclusion from critical services that prevent illness, injuries, infections, and death from overdose. Health and social service providers can improve access for youth through consideration of youth needs and understanding key legislation when planning and delivering harm reduction services.

1. Consent and Access to Harm Reduction Services

There is often confusion about whether youth are allowed to access harm reduction services on their own or if the youth needs a parent or guardian's consent. This confusion creates unnecessary barriers for youth and distress for staff. BC's [Infants Act](#) explains the legal position of children under 19 years of age. One of the topics covered in the Infants Act is the ability of someone under the age of 19 to consent to health care.

➤ Do youth need parent guardian consent in order to access harm reduction services?

Youth can access *basic* and *advanced harm reduction services* without parent/guardian consent. When providing advanced harm reduction services, the *health care provider* must do a *competency assessment* to determine if the service is in the youth's best interest, whether the youth is capable of understanding the risks and benefits of the service, and is capable of giving consent.

➤ Is there an age limit for youth to be able to access harm reduction services?

In B.C., there is no set age when a child is considered capable to give consent. This means there is no legal age limit for youth to access harm reduction services; however, some programs and services may have age limits or may not be appropriate for youth. When in doubt, check with the service/agency.

Practice Recommendations

Develop rapport and work collaboratively with youth. When delivering harm reduction services to youth, it is a good idea to take time to develop rapport, assess their needs, wants and substance use history whenever possible; however, this should not be a barrier to accessing service.

Provide opportunities for education and referrals. Youth often have a shorter substance use history and there may be opportunities to provide education and/or referrals if the youth is interested. Youth may be less familiar with harm reduction supplies and safer substance using practices so additional coaching may be beneficial.



Develop policies and protocols. It is recommended that agencies have clear policies and training protocols in place for all staff who provide harm reduction services to youth. Agencies may wish to consult with their legal counsel.

2. Duty to Report a Child in Need of Protection

The [Child, Family and Community Services Act](#) protects children in B.C. The Act states that anyone who has reason to believe that a child needs protection must make a report to MCFD (Ministry of Children and Family Development). Section 13 of the Act provides information on what must be reported; examples include inadequate access to food, clothing, shelter, health care, inadequate protection from illness injury and other harm, in need of protection from physical, sexual or emotional abuse and neglect.

➤ Is there a Duty to Report that a youth is using substances or accessing harm reduction services?

The public's duty to report is based on what a parent/guardian is or isn't doing – (commission or omission) - not the behavior of the youth. Awareness that a youth is using substances or a youth who is accessing harm reduction services is not something that you are required to report to MCFD.

➤ Is there a Duty to Report that a youth's parent or guardian is using substances?

Awareness that a parent/guardian is using substances also does not necessarily mean that a child/children are in need of protection and does not (on its own) need to be reported to MCFD. However, if the youth is in need of protection as noted in Section 13 of *the Child, Family and Community Services Act* then there is a duty to report.

Practice recommendations

Be aware of your biases and stigma. It is important to be mindful of your own values and assumptions as well as the role stigma plays in influencing those. Reporting based on stigma or fear can prevent youth from accessing services.

When possible, do a broader safety assessment. Youth who have experienced trauma are at greater risk of substance use disorders. Youth or parent/guardian substance use **may be** indicators of possible child protection issues, especially when coupled with other indicators - further assessment is recommended.

When in doubt, consult. There are many grey areas when working with youth. Discuss youth cases with your team and manager. Consider consulting with MCFD. MCFD encourages the public to call and

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consult when they are concerned about possible indicators that a child may need protection. If you wish to consult with MCFD you should do so without disclosing identifying information about the child/youth unless the youth has given consent for you to share that level of information.

Be transparent with youth if making a report to MCFD. When child is in need of protection and a report to MCFD is required, service providers should communicate openly and transparently with the youth about what will be shared with MCFD, invite them to be involved in making the report and offer support during the process.

Definitions:

Basic harm reduction services: services that do not need to be delivered by a regulated health care provider, examples include supply distribution, drug checking services, basic overdose response, providing information on safer substance using practice etc.

Advanced harm reduction services: harm reduction services that are within the legal and regulatory scope of a regulated health care provider; examples include inserting an IV, helping with venipuncture, prescribing contraceptives etc.

Regulated health care provider: people who are licensed, registered or certified in British Columbia to provide health care services as determined by their legal and regulatory scope.

Competency assessment: the process of explaining to the youth the nature and consequences, foreseeable benefits and risks of a health care service and assessing the youth's understanding of those benefits and risks while making reasonable efforts to determine that the health care is in their best interest.

Sources and more information:

- [Child, Family and Community Service Act \(gov.bc.ca\)](http://gov.bc.ca)
- [Duty to Report – Reporting Concerns about Children and Youth](#)
- [COVID19 EpisodicOPSPProtocolGuidelines.pdf \(bccdc.ca\)](#)
- [Infants Act](#)
- [BC Harm Reduction Strategies and Services Policy and Guidelines, November 2022](#)

Consultation provided by:

This work was developed through participation in the BCCDC Provincial Youth Episodic Overdose Prevention Working Group and the development of the 2022 BC Harm Reduction Strategies and Services Policy and Guidelines.

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We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate, and work together. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.