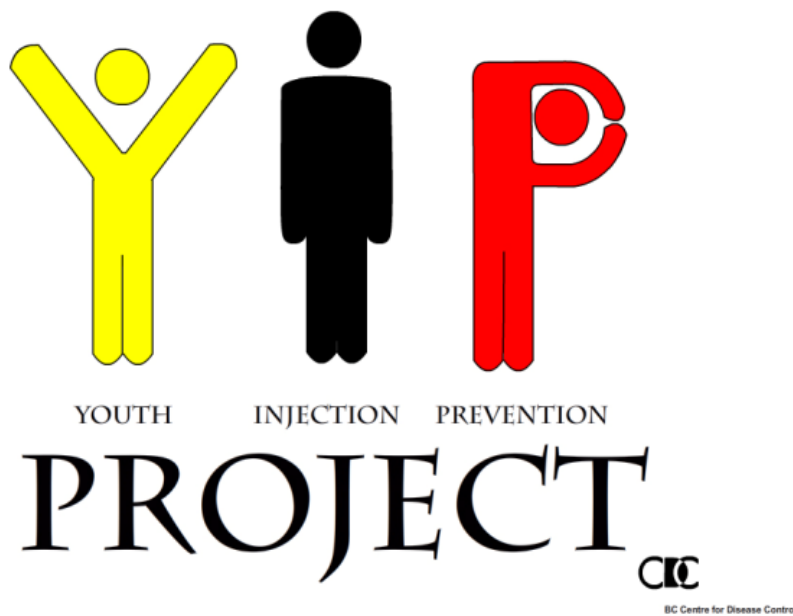# YOUTH INJECTION PREVENTION PROJECT: INTERACTIVE WORKSHOPS AND RESULT DISSEMINATION

FINAL REPORT #UNR10-0796

Prepared by Dr. Jane A Buxton

Submitted December 29th, 2013

BC CENTRE FOR DISEASE CONTROL

UBC SCHOOL OF POPULATION AND PUBLIC HEALTH

UBC SCHOOL OF NURSING AND DEPARTMENT OF FAMILY PRACTICE

MCCREARY CENTRE SOCIETY

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ACKNOWLEDGEMENTS

YIP PROJECT OVERVIEW

This research project was the third phase of a multi component research program Youth Injection Prevention (YIP) Project which aimed to identify resiliency factors associated with preventing street youth from injecting drugs. This third phase was to disseminate the results of Phase 1 and 2 of the YIP Project through "Next Step Workshops' led by youth co-researchers supported by McCreary Centre Society and performed throughout British Columbia.

Overall Project Plan (Figure 1)
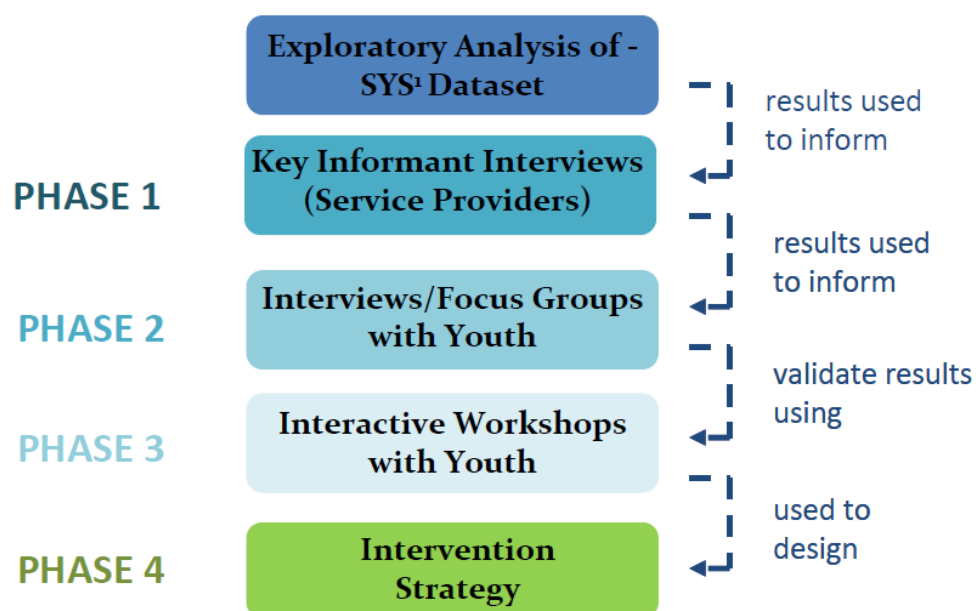
[1] E-SYS refers to the Vancouver-subset of the Enhanced Surveillance of Canadian Street Youth Survey

