



#### INTRODUCTION:

Youth (ages 15-25) have been significantly impacted by the opioid overdose health crises in Canada. Increases in morbidity and mortality among young people have been recorded in many Canadian provinces and the COVID-19 pandemic may have exacerbated these trends in some regions. We know little about the current intervention landscape and about how treatment and prevention programs are taken up by young people and, relatedly, about how those interventions could be improved. Interventions that address youth needs are urgently needed to mitigate the consequences of the youth opioid and health crises.



#### OBJECTIVES & RESEARCH QUESTIONS:

In response to opioid-related harms among young people in Canada, the 'Emerging Health Threat' (EHT) Implementation Science Research Project for At-risk Youth and Newer Users of Opioids, sought to:

- 1) Identify and characterize novel and promising intervention strategies for youth who are at-risk of opioid use or who are currently using.
- 2) Promote prevention and early intervention for youth at-risk of opioid use and/or who are currently using opioids
- 3) Provide guidance based on evidence for the treatment and prevention of opioid-related disorders and other substance use disorders among youth.

In order to achieve these objectives, we developed 3 broad research questions\* to guide our investigations and engagement with youth:

- 1) What are the promising solutions in place to address opioid use among youth?
- 2) What are the barriers from a youth perspective to accessing opioid-related services?
- 3) How can services be improved to address youth needs?

\*Due to the diversity of youth participating in our project across sites, these questions were modified at each site to account for the differences in youth opioid-related experiences.

#### METHODS:

In order to achieve the objectives and answer our research questions, our team developed a four-pronged methodological strategy including:

- 1) A scoping review of the literature on interventions for youth with opioid use disorder and at-risk for opioid use
- 2) A pan-Canadian survey of service providers to understand the gaps and needs in services for youth opioid use
- 3) Focus groups and interviews with 6 youth\*\* populations across Canada
- 4) A one-day, pan-Canadian youth summit, that sought to identify solutions to the youth opioid and health crises

\*\*Calgary site carried out focus groups/interviews with loved ones and caregivers of youth who had experienced harms due, including overdose death.

#### ANALYSES:

The following discussion of our results will present **major** themes and outcomes from each dimension of our research strategy.

- The scoping review involved a systematic search of MedLine and PsycInfo for studies published between 2013 and 2021, that focused on the youth population, measured the impacts of an intervention, and presented opioid use outcomes. Data were extracted for several different study dimensions (e.g., study design, sample size) and were classified/synthesized according to common characteristics.
- The cross-sectional pan-Canadian survey of youth-serving organizations was analyzed using a combination of content analyses and descriptive statistics from analysis of the characteristics of opioid-related substance use services for youth, including the age groups serviced and nature of the services offered.
- Focus groups and interviews were analyzed using a deductive thematic analysis approach, although also incorporated topics as they emerged from the data. The broader national team shared their respective coding schemes and together refined them based on similarities to create a master codebook that all partners agreed upon.



#### RESULTS:

##### Scoping Review:

- 21/1188 studies focused on youth populations/youth sub-sample
- Classified as pharmacological studies, psychosocial-educational and combined pharma-psychosocial-educational
- Majority of studies focused disproportionately on the treatment of men/males
- Most studies focused on treatment of youth already dependent on opioids
- Most studies assessed retention outcomes and showed retention still a barrier to success in opioid-related treatment
- Most focused on reducing opioid use or abstinence
- Most studies did not include peers, romantic/sexual partners and a few studies included youth family members
- Little data on how psychosocial-educational interventions impact opioid use among youth in combined interventions

##### Critical Gap Survey:

- 154 service providers responded to the survey
- The largest proportions of participants were from Ontario (30.1%), Quebec (25%), and Alberta (15.9%).
- Alcohol use by youth clientele was reported by 93.5% of the service providers, cannabis use by 94.8% of respondents, illicit opioid use by 81.8% of respondents, and prescription opioid use by 64.3% of respondents. It is clear service providers are working in a polysubstance use context.
- Most commonly reported type of general substance use service offered to youth were referrals to other organizations (80.5%), individual therapy (72.1%), and assessment/consultation (68.8%).
- 49.4% reported provision of overdose prevention medication and 28.6% reported provision of medication assisted treatment programs.
- Open-ended responses revealed concerns about lack of continua of care for youth, accessibility barriers, a lack of available services for youth opioid use, and funding issues.
- Providers wanted to learn/know more about harm reduction and opioid agonist therapies for youth specifically
- Evidence suggests limited systematic evaluation of youth-specific opioid-related services



#### Focus Groups, Interviews & Youth Summit(s):

- N=124 youth participated in focus groups and interviews from 6 youth populations across Canada, N=169 participated in pan-Canadian youth summit(s)
- Youth with experience of opioids for pain management report ambivalent perceptions of prescription opioids and experience of intersecting opioid and condition-specific stigmas relating to their conditions (e.g., cancer, scoliosis)
- University students with experience with opioid, stimulant and/or sedative/tranquilizer prescription opioid use were given a social norms intervention which led to reductions in perceptions of peer prescription drug use rates, but behavioral intentions to use remained unchanged.
- Family members (guardians) reported a lack of resources for caregivers of youth experiencing opioid use harms, need supports to address social isolation, grief and emotional distress when a child dies from opioid use.
- Street-involved youth indicated that pharmacological programs themselves were not 'enough' and reported many other supports needed in their efforts to create a 'normal' life including income/housing supports, and increased confidentiality between substance use service providers
- Youth accessing substance use services argued there should be increased awareness and education about services, provision of a continuum of service options, respect for youth autonomy, and implementation of a harm reduction approach
- Cross-site themes included an emphasis on the need for improved therapeutic relationships between youth and providers-- relationships that are safe, validating, non-judgmental, and non-stigmatizing
- Need for continua of care, specific to opioid use experiences or stages of use and needs for psychosocial and other adjuncts to pharmacological treatments
- Need for affordable treatments for youth, individualized/tailored approaches, and the provision of choices for youth in their treatment/intervention programs, including more options for youth-specific supports (e.g., harm reduction services)

#### CONCLUSIONS:

- There is a lack of youth-specific opioid-related treatments – most are pharmacological treatments, focused on youth experiencing dependence and not attuned to youth needs/context (e.g., caregiver needs, peers, partners, youth socio-structural (financial) circumstances)
- Need a greater focus on prevention and studies that assess safe use, understanding factors that promote retention among youth, include women/females and other gender diverse youth
- Need guidance for healthcare professionals to cultivate non-stigmatizing, non-judgmental, validating, and empowering relationships
- Psychosocial-structural supports and adjuncts to pharmacological therapies are needed.