YOUTH VOICES ON TREATMENT

IN THE SHADOW OF THE OVERDOSE CRISIS

KEY RECOMMENDATIONS AND FINDINGS FOR CARE PROVIDERS

INTRO-DUCTION

CONTRIBUTORS
DANIEL MANSON
DANYA FAST
HALEIGH ANDERSON
JARED PRITCHARD
JEFFREY TOY
KALI SEDGEMORE
KATEY KINCAID
KEVIN HOLLETT
MADISON THULIEN
NATHAN CHATRON
RAINBOW DYKEMAN
REITH CHARLESWORTH
ROD KNIGHT
WITH THE YOUTH HEALTH ADVISORY COUNCIL

ILLUSTRATED RECORDINGS
TIARÉ JUNG

SCIENCE WRITER
JESSICA WERB

GRAPHIC DESIGNER
ALICIA CARVALHO

CORRESPONDING AUTHOR
DANYA FAST
ASSISTANT PROFESSOR,
DEPARTMENT OF MEDICINE, UBC
RESEARCH SCIENTIST, BC
CENTRE ON SUBSTANCE USE
DANYA.FAST@UBC.CA

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The overdose crisis in British Columbia is having devastating effects on youth and their loved ones. Since an official public health emergency was declared in B.C. in April 2016, over 9,000 people, including over 1,600 young people under 30 years of age, have lost their lives to overdose in the province.[1] Youth experiencing street involvement (i.e., those experiencing street-based homelessness or unstable housing) are particularly vulnerable to overdose in this setting.

This report provides guidance and recommendations for those caring for young people experiencing street involvement, to help care providers foster more constructive relationships built on mutual trust and respect. It draws from a series of qualitative research studies conducted with youth experiencing street involvement on the unceded, ancestral and occupied territories of the Lheidli T'enneh, Syilx Okanagan, Musqueam, Squamish, and Tsleil-Waututh Peoples. These places are also known as Prince George, Kelowna, and Vancouver.

In conducting this research and preparing this report, we recognize that certain groups of youth continue to be made more vulnerable to the harms associated with substance use because of intersecting social, structural, institutional, and historical factors—including settler colonialism and the war on drugs—that operate along axes of race, class, gender identity, sexual orientation, and ability. We acknowledge that the ongoing legacy of colonialism extends to health research, where Indigenous people and knowledges have been uncritically over-researched, exploited, and sometimes made invisible. Our goal is to learn from our collective successes and failures, and begin to dismantle the inequities that are built into both healthcare and health research.

Community-based participatory health research

This report emerged from a program of community-based participatory research (CBPR) focused on youth substance use and health. At the time of writing, this program was comprised of three university researchers and a Youth Advisory Council (YAC) of ten young people (ages 17 to 28) with lived and living experience of substance use and mental health concerns in the context of unstable housing and homelessness.

Since our first meeting in October 2018, YAC members have contributed to numerous research and knowledge mobilization activities, including taking the lead role in planning and hosting a youth summit event in Vancouver focused on critically evaluating local responses to the overdose crisis. The summit included a "chill space" where participants could use substances during the event under the supervision of trained overdose responders, making our event one of the few examples of a youth-dedicated supervised consumption site in the province. Most recently, YAC members developed and delivered an online field school for new members of our research team, including undergraduate medical students.

TABLE 1.
YAC Members 2018 - 2019

CHOSEN PSEUDONYM	CHOSEN DEMOGRAPHIC IDENTIFIERS
Alanna	*We lost touch with Alanna after she moved back to her parents' home in the Winter of 2019*
Thorn	Indigenous person, IV meth user, harm reduction and youth drug use activist, peer worker
Stan	White male, gay, demon, bold and unafraid to stand out
Kendra	White woman, pansexual, harm reduction activist
Jordan	*We lost touch with Jordan after he left Vancouver in the Winter of 2018*
Raven	Cree Métis, Two-spirit person, former foster kid
Kat	Métis woman, person in recovery, loved by family
Ocean	Woman who doesn't identify with specific pronouns or a single ethnicity, fallen through every crack in 'the system,' fighting to make the world a better place

WHO WE ARE

We are a group of academic and community researchers and activists working in Vancouver, Canada. Many of us identify as youth with lived and living experience of substance use and mental health concerns in the context of unstable housing and homelessness.

