

A qualitative study exploring how young people perceive and experience substance use services in British Columbia

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Background

Despite the increasing number of substance use disorders and overdose deaths among youth (ages 12-24), substance use services are largely based on adult studies and neglect the unique needs of youth.

Study Objective

To address this gap, we aimed to understand how youth perceive and experience substance use services in British Columbia

Youth Engagement Methods



Project Youth Advisory (Youth4Youth): comprised of youth (n=14) with lived/living experience of substance use from across BC to inform the research protocol and materials.

Youth Research Assistants: including 3 youth advisory members to facilitate focus groups and interviews and support the thematic analysis and knowledge translation of the research findings.

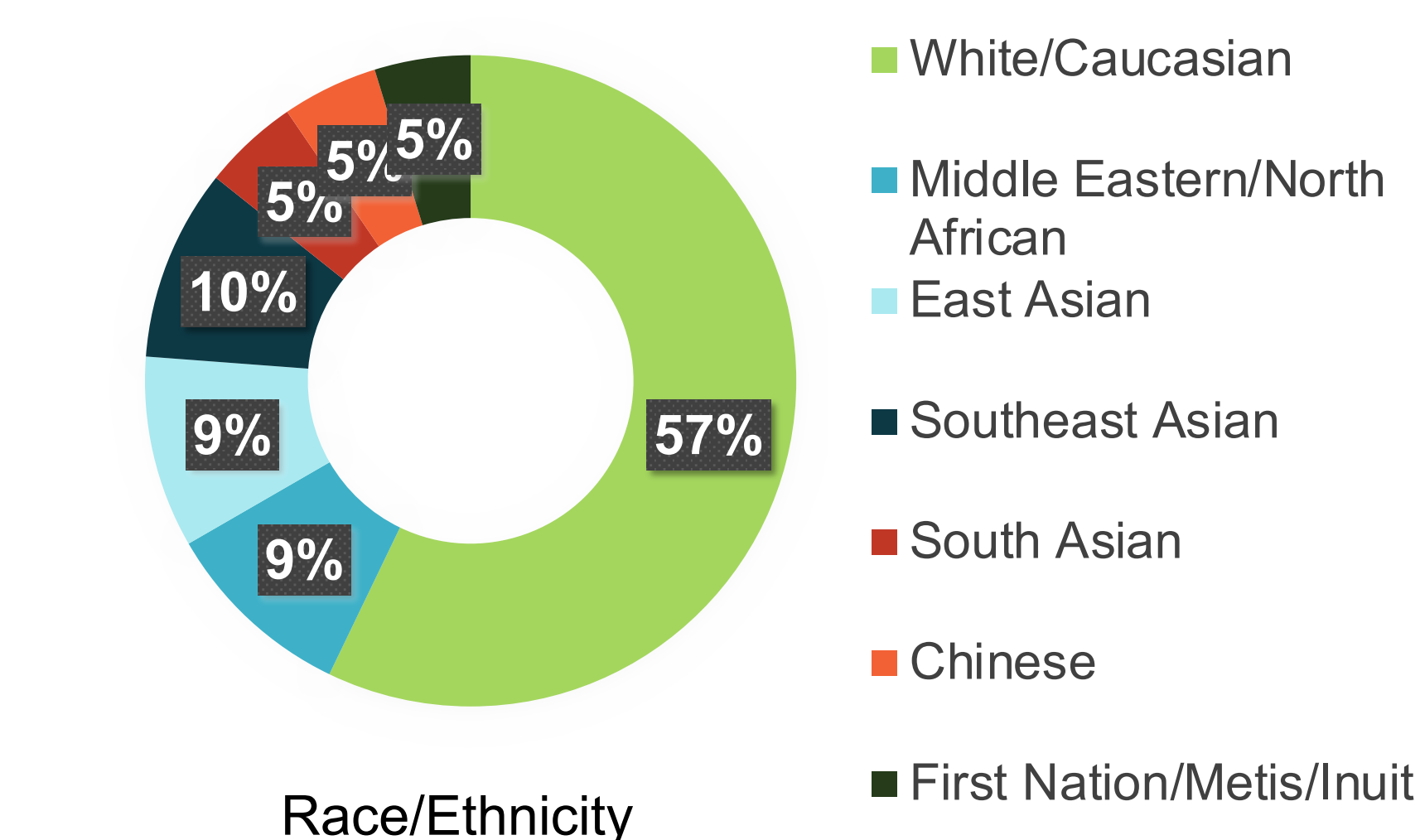
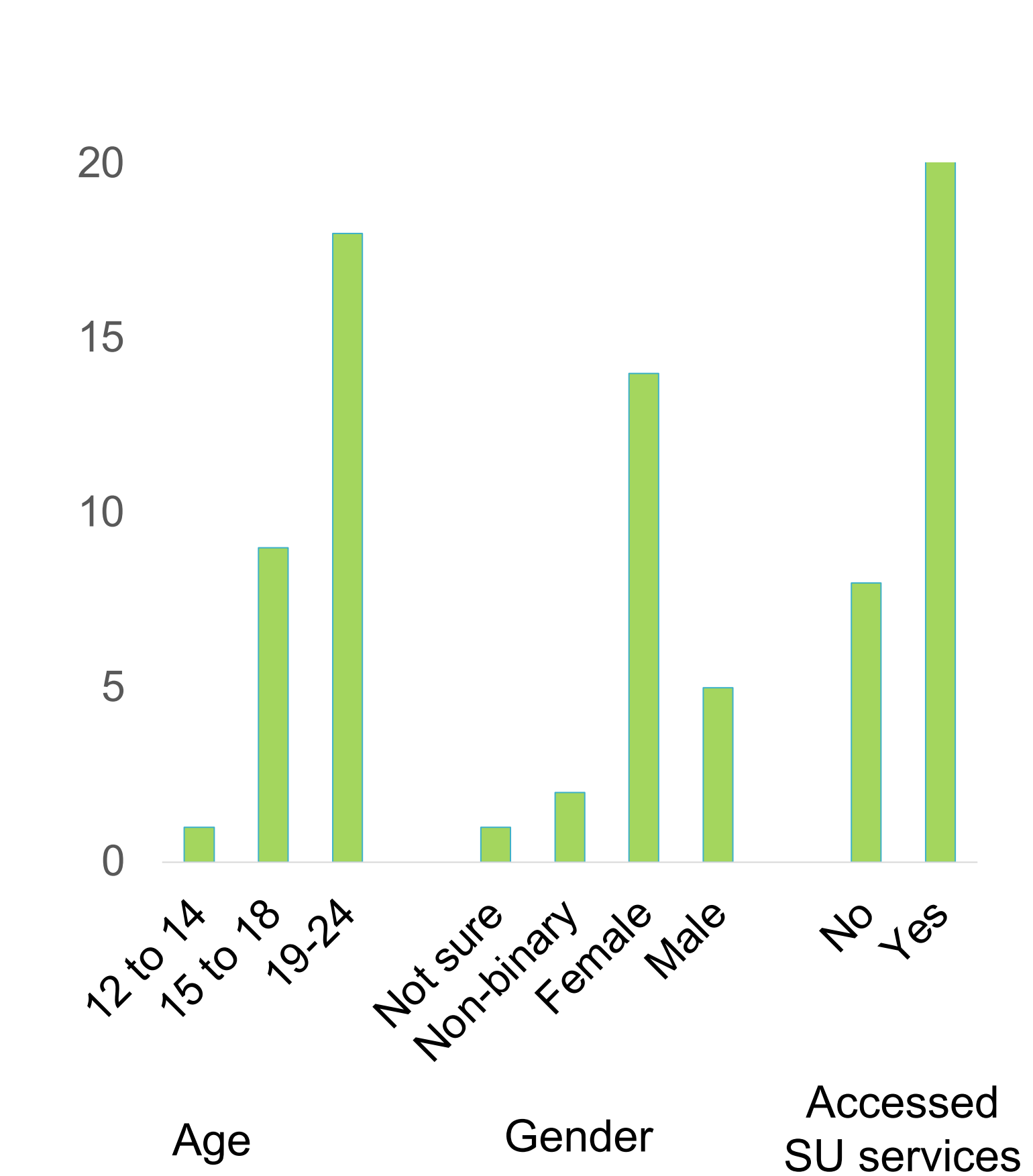
Research Methods

Sample: Young people (n=30) from across BC ages 12-24 with lived/living experience of substance use (including alcohol, cannabis, and illicit substance use). Substance use service experience was not a requirement as we wanted to understand youth's perception of services and barriers to accessing them.