Phase 1 - Interviews with service providers who work with at-risk street-involved youth in the Metro Vancouver region

Phase 2 - Ten focus group interviews and fifteen individual interviews with a total of 60 street involved youth were conducted in the Metro Vancouver region between November 2009 and March 2010. These interviews explored resiliency factors from the youths' perspective, services available to reduce harms from drug use and perceived barriers to accessing these services and risk factors for transition into injection. Interviews were audio taped, transcribed and analysed qualitatively to identify themes and representative quotes.

A Positive Youth Development framework was used to explore the experiences of the six youth co-researchers. A manuscript describing the positive influences of the participatory research project including empowerment and capacity building and the process challenges is under review.

A video - *[Greater than our Addiction](#)* - illustrating the findings of the interviews and containing quotes from Phase 2 was produced by the youth and Watari Youth Community and Family Services. Larissa Coser facilitated the project and Alejandro Zuluaga provided video and editing support. Financial support was provided by the Vancouver Foundation, Youth Philanthropy Council. A link to the video can be found on the BC CDC website - http://www.scivee.tv/node/36248

Phase 3 - Interactive community work shops were designed with input from the youth co-researchers and staff at McCreary Centre Society who have expertise in developing and implementing 'Next Step Workshops'. The video *Greater than our Addiction* was shown to facilitate discussion and participants shared factors they perceived associated with the risk and resiliency (protective) of injection drug use in each community compared to those identified in the Lower Mainland.

Perceived risk factors differed between settings and included living situation, trauma, lack of familial support, boredom, media, drug availability and stigma. Common themes of resiliency factors included the desire for a better life, support from others, concerns for health and self-image, responsibility for others, goals, self-worth and fear of needles.

Youth voice emerged as a strong theme with participants expressing their desire to be heard. Despite varying risk factors for initiating injection drug use, youth participants across BC identify similar protective factors.

The YIP project takes an innovative approach to community-based research with the engagement of experiential youth co-researchers at every stage. By working collaboratively, researchers and practitioners gain valuable insight and learn to speak a language that respects the experiences of youth.

YIP Project Overview (Figure 2)

TIMELINE

Phase 1

Methods

Phase 2

Process Evaluation

Phase 3

Results Dissemination

Interviews with Key Informants (Service Providers n=24)

Results used to inform...

Training & Team Building

Interviews (n=15)

Youth-led Focus Groups (n=10)

Qualitative Analysis
Open Coding Exercises*

Process Evaluation (Youth Involvement)

Dissemination

Validate results using...

Interactive Workshops with Youth (n=114)

Results used to inform...

Improve services and strategies

Items in yellow signify youth involvement

*Open coding exercises- not entire analysis

4

PHASE 3 - BACKGROUND

Approximately 150,000 Canadian youth are considered street-involved.[1] The term "street-involved" is often used broadly to describe not only youth who are homeless and actively living on the streets, but also youth who are intermittently living with their parents or caregivers and who are involved in a lifestyle affiliated with the street culture and/or economy. This involvement can include being homeless, panhandling, being involved in the sex trade (i.e. having sex in exchange for money, drugs, food, shelter, etc.), selling or using drugs, or engaging in criminal activities.[2] Street-involved youth are at high-risk for numerous negative health outcomes, including blood-borne infections such as HIV and hepatitis C, as well as sexually-transmitted infections, addiction, overdose and other adverse events.[2-4] In Vancouver, British Columbia, approximately 16% of young (<30 years of age) injection drug users are infected with HIV, while 57% are infected with hepatitis C.[5]

Street-involved youth are vulnerable with respect to injection drug use (IDU) initiation. They often experience difficult and traumatic childhoods, characterized by physical, emotional, and sexual abuse.[2, 4, 6] They often have parents or caregivers who use illicit drugs and who have a history of incarceration; they frequently have underlying mental and learning disabilities; and they are often neglected and expelled from their own homes.[2, 4, 6] Often without a permanent residence, many street-involved youth reside with friends or relatives, at shelters or hostels, or even on the street itself.[6] Recent estimates suggest that between 20-50% of street-involved youth use intravenous (IV) drugs.[2, 6, 7] Risk factors associated with the transition into IDU include dropping out of school,[8] being placed in a group home,[9] being without stable housing,[8, 10, 11] engaging in illegal activities,[10] having sex for trade,[8] having a history of abuse,[9, 11] being exposed to physical violence,[8] having parents who use injection drugs,[12] and having suicidal ideations. [8]