The members of our team's Youth Advisory Council (YAC), and the youth who participated in the qualitative interviews, focus groups, and summit event that inform this report, represent a diverse group of men, women, and trans and non-binary individuals between the ages of 14 and 28. Those who chose to disclose their ethnicity self-identified as white, Indigenous, African Canadian, Middle Eastern, Asian, and mixed.

All participants self-identified as having past or current experience with substance use in the context of street involvement. The vast majority had also experienced concurrent mental health concerns. They were recruited from drop-in centres, shelters, and other services dedicated to youth experiencing street involvement, and from the At-Risk-Youth Study (ARYS), a prospective cohort of more than 1,000 street involved young people who use drugs in Greater Vancouver. Interviews with youth-focused care providers have also informed this report. These providers include family physicians, nurse practitioners, nurses, drug and alcohol counselors, and social workers.

While youth participants were diverse, many expressed similar desires for their futures. They told us they longed to move into stable housing that was safe, comfortable, and clean. They spoke about securing a reliable and adequate source of income, preferably via employment. They wanted meaningful ways to fill their days, such as spending time with friends, family and romantic partners, pursuing hobbies and leisure activities, working on school, and advancing a career.

Though some youth critiqued the phrase, many spoke about these goals and aspirations as longing for aspects of a "normal life," and recalled hopes that substance use and mental health treatment might be a way to achieve this. However, in the absence of desirable housing and adequate income, youth were often left with the crushing sense that, despite their efforts, treatment would not ultimately help them to "get somewhere better."[2, 3]

WE CAN, AND MUST, DO BETTER.

"I AM NOT MY FILE"

ILLUSTRATED RECORDINGS

On November 12, 2019, the YAC hosted a half-day summit event in Vancouver to generate dialogue on responses to the overdose crisis among youth experiencing street involvement.

The illustrations in this report were produced live during this event to record discussions promoted by two overarching questions: What core values should guide the delivery of youth-focused substance use services? What should be included in substance use treatment?

FIGURE 1.

What core values should guide the delivery of youth-focused substance use services?