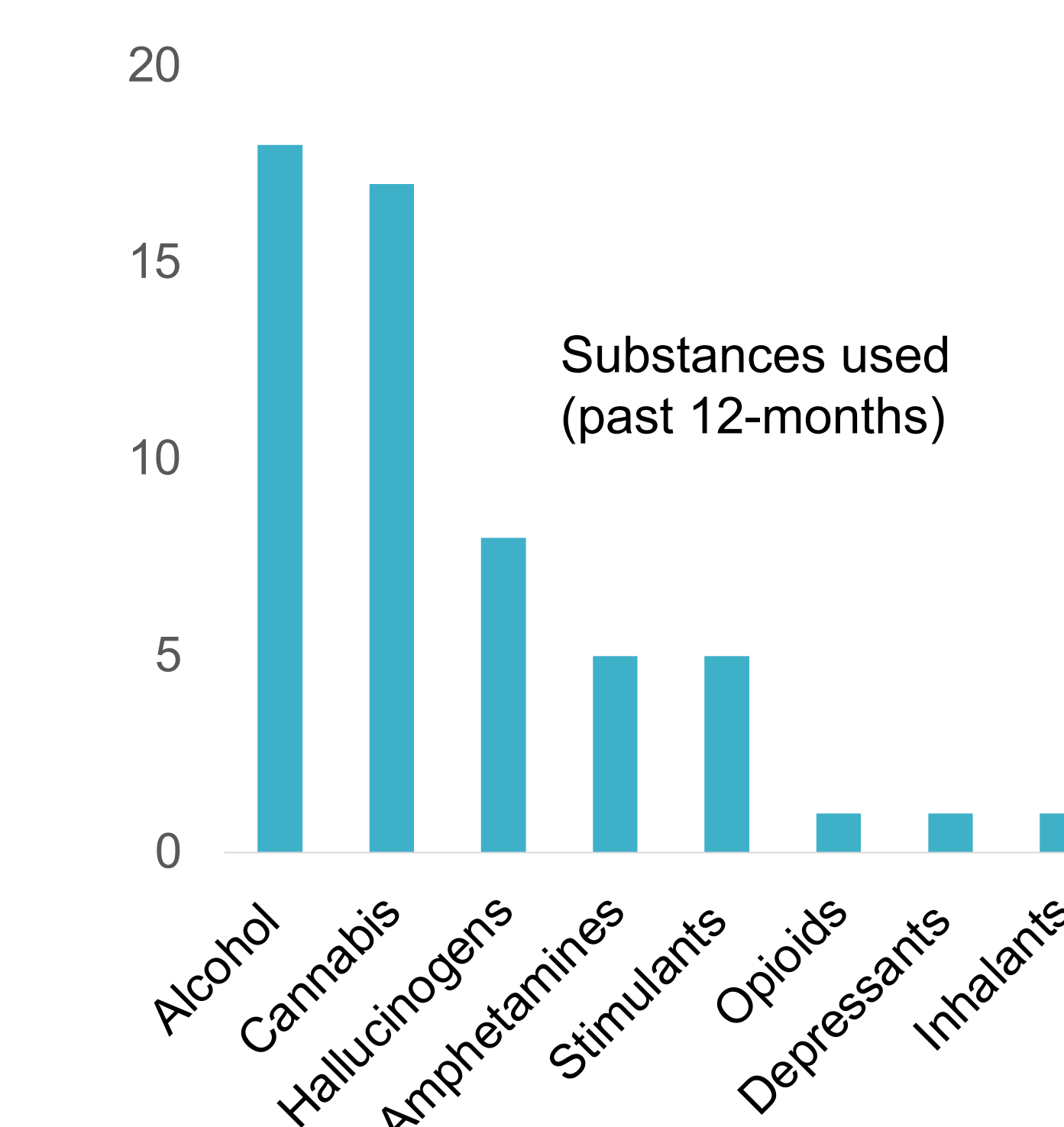
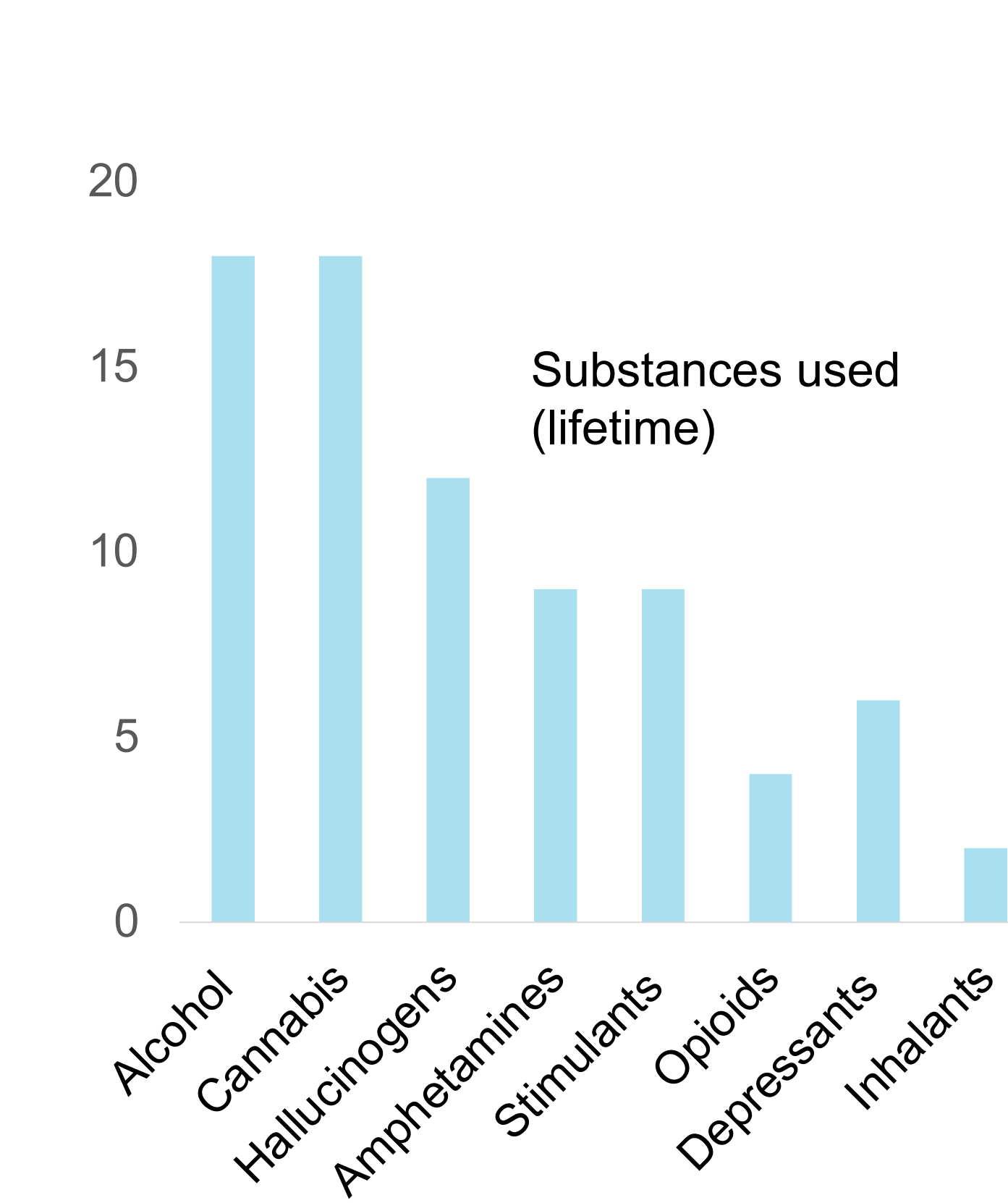
Procedure: Participants were asked to fill out a demographic survey and take part in a 2-hour focus group (n=3) or a 1-hour open-ended interview (n=27) with the research team. To create safe spaces for all youth, they had option to request an interview facilitator who identifies as a person of color.

