

November 2023

Harm reduction and young people: Reducing substance- related harms



Knowledge Institute
on Child and Youth Mental Health and Addictions



Suggested citation

Knowledge Institute on Child and Youth Mental Health and Addictions. (2023). Harm reduction and young people: Reducing substance-related harms. cymha.ca/addictions

For information about this report, please contact info@cymha.ca

Table of contents

Introduction	4
What Is harm reduction?	5
How can you help reduce the stigma?	12
References	14



Introduction

The purpose of this document is to increase understanding of harm reduction and how it can be used with young people to reduce harms associated with substance use. This resource has been created for leaders and service providers working in the community child and youth mental health and addictions sector (the sector). It may also be helpful for others interested in learning about approaches for reducing substance-related harms among young people.

We know that harm reduction can be used in the context of behavioural or process addictions. However, the focus of this resource is on harm reduction as it relates to substance-related harms. We answer these questions:

- What is harm reduction?
- How and why can harm reduction be used with young people who are using substances?
- What does the research say about harm reduction for young people?
- How can you help to reduce the stigma around substance use and increase understanding of harm reduction?



What Is harm reduction?

Life can come with a lot of risks, and even common behaviours can have harmful outcomes if we are not careful. For this reason, many widespread practices protect us from harm in everyday activities. Typical examples include:

- Wearing a seatbelt while driving.
- Using a helmet while cycling.
- Wearing life vests when on a boat.
- Applying sunscreen to prevent sunburns and reduce the risk of skin cancer.
- Spreading awareness about the negative effects of smoking through public education campaigns.

These practices help reduce the risk of experiencing harm from a behaviour or activity, and so are all examples of harm reduction practices. The main goal of a harm reduction approach is to reduce the possibility of experiencing harms associated with behaviours that have built-in risk.

When it comes to substance use, the goal of harm reduction is the same. A harm reduction approach uses many different practices to decrease the health and social harms of using substances, both legal and illegal (Barrett et al., 2022; Moebes et al., 2023; Thomas, 2005; Winer et al., 2022).

Harm reduction is not a new idea. In the 1980s and 90s, the term became popular to describe alternatives to the “abstinence-only” approach for adults experiencing substance use disorder (Bonomo & Bowes, 2001; Winer et al., 2022). Those who wanted to reduce their use without stopping entirely were turned away from the abstinence-only programs (Leslie et al., 2008).

How does harm reduction apply to young people?

For young people experiencing long-standing problematic substance use or substance use disorder, a harm reduction approach acknowledges that abstinence may not be a realistic first goal. Since first introduced, the types of harm reduction practices have expanded, and now help many young people to reduce:

- Their use of substances (for example, using a nicotine patch instead of smoking).
- The frequency of their substance use (for example, moving from daily use to weekly use).
- Experiencing negative effects associated with substances (for example, drinking water when consuming alcohol, using substances in a safe environment with someone a young person trusts).
- Other substance use-related problems, such as the risk of developing or worsening disorders related to anxiety and depression from regular, long-term cannabis use.
- The risk of drug poisoning and drug poisoning deaths.
- Transmission of infectious diseases.

Harm reduction approaches are wide-ranging and can include prevention and intervention strategies. Here are some examples of approaches:

- Discourage starting the behaviour.
- Provide young people with education on the risks of using substances.



Basics of a harm reduction approach

- Meets people “where they are” in their needs and personal goals (Winer et al., 2022).
- Does not minimize or ignore the negative consequences that can come from substance use.
- Offers individuals choices about how to minimize risks and harms.
- Uses non-judgmental and non-coercive strategies to help individuals improve their knowledge and skills to make choices for healthier lives (Canadian Mental Health Association, n.d.).
- Provides options to connect with peers, health services, and social services (Erickson et al., 2002).
- Gives access to programs, services, and practices focused on the health outcomes related to substance use.