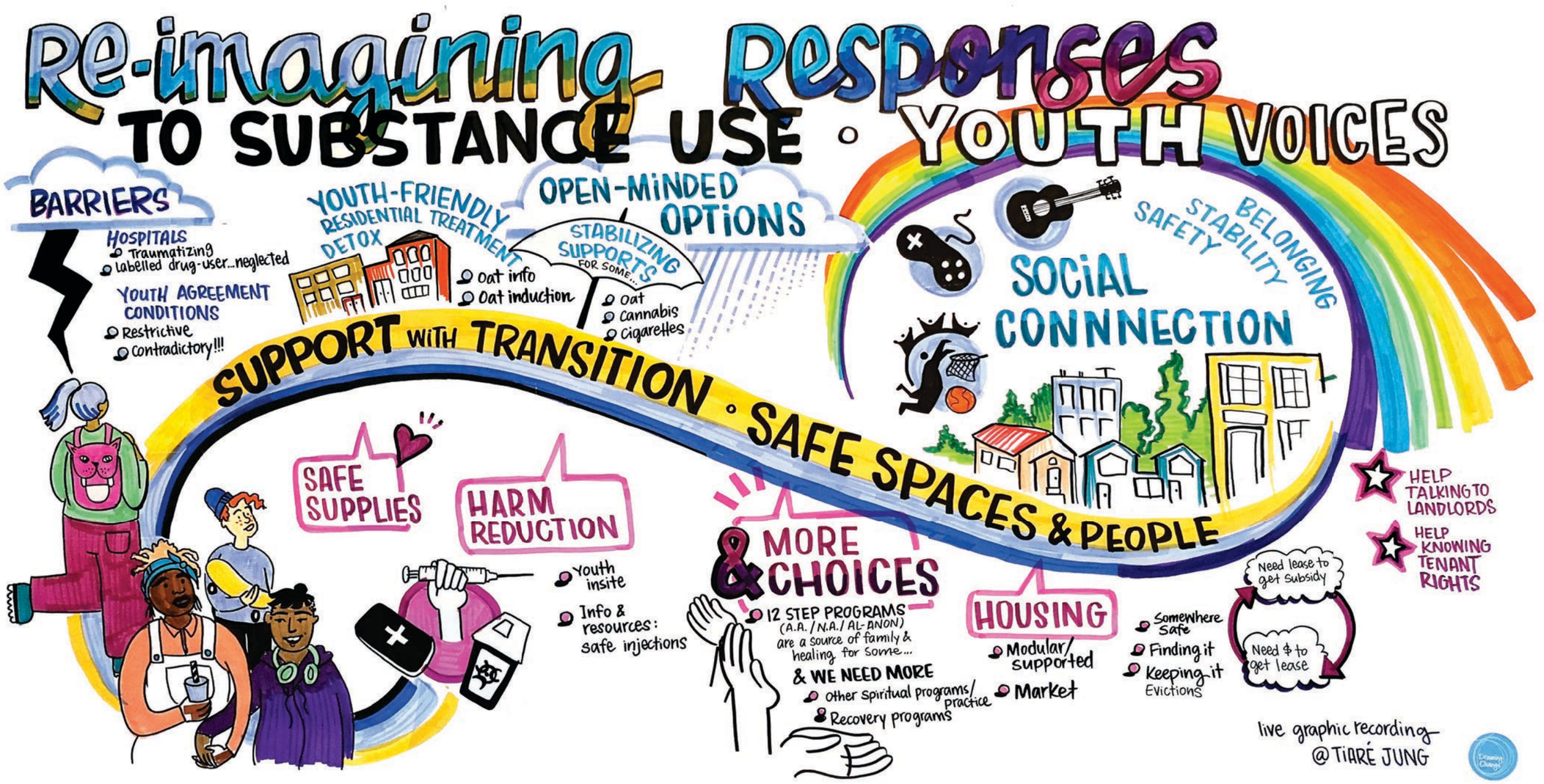

FIGURE 2.

What should be included in substance use treatment?

KEY RECOMMENDATIONS AND FINDINGS

RECOMMENDATION

Centre relationship-building, self-determination, and safety in treatment and care

Many youth expressed ambivalence, suspicion, or aversion toward overly medicalized models of care that felt as though they were too focused on monitoring and pharmacotherapies, and less focused on relationship- and trust-building. Several youth viewed overly medicalized models of care as part of a continuum of institutional harms they had experienced across their lives and, in the case of Indigenous youth, across generations. Hospitals in particular were viewed as unsafe places, but youth told us that any institutional setting or setting of perceived intensive surveillance could signal danger.

Pharmacotherapies were framed by many youth as "quick fixes" that could not address the deeper issues they were contending with. When youth felt as though pharmacotherapies such as buprenorphine-naloxone were being "pushed on them" by providers in the absence of meaningful changes in their life circumstances (e.g., stable housing, employment), they frequently concluded that those helping them did not understand their treatment and recovery needs and goals. Several youth described avoiding treatment settings where they thought pharmacotherapies would be the primary focus of care.[2]

Young people must be empowered with control over their treatment trajectories—including decision-making around pharmacotherapies and information gathering and sharing. They must be respectfully engaged as partners in their treatment and care, rather than approached from a position of authority. The focus should be on building relationships and fostering trust with individual youth, rather than on monitoring and pharmacotherapies.

RECOMMENDATION

Present pharmacotherapies as one piece of a whole

Pharmacotherapies should always be presented as one piece of a whole that includes housing, employment, income, social, and cultural supports.[2]

"I THINK WE SHOULD STOP FOCUSING ON TREATMENT, AND START FOCUSING ON HOUSING"

TONY, 24
WHITE MAN
KELOWNA

KEY RECOMMENDATIONS AND FINDINGS

RECOMMENDATION

Avoid approaches that privilege monitoring and surveillance, which can signal danger to youth and lead them to disengage with care

Youth were generally acutely aware of how their client files, patient charts, and other means of information sharing could impact their current and future interactions with services, including the child welfare, education, youth and adult criminal justice, and acute and community healthcare systems. Monitoring and surveillance could signal danger, particularly for youth who had experienced repeated institutionalizations across their lives and across generations. Again, several youth described avoiding treatment and care settings where they perceived a high level of monitoring and surveillance.[2]

RECOMMENDATION

Seek permission before sharing information about youth with other providers

While many youth said that existing youth-dedicated services were essential supports in their lives, they also expressed concerns about information-sharing in these settings. They worried about "who knew what," and the consequences of that knowledge being passed around, which they noted could include apprehension by child protective services. It was devastating when files, charts, and information-sharing seemed to reinforce a view that youth were "not making progress" or even "failing." Some youth described trying to manage what did and did not end up in their files. Others, including a number of Indigenous youth, described avoiding care altogether in order to keep themselves safe.[2,3,4]

"I WAS AT A DETOX CENTRE NOT LONG AGO, AFTER I GOT KICKED OUT OF A TREATMENT CENTRE A COUPLE MONTHS EARLIER.