> *"Any boy or girl…for whom the street in the widest sense*
> *of the word…has become his or her habitual abode and/or*
> *source of livelihood, and who is inadequately protected,*
> *supervised, or directed by responsible adults"*

-United Nations

RATIONALE

Despite possessing well-identified risk factors for initiating IDU, many street-involved youth do not use injection drugs and the transition into IDU is not inevitable for all "at-risk" youth.[13] These youth are considered resilient; they are both exposed to adversity and are able to positively adapt.[14, 15] While much of the research examining street-involved youth populations and IDU focuses on risk factors for initiation, few studies examine the factors that may prevent youth from initiating. Even fewer studies consider the social, political, economic, physical, and cultural factors that contextualize the youths' experiences and structure their risk environments.[16, 17] The purpose of this project is to identify factors that may cause youth to start using injection drugs, but more importantly factors that may prevent youth from injecting; in other words, factors that promote resiliency. We are interested in how youth perceive these factors and how their perceptions influence the use of harm reduction measures.

We identified perceived resiliency and risk factors and set out to compare and contrast these findings to perspectives around the province.

OBJECTIVES

1) To conduct interactive community forums with street-involved youth aged 15 to 24 years in Metro Vancouver (Urban Native Youth, Association, Directions Youth Services Centre) and other communities in BC (Nanaimo, Victoria, Prince George, Surrey) in order to validate the results of the previous qualitative research.

2) To create a community-friendly report and fact sheet and disseminate the findings of the workshops

3) To disseminate the findings of this research to the academic community through presentations at conferences and publications in peer reviewed journals

METHODS

The youth researchers met regularly and brainstormed with McCreary study coordinators to develop the workshop format. These meetings occurred on the premises of BCCDC and also at McCreary Centre Society. The youth also received a training session in workshop facilitation by Youth-Co. Four practice and six research workshops occurred between February and December 2011. See Table 1 below

Four practice (pilot) workshops were performed in February and May 2011 at Urban Native Health Association, the Carnegie Centre and the BC Centre for Disease Control. These pilot workshops provided important feedback to refine the interactive workshops to be rolled out around the province.

Sixty-seven youth participated in the six research study workshops which occurred between July and December 2011. The workshops took place in each of the five geographic health authorities. In Vancouver Costal Health at Directions; Vancouver Island in Nanaimo and Victoria; Northern Health in Prince George; Fraser Health in Guilford and Interior Health in Kamloops.

The final Workshop Agenda and format can be found on pages 10 to 13. In summary each workshop included obtaining informed consent (see

Consent Process page 14), developing a community agreement, and creating safe environment (see YIP Safe Space Guidelines page 15). This was followed by an activity Step into the Circle Suggestions - see page 16.

The video Greater than our Addiction was shown to the workshop participants (link: http://www.scivee.tv/node/36248). The video contains the themes identified through the qualitative analysis of the focus group and individual interviews with street-youth performed in phase 2 illustrated by direct quotes. This was followed by a debrief. The details of this activity are found on Risk and Resiliency Reference page 17 activity Participants were broken into small groups and given cards with factors on and asked to decide if they were risk or resiliency factors and blank sticky notes to on which to write their own perceived factors. The sticky notes were then applied to the chart showing risk, resiliency or both.

The final activity was to develop a 'youth centre'. The aim was to design the ideal youth centre for their region which was drawn on a large sheet of paper and to answer specific questions about their proposed centre see Youth Center Activity Questions: page 20.

The closing round of comments from participants about what they had learned aimed to ensure the workshop finished on a positive note. The participants were requested to complete a post workshop questionnaire -see page 21.