Most commonly used substances among young people in Ontario (Boak et al., 2022):

- Alcohol.
- Nicotine.
- Cannabis.

- Discuss ideas about how to deal with social pressures to misuse substances.
- Assess a young person's readiness for change.
- Provide young people with information on safer ways to use substances, including lower risk use guidelines ([Canada's lower risk cannabis use guidelines](#), [Young person-friendly cannabis information](#), and [Canada's guidance on alcohol and health](#)).
- Provide housing and social support.
- Provide wound care, safer use supplies, and fentanyl test strips.
- Ensure access to clean syringes and syringe exchange.
- Distribute naloxone.

Adolescence is naturally a time of increased exploration, limit-testing, risk-taking, and dismissing the advice of authority for greater independence in decision making (Leslie et al., 2008). Adolescents and young adults are more likely to start experimenting with substances (Tam, 2018) because they may:

- **Feel pressure to try substances:** Young people may think others are doing it or see their friends doing it and fear being left out or rejected (Kuntsche et al., 2005; Terry-McElrath et al., 2009).
- **Want to feel good:** Substances increase the neurochemicals in the brain that increase feelings of pleasure.
- **Want to feel better:** Substances can be a way to self-medicate or escape feelings of depression, anxiety, and stress (Kuntsche et al., 2005; Terry-McElrath et al., 2009).
- **Want to do better:** Certain substances can improve focus, performance in athletics, academics, or social situations (Kuntsche et al., 2005).
- **Want to experiment:** As a normal part of development, young people often have a natural drive to experience new things, particularly those that are thrilling or unknown.

Since harm reduction offers non-judgmental services and supports to anyone who uses substances, it is well-suited to young people at this stage of life (Leslie et al., 2008).

Substance use is associated with some short- and long-term health risks. These can include risk of injury, dating violence, problematic use, substance use disorder, and impacts on cardiovascular and respiratory health (Fischer et al., 2017; Hall et al., 2016; Ramo et al., 2020; Taquette & Monteiro, 2019; Volkow & Blanco, 2023). Substance use can also have an impact on cognitive development, memory, attention, and learning, which may impact academic performance (Fischer et al., 2017; Hall et al., 2016; Volkow et al., 2016; Volkow & Blanco, 2023).

The only way to completely avoid substance-related risks is to not use substances (Moebes et al., 2023). However, we know this is not realistic for all young people, since many do use substances (Boak et al., 2022). Delaying substance use, at least until after adolescence, can help reduce the likelihood or severity of experiencing adverse health outcomes.

Educating young people about the risks of substance use is a common and essential practice. However, research on abstinence-only education, prevention, and treatment programs that use a zero-tolerance, “just say no” approach have not proven to be very effective at reducing adolescent substance use (Beck, 1998; Kimmel et al., 2021; Lu et al., 2022; Lynam et al., 2009; O’Brien & Hudson-Breen, 2023; Slemmon et al., 2019).



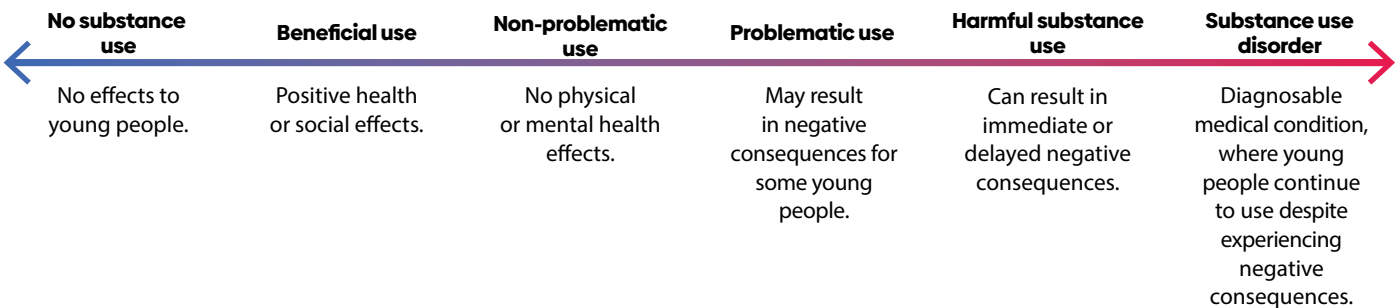
Did you know:

- Substance use among young people in Canada between the ages of 15 to 24 is fairly common (Moebes et al., 2023).
- An estimated 20% of young people use cannabis and e-cigarettes, while around 44% drink alcohol (Government of Canada, 2020).
- Approximately 40% of students in grades 7 to 12 report consuming alcohol and close to 25% of these young people engage in high-risk drinking (5 or more drinks per occasion; Tam, 2018).
- One-in-seven, or 14%, of Ontario secondary school students report using cannabis to cope with a mental health problem in the past year (Boak et al., 2022).
- One-in-eight Ontario secondary school students report non-prescription use of opioids (Boak et al., 2022).
- Between 2013 to 2021, the rate of opioid-related deaths among young people 15 to 24 years in Ontario increased 369.2% (from 48 to 225 people), with a 55.9% decrease in the rate of accessing opioid agonist treatment (from 6236 to 2717 individuals; Rosic et al., 2023).

Programs that require specific behaviours to participate often do not connect well with young people who tend to prefer greater independence and autonomy. As well, many young people feel that zero-tolerance approaches are judgmental and may feel resistance or defiance toward the program (Leslie et al., 2008).

Harm reduction is particularly helpful in lowering the risk of harm for any level of substance use (School Mental Health Ontario, 2022; Thomas, 2005). Young people who use substances are very diverse, and their substance use falls along a continuum ranging from no substance use to substance use disorder (Ottawa Public Health, 2022; School Mental Health Ontario, 2022). Similarly, a young person’s need and readiness for support can also fall along a continuum. Some young people do not experience any negative consequences from using substances, while others may want to reduce the risk of experiencing harm from using a substance. On the other end of the continuum, some young people feel the need to reduce or eliminate their substance use or may even receive treatment for a substance use disorder.

Figure 1: The continuum of substance use.



Note: How much a young person uses substances, and the level of harm associated with that use, can range from no substance use to substance use disorder. Figure adapted from versions in *have THAT talk About Substance Use Health*, by Ottawa Public Health, 2022. and *Substance use and addiction*, by School Mental Health Ontario, 2022.

What does the research say about harm reduction for young people?

Research into understanding the needs of young people who want to access harm reduction services has increased in recent years (Barrett et al., 2022; Canêdo et al., 2022; da Silva et al., 2021; Deans et al., 2021; Stowe et al., 2022). Young people who use substances report the greatest need for more information, including knowledge, skills, and strategies to identify and minimize substance use harms, as well as when to seek support if necessary (da Silva et al., 2021; Debenham et al., 2022). They also identify a desire to feel empowered when making decisions about their substance use and want more peers with lived experience involved in delivering harm reduction services (Canêdo et al., 2022; da Silva et al., 2021; Deans et al., 2021; Stowe et al., 2022).

Research regarding the effectiveness of a harm reduction approach for young people as both a prevention and intervention strategy has also steadily grown (Barrett et al., 2022; Christie et al., 2020; Debenham et al., 2022; Kimmel et al., 2021; Masterman & Kelly, 2003; McBride et al., 2004; Miller, 1996; Thomas, 2005).

- Primary prevention involves strategies or interventions intended to reduce the risks of using substances by preventing them before they occur.
- Secondary prevention approaches focus on strategies or interventions to reduce the risk of using substances. These approaches are often appropriate for young people struggling with their substance use or with a substance use disorder (Winer et al., 2022).