I SAID MY NAME AND THE GUY WHO WAS GIVING ME MY MEDS [AT THE DETOX] SAID, 'OH, YOU'RE THE PERSON COMING BACK FROM [NAME OF TREATMENT CENTRE]. AND I WAS LIKE, 'WHY DO YOU KNOW THAT?'

IT WAS REALLY FRUSTRATING TO ME, 'CAUSE IN MY HEAD I WAS LIKE, WHAT WAS DISCUSSED ABOUT ME?"

SAM,
SUMMIT PARTICIPANT
VANCOUVER

KEY RECOMMENDATIONS AND FINDINGS

RECOMMENDATION

Focus on the present, not the past

"IT'S TOUGH WHEN THEY DON'T SEE THE DAY-TO-DAY STUFF. THEY DON'T SEE WHAT YOU'RE DOING TO MAKE YOUR LIFE BETTER." [CHILD PROTECTION SOCIAL WORKERS]

LIAM, 21
WHITE MAN AND FATHER
VANCOUVER

Many youth emphasized that interactions with the providers who access their files and charts go better when providers first affirm where a young person is at in the present moment, rather than focusing on what has happened in the past or what is written down. "I am not my file" was a sentiment that we heard expressed on multiple occasions.[2]

RECOMMENDATION

Involve youth as partners in developing plans and timelines for OAT and psychotropic medications

Youth valued individualized, multi-dimensional approaches to treatment that allowed them to work toward futures not defined by substance use and mental health crises. B.C. clinical practice guidelines recommend the longer-term use of OAT, and in particular buprenorphine-naloxone, as a first-line treatment for opioid use disorder among youth. However, most youth did not envision being on OAT over the longer-term. Instead, they often viewed OAT as a short-term tool that could mediate withdrawal symptoms and jump-start their "full" recovery—which would ultimately be achieved without any pharmacological intervention.[5]

Many youth also did not envision being on psychotropic medications over the longer-term. They desired a clear pathway to tapering off of OAT and psychotropic medications.[6] When they were not offered this pathway, many decided to "do it on their own" and disengaged from care. With regard to self-tapering off OAT, the result was often relapse and sometimes overdose.

From the outset, OAT and psychotropic medications should be discussed with youth in terms of shorter timelines, with the possibility of tapering doses. Youth who had the most success with adherence to OAT were actively involved in decision-making around what kind of medication would work best for them, and for how long. Youth must have access to the full range of OAT, and not just buprenorphine-naloxone.[2,5]

"THEY JUST PASS YOU PILLS, AND KIND OF MAKE YOU FEEL BETTER — BETTER FOR THE DAY."

CORY, 23
INDIGENOUS MAN
PRINCE GEORGE

KEY RECOMMENDATIONS AND FINDINGS

RECOMMENDATION

Recognize that youth often prefer treatment modalities that give them more control and subject them to less surveillance

Because of the sense of danger associated with highly medicalized and institutionalized settings, many youth expressed a preference for treatment modalities that they could exercise control over and did not require professional oversight. Many youth spoke positively about using cannabis, psychedelics, and cigarettes as tools for harm reduction and treatment that they could manage independently.[2,7]

"I DON'T TAKE PILLS. I JUST THINK THERE'S OTHER REMEDIES, OTHER THINGS THAT COULD HELP. LIKE MARIJUANA."

HOLLY, 21
INDIGENOUS WOMAN
PRINCE GEORGE

RECOMMENDATION

Acknowledge the use of cannabis as a treatment and harm reduction strategy

"[CANNABIS IS] LIKE HARM REDUCTION FOR ME. IF I SMOKE WEED ALL DAY, I MIGHT NOT EVEN NOTICE THAT THERE'S NO HEROIN IN ME."