Photo of Heather and Kelsi taken on the trip to Prince George

Table 1. Next Steps Workshops completed

Organization Name and City	Date of workshop	Number of participants	Gender	Type of workshop	# YIP youth facilitators attended	# McCreary staff
Urban Native Youth Association (Vancouver)	February 3rd, 2012	3	3 male	Practice - Pilot	3	1
McCreary YAC (Youth Advisory and Action Council) (Vancouver)	May 8th, 2012	8	2 male; 2 female	Practice	2	2
Carnegie Community Centre (Vancouver)	May 22nd, 2012	6 non-youth	3 male; 3 female.	Practice	3	2
BC Centre for Disease Control (Vancouver)	May 29th, 2012	6 non-youth	2 male 4 female	Practice	3	2
Directions – Youth Services Centre (Vancouver)	July 18th, 2012	7	5 male; 2 female	Real	3	2
Nanaimo Youth Services Association (Nanaimo)	August 2nd, 2012	13	8 male; 5 female	Real	3	2
Victoria Youth Clinic (Victoria)	August 8th, 2012	9	4 male; 5 female	Real	2	2
Future Cents (Prince George)	October 1st, 2012	10	3 male; 7 female	Real	1	2
Guilford Youth Resource Centre (Surrey)	November 7th, 2012	16	14 male; 2 female	Real	2	1
Kamloops Youth Centre	November 27th 2013	9	2 male 7 female	Real	2	1
Total youth participants		67	39 male 28 female	Real		

Workshop Agenda

Welcome and introduction – PUNEET (7 Minutes)

     a) Thank participants for coming to the workshop
     b) Acknowledgement of territories (e.g. Coast Salish territory)
     c) Facilitators introduce themselves
     d) Meet the participants

Energizer – "What are you doing?" PUNEET (5 Minutes)

What is the YIP project & the purpose of the workshop HEATHER (5 Minutes)

"The Youth injection Prevention Project was formed in 2009. It has been supported by the BC Center for Disease control and UBC. We held focus groups in metro Vancouver collecting information and data aimed to promote resiliency and reduce the risk factor among at-risk and street involved youth. We aim to prevent the transition of at-risk youth into injection drug use. We are here today to bring you the findings and to hear about what is going on in your community and how we can help raise the awareness and work with you on how to prevent the transition into injection drug use, and to look at the risk and protective factor in which we will get more into later in the workshop"

     Reminders:

Definition of resiliency: ability to thrive in the face of adversity

- The YIP is an example of how youth can have an active role in policy development and research and speak out about issues that affect young people

Agenda review –TREVOR (2 Minutes)

Consent forms – JESSI (5 Minutes)

- <u>Anonymous/confidential</u>
- If any youth disclose self harm or harm or someone else we are legally bound in British Columbia to report it to the authorities.
- The results will be published however you will remain anonymous
- Everything you say is confidential and will not be linked back to you
- <u>Are there potential risks for participating in this workshop?</u>
- Some topics can be difficult to discuss
- You are free to leave or exit the workshop at any time
- If you need to talk with someone we just ask that you contact a support worker before you leave
- <u>Will you be paid for your time?</u>
- The workshop will be 2-2.5 hours. You will receive a $20 gift card

Community agreement- TREVOR (5 Minutes)

- Creating a space and environment that is safe for the people within it – principles that we agree to follow
- Perhaps ask the participants what respect looks like to them – Fill in the gaps if necessary: Treat yourself with respect, Listen to what your peers and facilitators have to say, Encourage and support one another, Be considerate and have manners
    - Confidentiality – The 'Vegas' rule – except harm to self or others

Setting Goals for the Workshop – TREVOR (5 Minutes)

Our goals: Learn from the youth, create a safe supportive environment, share findings from the focus groups, have a discussion around risk and resiliency, increase youth voice within your community. Your goals? What your goals might be for your community going forward.

Step into the circle activity- HEATHER (7 Minutes)

Possible 'Step into the circle' statements:

- If you are wearing black shoes
- If you ate breakfast today
- If you have felt left out
- If you have ever felt responsible for someone you care about
- If you care about what others think of you
- If you've ever been judged based on something out of your control
- If you've ever judged somebody
- If you feel supported by people in your life
- If your families values or relationships with drugs influenced your own
- If you have ever accomplished something you are proud of
- If you have felt concerned about a friends drug use
- If you have goals for yourself
- If you are worried about attending post-secondary education
- If you like to cook
- If you have ever accomplished something you are proud of

Debrief – how are we all similar and different?