The wide range of strategies available in a harm reduction approach makes it appropriate and relevant for different developmental ages and stages (Fischer, 2022; Leslie et al., 2008; Winer et al., 2022). Primary and secondary prevention can discourage or delay substance use, prevent increasing levels of use, or help to reduce substance use. All these strategies may be appropriate at different ages (Debenham et al., 2022). For instance, harm reduction strategies for younger people may focus on substance use prevention and education by (Leslie et al., 2008):

- Discouraging starting the behaviour.
- Offering information about the risks of using different types of substances.
- Discussing ideas about how to deal with social pressures to misuse substances.

A harm reduction approach is meant to recognize and consider the realities of poverty, racism, social isolation, trauma, gender-based discrimination, and other social inequities (Curry, 2019; Elliott et al., 2002). These inequities affect young people who may be unable or unwilling to stop their substance use (Winer et al., 2022). For young people who regularly use substances or are experiencing problematic substance use, harm reduction focuses on secondary prevention, which provides information and support on how to be safer when engaging in substance use. This approach concentrates on reducing the frequency of behaviours and providing support to decrease immediate and associated harms, but would never rule out significantly decreasing or stopping the behaviour altogether (Leslie et al., 2008). Stopping substance use entirely can be part of the outcome of harm reduction. Compared to an abstinence-only approach, harm reduction is more likely to engage young people in ongoing treatment and supports due to greater exposure, access, and awareness of services (Canadian Mental Health Association, n.d.; Strathdee, 1999; Wood et al., 2006).



Guiding principles of a harm reduction approach

(Beirness et al., 2008; Drug Awareness Committee, n.d.; Frankeberger et al., 2022)

- **Pragmatism:** Accepting, for better or worse, that substance use happens. Approaching it from a health outcomes perspective is needed to reduce harm.
- **Focusing on harm:** Placing the use of substances as secondary to the actual harms that come from the use. Acknowledging that some ways of using substances are less risky than other ways.
- **Humane values:** Respecting the dignity of young people who use substances. Understanding that individual choice is important and not placing judgement on the young person is key for progress.
- **Prioritizing goals:** Focusing on immediate and achievable decreases in substance use harms. Accepting that completely stopping may not be someone's first priority, and not requiring someone to be substance-free before helping. Allowing a young person to be in control of prioritizing the degree of reducing substance-related harms.
- **Flexibility:** Allowing holistic, creative, and innovative approaches to reducing substance-related harm. Designing approaches that adapt to a young person's individual needs by providing a range of help options or access to professionals.
- **Autonomy:** Understanding that young people who use substances are not "bad". Respecting that young people can make personal choices about, and take responsibility for, their use of substances. This approach allows young people to decide how they wish to receive help for themselves.



How can you help reduce the stigma around substance use and increase understanding of harm reduction?

The stigma related to substance use is often maintained by intentionally or unintentionally using harmful language that shames and belittles people. Using this type of language can maintain a cycle of negative behaviours and attitudes that isolate and marginalize young people who use substances. Stigma can also be a significant barrier for young people reaching out to access the services and supports they need. For guidance on how to start a conversation about substance use with a young person, see [Tips for Talking about Substance Use](#) (Ottawa Public Health & Families for Addiction Recovery, 2022) or [Talking Pot with Youth](#) (Canadian Centre on Substance Use and Addiction, 2020). See more terms and suggestions in the table below (Public Health Agency of Canada, 2019). For additional high-quality resources related to harm reduction, visit our [substance use and addictions webpage](#).

Being mindful of the language used is an important first step to helping. Remember:

- Young people who struggle with substance use are people first.
- Young people are more than their substance use. Harm reduction focuses on the whole person.
- Many young people coping with problematic substance use may not be able to remain abstinent. A harm reduction approach allows for a health-oriented response to substance use (Canadian Mental Health Association, n.d.).
- Stigma can be a barrier to accessing care, so it is important for young people to feel comfortable and recognized when accessing services.
- Terms like “drug addict” or “user” are stigmatizing and imply that someone is “something” instead of someone.