Analysis: Interviews were audio-recorded, transcribed and thematically analyzed using an inductive approach. Youth research assistants validated the themes and selection of quotes to ensure the findings accurately reflect young people's experiences and what they heard during the interviews.

Youth Demographic Data



Youth Substance Use Data



Results

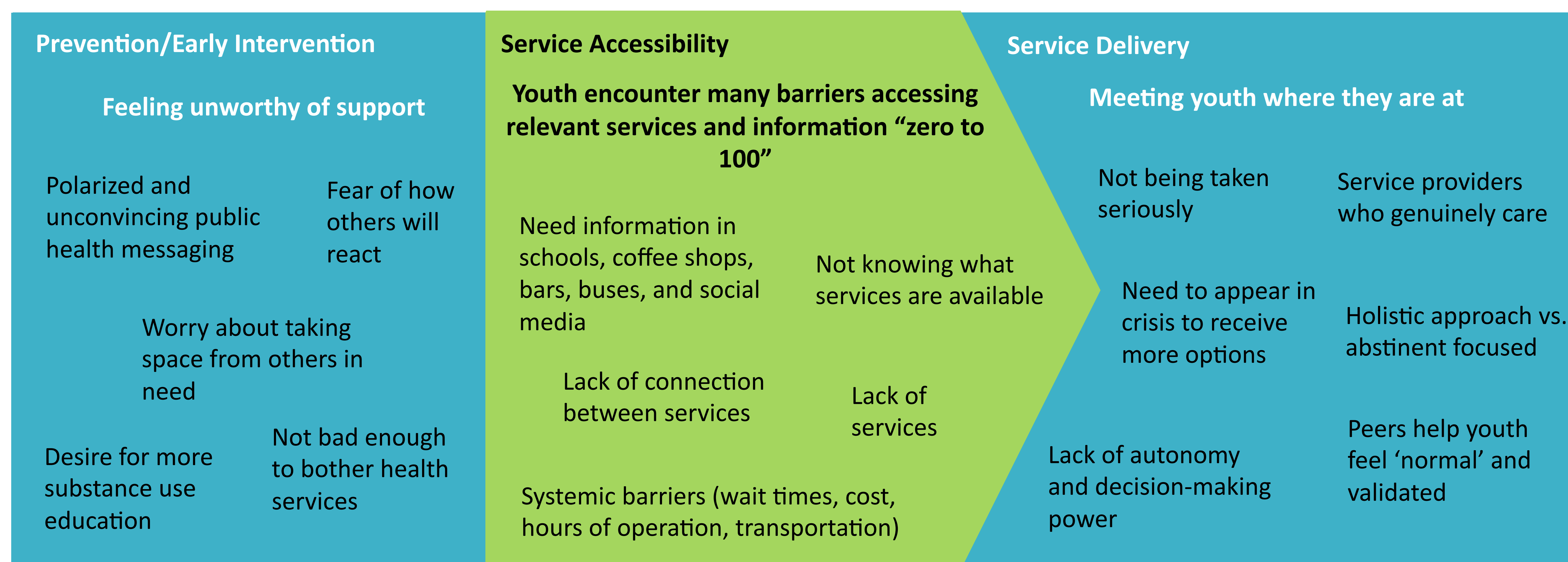


Figure 1. Overarching themes describing young people's experiences with substance use services

"Yeah, I guess assuming that people are asking for help because they really need it, and because... people that are good at holding it together, that have extreme privilege, that look like they're healthy and making it work, **they're still accessing services for a reason** and maybe to include more of a preventative mind frame in their model of care in the sense that, this person may be not at their worst right now, and that's actually wonderful that they're here before that happens, so **let's take this seriously and try to work with them before, you know, they look like they need help.**"

"I think if they had **signs that spoke more to the average college student** who is maybe getting black out every weekend or popping zanies...instead I'm hearing about a 40-year-old who's been using hard drugs for 20 years".

Conclusions

The crisis-oriented state of the current health care system leaves many of youths' needs unmet, calling for a more proactive and youth-centered approach. This includes:

Policy level

- Implementing integrative care models to address the multifarious concerns linked to youth substance use, including concurrent mental health disorders

Community level

- Promoting services in areas easily accessible to youth (i.e., schools, coffee shops, bars, busses and social media)
- Supporting schools with substance use education through the involvement of peers with lived/living experience

Service level

- Increasing opportunities for flexible service delivery (i.e., drop-ins, later service hours, online services, choice of provider)
- Providing service providers with training on how to provide culturally safe care to youth who use substances to foster more supportive relationships with youth

Action for all

- Involving youth with lived/living experience in the design and delivery of substance use services is crucial to ensure their relevance among youth

Acknowledgements

We acknowledge with respect and gratitude that the project team works on the ancestral, traditional and unceded lands of the Coast Salish Peoples, including the territories of the xwmaθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and selím lwm itulh (Tsleil-waututh) Nations, and that the Substance Use and Addiction Program (SUAP) has taken place on many strong Indigenous Nations which we now call British Columbia. Special thanks to the Youth4Youth Advisory Committee whose expertise and time has been instrumental to the success of the project.