Video: Greater than our Addiction – PUNEET (20 Minutes)
Debrief by asking specific questions (refer to risk and resiliency reference page)

- *Ask question first then break into segments: stigma, culture etc.*

Video: http://www.scivee.tv/node/36248

Brainstorm: Resiliency (protective) and risk factors- TREVOR AND HEATHER (30 Minutes)

- See what we found looks in your community and what do these factors mean to you?
- Define with the help of the participants 'resiliency' and 'risk' – what are we talking about?
  - "When we talk about risk, we are talking about factors that might make youth more likely to turn to IDUs, but resiliency factors are the things that protect against IDU. All of our communities have both risk and resiliency factors, and all of our lives have risks and protective factors"
- Explain activity

  "Now is the most important part of the workshop. I am going to put up three flipcharts labeled risk, resiliency and both. I am going to break you guys up into three groups. You will receive a number of cards, some labeled and some which will be blank. You will have to do two things: You will have to place the cards with factors on them into categories: resiliency, risk, or both. Using the blank ones, your group will brainstorm other resiliency and/or risk factors. You will be given 10 minutes for this activity. You will also need to pick a representative from your group to explain why your group chose to put each factor within a certain category.
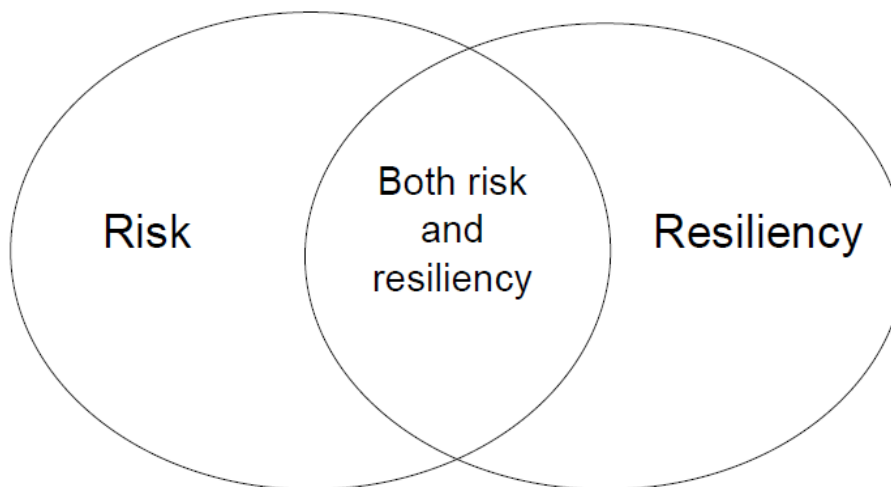
Debrief using discussion questions. REMEMBER to ask 'Why do you think responsibility for others is a resiliency/risk factor?' first.

How is this a risk or resiliency factor in your community?

What role does it play in the lives of youth?

No right or wrong, - how might this be different from what we found in the focus groups for your community?

Break (10-15 minutes)

Icebreaker – PUNEET (3 Minutes)

Storyteller game or Hope and Fears game

Big Wind Blows if energy is needed

Youth center activity – PUNEET *(20 Minutes)*

- **Reminder to get them to answer the question first, then to think about it while they draw.**
- Explain the objective of the activity (participants will share their youth centre with the group). "Our next activity is called 'youth center'. I am going to break you into small groups and within your small groups you will design an ideal youth center. You will be asked to answer some question about what your center will look like. You will be provided with a floor plan made up of 5 rooms for your youth center. It will be your job to design each room within the youth center and decide what each room contains. When 10 minutes is up, one representative from each group will come up and present your youth center to the larger group."

(Figure 4) Youth centre floor plan activity. See youth center activity questions.
As a large group participants share what their ideal youth centre would look like.
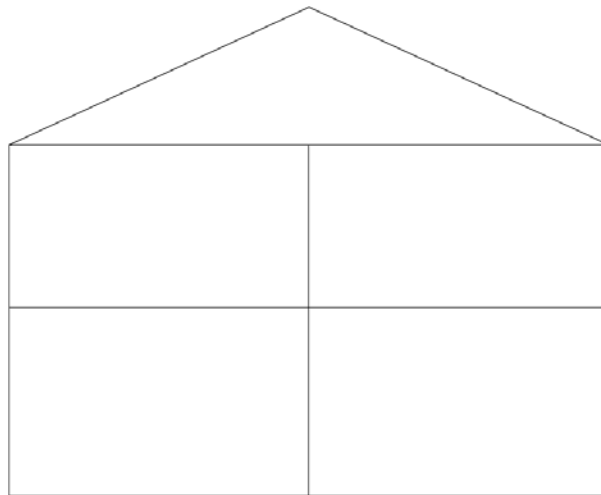
REMEMBER to include service design suggestions from focus groups and allow participants to respond. **How does your youth centre impact risk/resiliency for youth in your community?**

What can be done to better support youth in your community so that their resiliency is increased?