GORDY, 21
WHITE MAN
VANCOUVER

The prevalence of cannabis use among youth experiencing street involvement in B.C. has been estimated to be as high as 98 per cent.[7] Youth frequently spoke about using cannabis not only for its pleasurable effects, but also as a means of relieving longstanding mental and physical health issues—notably, depression, anxiety, attention deficit hyperactivity disorder, and chronic pain. They also used it to manage the harms of street-based homelessness, and to help them reduce their use of or eliminate more problematic forms of substance use, including the intensive use of alcohol, crystal methamphetamine, and heroin/fentanyl. Participants described using cannabis to carefully "taper" their use of these other more harmful substances. They explained that cannabis helped reduce the severity of their withdrawal symptoms and prevented relapse by satisfying cravings.[2, 7]

Many youth strongly believed that regular cannabis use was preferable to the longer-term use of pharmacotherapies, including OAT and psychotropic medications. They frequently described using cannabis to taper off of OAT, or indicated that they planned to use cannabis to get off OAT after undergoing treatment.[7] Many argued that cannabis should be integrated into substance use treatment for youth.[2, 7]

Care providers must be responsive to the ways in which youth experiencing street involvement are using cannabis to navigate their everyday lives and needs. They should engage in conversations with youth about their cannabis use, discussing potential benefits and risks of cannabis in the context of their physical and mental health and substance use issues.[2, 7]

SUMMARY OF RECOMMENDATIONS

1. Centre relationship-building, self-determination, and safety in treatment and care
2. Present pharmacotherapies as one piece of a whole that includes housing, employment, income, social, and cultural supports
3. Avoid approaches that privilege monitoring and surveillance, which can signal danger to youth and lead them to disengage with care
4. Seek permission before sharing information about youth with other providers
5. Focus on the present, not the past
6. Do not reduce youth to their "files"
7. Involve youth as partners in developing plans and timelines for OAT and psychotropic medications, including pathways to tapers
8. Provide youth who want treatment with access to the full range of OAT
9. Recognize that many youth prefer treatment modalities that give them more control and subject them to less surveillance
10. Acknowledge the use of cannabis as a treatment and harm reduction strategy

Corresponding Author: Danya Fast, Assistant Professor, Department of Medicine, UBC; Research Scientist, BC Centre on Sustance Use, danya.fast@ubc.ca

DEDICATION

This report is dedicated to the young people who have lost their lives to overdose in British Columbia, including several youth who participated in our studies. We remember you, and we miss you.

1. British Columbia Coroners Service. Illicit drug toxicity deaths in BC: January 1, 2012 - May 31, 2022. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf. Updated July 14, 2022. Accessed July 27, 2022.
2. Thulien M, Charlesworth R, Anderson H, Dykeman R, Kincaid K, Sedgemore K, Knight R, Fast D with the Youth Health Advisory Council. Navigating treatment in the shadow of the overdose crisis: Perspectives of youth experiencing street-involvement across British Columbia. Canadian Journal of Addiction. 2022;13(2):S62-S71. https://doi.org/10.1097/CXA.0000000000000146
3. Fast, D. Going nowhere: Ambivalence about drug treatment during an overdose public health emergency in Vancouver. Medical Anthropology Quarterly. 2021;35(2):209-225. https://doi.org/10.1111/maq.12638
4. Turpel-Lafond ME, Addressing Racism Review. In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf Published November, 2020. Accessed July 27, 2022.
5. Giang V, Thulien M, McNeil R, Sedgemore K, Anderson H, Fast D. Opioid agonist therapy trajectories among street entrenched youth in the context of a public health crisis. SSM – Population Health. 2020;11:100609. https://doi.org/10.1016/j.ssmph.2020.100609
6. Pilarinos A, Kwa Y, Joe R, Thulien M, Buxton J, DeBeck K, Fast D. Navigating opioid agonist therapy among youth who use illicit opioids in Vancouver, Canada. International Journal of Drug Policy. 2022;107(1): 103773-103773. https://doi.org/10.1016/j.drugpo.2022.103773
7. Paul B, Thulien M, Knight R, Milloy MJ, Howard B, Nelson S, Fast D. "Something that actually works": Cannabis use among young people in the context of street entrenchment. PLOS One. 2020;15(7):e0236243. https://doi.org/10.1371/journal.pone.0236243

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