To help reduce stigma, use people-first language. See more terms and suggestions in the table below (Public Health Agency of Canada, 2019).

Stigmatizing Language	Respectful Language
Users, drug users	Young people who use or sometimes use substances.
Addicts, junkies, pot heads, crack heads	Young people with a substance use disorder, or young people with living experience of a substance use disorder.
Drug abusers	Young people struggling with their substance use, or young people with substance use disorders.
Recreational drug use/abuse	Young people who occasionally use substances.
Injectors	Young people who inject substances.
Alcoholics Young people with alcoholism	Young people with alcohol use disorder.
Recovering addicts, former addict	Young people in recovery. Long-term recovery from substance use disorder. Young people with lived experience.
Relapse Lapse Slip Used again	Recurrence of substance use. Recurrence of substance use disorder symptoms.
Substance/drug abuse Substance/drug misuse Substance/drug habit Addiction	Substance use. Problematic substance use (in some contexts). Substance use disorder (in some contexts). Substance use health.

References

- Barrett, D., Stoicescu, C., Thumath, M., Maynard, E., Turner, R., Shirley-Beavan, S., Kurcevič, E., Petersson, F., Hasselgård-Rowe, J., Giacomello, C., Wåhlin E., & Lines, R. (2022). [Child-centred harm reduction](#). *International Journal of Drug Policy*, 109, 103857.
- Beck, J. (1998). [100 years of “just say no” versus “just say know”](#): [Reevaluating drug education goals for the coming century](#). *Evaluation Review*, 22(1), 15-45.
- Beirness, D. J., Jesseman, R., Notarandrea, R., & Perron, M. (2008). [Harm reduction: What's in a name?](#). Ottawa: Canadian Center on Substance Abuse.
- Boak, A., Elton-Marshall, T., & Hamilton, H. A. (2022). [The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey \(OSDUHS\)](#). Centre for Addiction and Mental Health.
- Bonomo, Y. A., & Bowes, G. (2001). [Putting harm reduction into an adolescent context](#). *Journal of Paediatrics and Child Health*, 37(1), 5-8.
- Canadian Centre on Substance Use and Addiction. (2020). [Talking pot with youth: A cannabis communication guide for youth allies](#).
- Canadian Mental Health Association. (n.d.). [Harm reduction](#).
- Canêdo, J., Sedgemore, K. O., Ebbert, K., Anderson, H., Dykeman, R., Kincaid, K., Dias, C., Silva, D., Charlesworth R., Knight, R., & Fast, D. (2022). [Harm reduction calls to action from young people who use drugs on the streets of Vancouver and Lisbon](#). *Harm Reduction Journal*, 19(43), 1-8.
- Christie, G. I., Cheetham, A., & Lubman, D. I. (2020). [Interventions for alcohol and drug use disorders in young people: 10 key evidence-based approaches to inform service delivery](#). *Current Addiction Reports*, 7, 464-474.
- Curry, K. (2019). [In pursuit of higher pleasures: The moral value of criminalizing drug users and the utilitarian case for decriminalization](#). [Thesis].
- da Silva, G. A. P., Pereira, C. P., & de Sousa Pinto, M. S. (2021). [“Drugs are a taboo”: A qualitative and retrospective study on the role of education and harm reduction strategies associated with the use of psychoactive substances under the age of 18](#). *Harm Reduction Journal*, 18(34), 1-10.
- Deans, E., Ravulo, J., Blignault, I., & Conroy, E. (2021). [Understanding the needs of local youth to inform drug and alcohol prevention and harm reduction services: A qualitative study](#). *Health Promotion Journal of Australia*, 32(3), 416-424.
- Debenham, J., Champion, K., Birrell, L., & Newton, N. (2022). [Effectiveness of a neuroscience-based, harm reduction program for older adolescents: A cluster randomised controlled trial of the Illicit Project](#). *Preventive Medicine Reports*, 26, 101706.