Closing round – HEATHER AND TREVOR (5 Minutes)

    Make sure to end on a positive note and to bring it full circle.

    Share your name and one thing you found interesting or that you will take away from the workshop. Indicate to the participant beside you to go next (clockwise rotation)

'Thank-yous' and evaluation – HEATHER AND PUNEET (7 Minutes)

    Distribute post workshop questionnaire and pencils and collect back.

<u>Consent Process</u>

This is the YIP project consent form. We are going to walk you through each part just so you know exactly what you are signing.

<u>What happens in the study?</u>

- age criteria: 15 to 24 years

- the results will be published however you will remain anonymous

<u>Is there any way being in this study could be bad for you?</u>

- some topics may make you upset

- you are free to leave or to exit the room shortly at any time during the workshop

<u>Will you be paid for your time?</u>

- the workshop will be 60 to 90 minutes

- you will receive a 20 dollar gift card

<u>Who can you contact if you have concerns or questions?</u>

- Jane Buxton @ 604-707-2517

YIP Safe Space Guidelines

- We need to create a safe space for everyone involved
  - Use community agreement, safe questions and supportive language and model professionalism
- Cause no harm
  - Develop an environment of respect, comfort
- Maintaining a group dynamic
  - Move away from individual stories – encourage people to think about the larger community picture
  - No singling out
- Staying on topic/focused
  - Bringing In ramblers – bring them back to the topic at hand - *gently*
- Sensitive to sensitive areas – when discussing emotional topics use sensitive language
- Check-ins at beginning to create trusting and supportive group
- This is not a focus group
  - We want to move away from individual experience to talk about group
  - How do the findings apply to their community?
- Looking for thoughts and opinions on community issues
- Be prepared for disclosures and sensitive areas
  - Provide support for youth who have shared sensitive material
  - Refer to support person/worker
- Take control of the situation – bring people back to topic, be supportive and clear

Remember that our role is to facilitate a safe, supportive and thoughtful group

When we enter a workshop, we put on our facilitation and professional demeanor – *it is no longer about us, but about the group we are working with*

Step into the Circle Suggestions

We are going to do an activity called step-into the circle. Has anyone ever participated in this kind of activity before? If so, can you explain how it worked?

If no participants are familiar with the activity we need to come up with clear step-by-step "how to" instructions. Depending on the time, we can ask the participants what it looks like to be respectful in this game.

Facilitators demonstrate activity as a visual instruction?

THE STATEMENT CAN BE MODIFIED DEPENDING ON THE SETTING YOU ARE IN. SOME ALTERNATIVES INCLUDE:

• I am proud of…
• That the hardest thing I have ever done is…
• One piece of good news from my life this week is…
• My relationship with my family is…
• That what I find most difficult about coming to school is…
• What I love most about school is…
• That my biggest dream is...
• The person I feel closest to is …
• If I had three wishes, I would wish for...
• The funniest thing I can remember happening is...
• The way most people see me or label me is...
• Someone who surprised me by how different than I thought they were is...

HELPFUL REMINDERS

- Modeling is your best teaching tool
- The more 'real' you are willing to be, the more safety you will create for your participants and the more 'real' they are likely to be in response. Be aware that not everyone is at the same level
- Some people can be uncomfortable or feel ambushed. Be willing to go first and share something about yourself
- Make everyone right. Bring a "you cannot do it wrong" attitude (as long as it's true). In order to create an environment where participants feel safe, loved and celebrated
- Practice the art of listening. Do not give advice and do not try to "fix" anybody
- Stay away from group discussions, which often lead to the same voices talking over the quiet ones
- Let every person have their full turn NO MATTER WHAT
- Silence is okay

Risk and Resiliency Reference

Definitions:

- **Resiliency -** Ability to thrive in the face of adversity.

- **Risk -** a person or thing considered with respect to the characteristics that may cause an insured event to occur

- **Stigma** - a mark of disgrace or infamy; a stain or reproach, as on one's reputation.

Video: Greater than our Addiction – PUNEET (20 Minutes)
Debrief by asking specific questions

Ask question first than break into segments: stigma, culture etc.

- End on community overall

- What point do you think the video is trying to make?

- What factors does the video highlight that are important in your community?