- Drug Awareness Committee. (n.d.). [Recovery in focus: Harm reduction](#).
- Elliott, R., Malkin, I., & Gold, J. (2002). [Establishing safe injection facilities in Canada: Legal and ethical issues](#). Canadian HIV/AIDS Legal Network/Réseau juridique canadien VIH-SIDA.
- Erickson, P., Butters, J., & Walko, K. (2002). [CAMH and harm reduction: A background paper on its meaning and application for substance use issues](#). Toronto, ON: Centre for Addiction and Mental Health.
- Frankeberger, J., Gagnon, K., Withers, J., & Hawk, M. (2022). [Harm reduction principles in a street medicine program: A qualitative study](#). *Culture, Medicine, and Psychiatry*, 1-17.
- Fischer, B., Russell, C., Sabioni, P., Van Den Brink, W., Le Foll, B., Hall, W., Rehm, J., & Room, R. (2017). [Lower-risk cannabis use guidelines: A comprehensive update of evidence and recommendations](#). *American Journal of Public Health*, 107(8), e1-e12.
- Fischer, N. R. (2022). [School-based harm reduction with adolescents: A pilot study](#). *Substance Abuse Treatment, Prevention, and Policy*, 17(79), 1-11.
- Government of Canada. (2020). [Detailed tables for the Canadian student tobacco, alcohol and drugs survey 2018-2019](#).
- Hall, W. D., Patton, G., Stockings, E., Weier, M., Lynskey, M., Morley, K. I., & Degenhardt, L. (2016). [Why young people's substance use matters for global health](#). *The Lancet Psychiatry*, 3(3), 265-279.
- Kimmel, S. D., Gaeta, J. M., Hadland, S. E., Hallett, E., & Marshall, B. D. (2021). [Principles of harm reduction for young people who use drugs](#). *Pediatrics*, 147(Supplement 2), S240-S248.
- Kuntsche, E., Knibbe, R., Gmel, G., & Engels, R. (2005). [Why do young people drink? A review of drinking motives](#). *Clinical Psychology Review*, 25(7), 841-861.
- Leslie, K. M., Canadian Paediatric Society, & Adolescent Health Committee. (2008). [Harm reduction: An approach to reducing risky health behaviours in adolescents](#). *Pediatrics & Child Health*, 13(1), 53-56.
- Lu, W., Kim, J. C., Yoon, A. S., Yun, K. K., & Solomon, P. (2022). [Trends and disparities in unmet treatment needs for co-occurring depression and alcohol use disorders among young adults in the U.S.](#) *American Journal of Orthopsychiatry*, 92(3), 268-279.
- Lynam, D. R., Milich, R., Zimmerman, R., Novak, S. P., Logan, T. K., Martin, C., Leukefeld, C., & Clayton, R. (2009). [Project DARE: No effects at 10-year follow-up](#). In G. A. Marlatt & K. Witkiewitz (Eds.), *Addictive behaviors: New readings on etiology, prevention, and treatment* (pp. 187-196). American Psychological Association.
- Masterman, P. W., & Kelly, A. B. (2003). [Reaching adolescents who drink harmfully: Fitting intervention to developmental reality](#). *Journal of Substance Abuse Treatment*, 24(4), 347-355.

- McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). [Harm minimization in school drug education: Final results of the school health and alcohol harm reduction project \(SHAHRP\)](#). *Addiction*, 99(3), 278-291.
- Miller, W. R. (1996). [Motivational interviewing: Research, practice, and puzzles](#). *Addictive Behaviors*, 21(6), 835-842.
- Moebes, Z. R., Card, K. G., Koenig, B., & Benoit, C. (2023). [Lower-risk substance use guidelines accessible by youth](#). *Substance Abuse Treatment, Prevention, and Policy*, 18(10), 1-12.
- O'Brien, D., & Hudson-Breen, R. (2023). ["Grasping at straws." experiences of Canadian parents using involuntary stabilization for a youth's substance use](#). *International Journal of Drug Policy*, 117, 104055.
- Ottawa Public Health. (2022). [have THAT talk about substance use health](#).
- Ottawa Public Health & Families for Addiction Recovery. (2022). [Tips for talking about substance use](#).
- Public Health Agency of Canada. (2019). [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#). Government of Canada.
- Ramo, D. E., Thrul, J., Vogel, E. A., Delucchi, K., & Prochaska, J. J. (2020). [Multiple health risk behaviors in young adult smokers: Stages of change and stability over time](#). *Annals of Behavioral Medicine*, 54(2), 75-86.
- Rosic, T., Kolla, G., Leece, P., Kitchen, S., & Gomes, T. (2023). [Trends in rates of Opioid Agonist Treatment and opioid-related deaths for youths in Ontario, Canada, 2013-2021](#). *JAMA Network Open*, 6(7), e2321947.
- School Mental Health Ontario. (2022). [Substance use and addiction](#).
- Slemon, A., Jenkins, E. K., Haines-Saah, R. J., Daly, Z., & Jiao, S. (2019). ["You can't chain a dog to a porch": A multisite qualitative analysis of youth narratives of parental approaches to substance use](#). *Harm Reduction Journal*, 16(26), 1-10.
- Stowe, M. J., Feher, O., Vas, B., Kayastha, S., & Greer, A. (2022). [The challenges, opportunities and strategies of engaging young people who use drugs in harm reduction: Insights from young people with lived and living experience](#). *Harm Reduction Journal*, 19(83), 1-6.
- Strathdee, S. A., Celentano, D. D., Shah, N., Lyles, C., Stambolis, V. A., Macalino, G., Nelson, K., & Vlahov, D. (1999). [Needle-exchange attendance and health care utilization promote entry into detoxification](#). *Journal of Urban Health*, 76, 448-460.
- Tam, T. (2018). [The chief public health officer's report on the state of public health in Canada 2018: Preventing problematic substance use in youth](#). Public Health Agency of Canada.
- Taquette, S. R., & Monteiro, D. L. M. (2019). [Causes and consequences of adolescent dating violence: A systematic review](#). *Journal of Injury and Violence Research*, 11(2), 137-147.

- Terry-McElrath, Y. M., O'Malley, P. M., & Johnston, L. D. (2009). [Reasons for drug use among American youth by consumption level, gender, and race/ethnicity: 1976–2005](#). *Journal of Drug Issues*, 39(3), 677-713.
- Thomas, G. (2005). [Harm reduction policies and programs for persons involved in the criminal justice system](#). Ottawa, ON: Canadian Centre on Substance Use.
- Volkow, N. D., & Blanco, C. (2023). [Substance use disorders: A comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment, and prevention](#). *World Psychiatry*, 22(2), 203-229.
- Volkow, N. D., Swanson, J. M., Evins, A. E., DeLisi, L. E., Meier, M. H., Gonzalez, R., Bloomfield, M. A. P., Curran, H. V., & Baler, R. (2016). [Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: A review](#). *JAMA Psychiatry*, 73(3), 292-297.
- Winer, J. M., Yule, A. M., Hadland, S. E., & Bagley, S. M. (2022). [Addressing adolescent substance use with a public health prevention framework: The case for harm reduction](#). *Annals of Medicine*, 54(1), 2123-2136.
- Wood, E., Tyndall, M. W., Zhang, R., Stoltz, J. A., Lai, C., Montaner, J. S., & Kerr, T. (2006). [Attendance at supervised injecting facilities and use of detoxification services](#). *New England Journal of Medicine*, 354(23), 2512-2514.



 CYMHAOntario

 cymhaon

695 Industrial Avenue, Ottawa, Ontario K1G 0Z1

 – 1 613 737 2297

EN – cymha.ca

 – 1 613 738 4894

FR – smdej.ca