- What do you think youth voice is referring to in the video? How can youth have voice in your community?

Discussion questions:

Resiliency Factors: Reference Questions

Responsibility for others

- Why do you think responsibility for others is a resiliency/risk factor in your community?

Concerns for health and self-image

- Why do you think 'concerns for health and self-image' is a resiliency/risk factor in your community?
- Why is image important to youth?
- How does resiliency play a role in taking care of yourself?

Support from others

- Why do you think having support from others is a resiliency/risk factor in your community?
- What can your community do?
- What can youth service agencies do?

Values, goals, self-worth, and will power

- Why do you think having values, goals, self-worth, and will power is a resiliency/risk factor in your community?
- Why do you think it's important to have goals?
- Do you think most youth are supported with their goals?
- What are some things that help you reach your goals or build self-worth?

Desire for a better life

- Why do you think having a desire for a better life a resiliency/risk factor in your community?
- Is self-care important for a better life?
- How can living standards in your community be improved?

Family drug use

- Why do you think family drug use is a resiliency/risk factor in your community?
- How does family drug use affect a person?

Fear of needles

- Why do you think having a fear of needles is a resiliency/risk factor in your community?
- What about IDU causes fear?

Risk Factors: Reference Questions

Stigma

- Why do you think stigma is a resiliency/risk factor in your community?
- What does stigma mean to you?
- What types of stigma do you see in your community?

Peer Pressure

- Why do you think peer pressure is a resiliency/risk factor in your community?
- How is peer pressure a risk factor?
- Can peer pressure be a resiliency factor? What might that look like?
- Do you think boys and girls react differently to peer pressure?

Family drug use

- Why do you think family drug use is a resiliency/risk factor in your community?
- What are some different ways family drug use can affect a person?

Boredom

- Why do you think boredom is a resiliency/risk factor in your community?
- Is boredom an issue in your community?
- Do you think that there are enough things to do in your community?

Drug availability and cost

- Why do you think drug availability and the cost of drugs is a resiliency/risk factor in your community?
- How might the availability and cost of drugs be a factor in drug use?

Street involvement

- Why do you think street involvement is a resiliency/risk factor in your community?
- How can kids get off the street in your community?

Curiosity and experimentation

- Why do you think curiosity and experimentation is a resiliency/risk factor in your community?
- Do you see curiosity as being a risk factor in your community?
- What about curiosity makes it a risk factor?

Social isolation

- Why do you think social isolation is a resiliency/risk factor in your community?
- How does social isolation affect youth?
- How do youth in your community deal with social isolation? What are some of the ways youth deal with it?

Youth Center Activity Questions:

1. **What is the name of your youth center?**

_____

_____

2. **Where will you youth center be located?**

_____

_____

3. **What are you hours and days of operation?**

_____

_____

4. **How will you staff your youth center? What different positions will be required?**

_____

_____

5. **Who will use your youth center? Remember to think about age, gender, background, orientation. Is your youth center available for all youth or a specific group?**

_____

_____

6. **Write a brief mission statement for your youth center. (a couple of sentences about your centers goals or what you hope for it to achieve.)**

_____

_____

7. **How does your youth center impact risk/resiliency for youth in your community?**

_____

_____

8. **What can be done to better support youth in your community so that their resiliency is increased?**

_____

_____

Evaluation of Workshops

Written feedback was requested after each of the workshops to ensure they were appropriate and to find what may improve future workshops in process and content.

The questionnaire was given to each participant and time given to complete.

POST-WORKSHOP QUESTIONNAIRE

1. Taking part in this workshop was important to me:

Strongly Agree   Agree   Disagree   Strongly Disagree

Comments...

2. Discussing my community's needs today was important to m*e*:

Strongly Agree   Agree   Disagree   Strongly Disagree

Comments...

3. After being a part of the discussion today, what do you think would help to prevent youth from transitioning into injection drug use?

4. What changes to youth services and supports would you like to see in your community?

5. Effect of the workshop on you

    Head: What are you thinking? What new ideas have you learned?

    Heart: How do you feel?

    Hands/Feet: What are you going to do now, or next?

       Thank you for your feedback!

INVOLVING YOUTH CO-RESEARCHERS

Involvement of youth co-researchers in the study was an essential component of the research which encouraged the study participants to share their experiences with peers while also providing youth co-researchers with an opportunity to develop their own skill sets. However involving youth co-researchers came with its challenges.

Considerable time was spent a) developing the workshops with the youth, brainstorming to develop the content to ensure it was a participatory process and b) preparing the youth to facilitate the workshops. Four practice pilot workshops were undertaken and input sought from participants. The youth incorporated feedback into the final workshop format.

A facilitation training session was arranged through Youth-Co. Metta Patterson (Youth Co) facilitated one 3-hour training session on facilitation skills. These activities were designed to build on skills the YIP co-researchers had practiced as a group during their regular meetings, and the facilitation techniques were practiced regularly after the workshop.

Team building exercises included an outing to an interactive theatre performance called "Us and Them" at the Cultch Theatre on Saturday, November 12 at 8:00pm, 2011. Dinners taken together at restaurants further brought the team together.

Overview of training provided to youth co-researchers:

Training sessions included:

1. How to moderate and note-take in workshops, including how to probe for further information, how to identify dominant talkers, be sensitive to participants issues, address conflicts, etc.

2. Participant observation and importance of field notes, including review of note-taking experiences after data collection.

3. Importance of maintaining confidentiality and neutrality.

4. Review of workshop challenges and successes after data collection, with emphasis on how to respond/improve for the next workshop

5. Review and input of content for poster presentations for dissemination of results dissemination phase, as well as practice sessions for presentations.

YIP FACILITATOR TRAINING

MON 12TH DEC 4:30-7:30

	ACTIVITY TOPIC	TIME	TIME ELAPSED
YOU AS FACILITATOR	Ways to get attention of the group	10min	
ELEMENTS OF A SUCCESSFUL PROGRAM	Overview	10min	
	Safe Space	5min	
	Goals	15min	
	Agreements	15min	
	Self-Introductions	20min	
CURRICULUM	Tips for instructing	5min	
	Our Activities: ICEBREAKER (Exampled, Practice Instructing, Feedback)	15min	
	Our Activities: FEAR/PROTECTOR (Exampled, Practice Instructing, Feedback)	10min	
YOU AS FACILITATOR	DEBRIEFS: In brief (Experiential Learning model) + Practice	20min	**2:05**

	Our Activities: STEP INTO THE CIRCLE/MIRRORING/HYPNOSIS (Exampled, Practice Instructing, Feedback)	20min	
YOU AS FACILITATOR	Empowering speech activity	15min	
	Our Activities: BRAINSTORMS & SKILLS OF THE FACILITATOR (Exampled, Practice Instructing, Feedback)	40min	3:20
	Our Activities: IMAGES (Exampled, Practice Instructing, Feedback)	45min	4:05
	Our Activities: VALUE CONTINUUM (Exampled, Practice Instructing, Feedback)	20min	
YOU AS FACILITATOR	Understanding our blindspots	20min	
	Boundaries in Tricky Situations	30min	5:15
	Dealing with Triggers	25min	
	Dealing with Difficult Behaviours Reading the group – How we learn & Learning styles	30min	
CLOSING	CLOSING – "I discovered"	15min	6:25

KEY FINDINGS

The results of each workshop are outlined in the site specific details that follow. Five of the six workshops were audio recorded. However as the participants were split into small groups the discussions in each group were not audible. At one workshop (Kamloops) the youth participants requested the workshop to not be recorded so the results were based on the notes taken during the workshop. The audio recordings and notes were reviewed to identify the factors identified at each site and the services needed as expressed in the youth centre activity.

Photographs of the two main activities were also taken and shown below- 1) brainstorming of resiliency and risk factors and placing sticky notes in the appropriate place in the circle diagram (see page 13), and 2) activity developing a Youth Centre (see page 14).

The notes taken at each workshop (both in the pilot workshops and the notes from the research workshops were typed out after the youth co-researchers debriefed.

Perceived risk factors differed between settings and included the living situation of the youth, past trauma, lack of familial support, boredom, media, drug availability and stigma.

Despite varying risk factors for initiating injection drug use, youth workshop participants across BC identify similar **protective factors**. Common themes of resiliency included the desire for a better life, support from others, concerns for health and self-image, responsibility for others, goals, self-worth and fear of needles.

Training for youth co-researcher included team building and training in facilitation skills which enabled the youth co-researchers to successfully lead the workshops. Youth co-researchers' reflections were obtained through debriefing sessions after each knowledge exchange workshop and during team meetings. Co-researchers felt that to be research partners, they should be engaged from the beginning of the research process, allowed adequate time to develop skills, and that mutual respect between all involved was required.
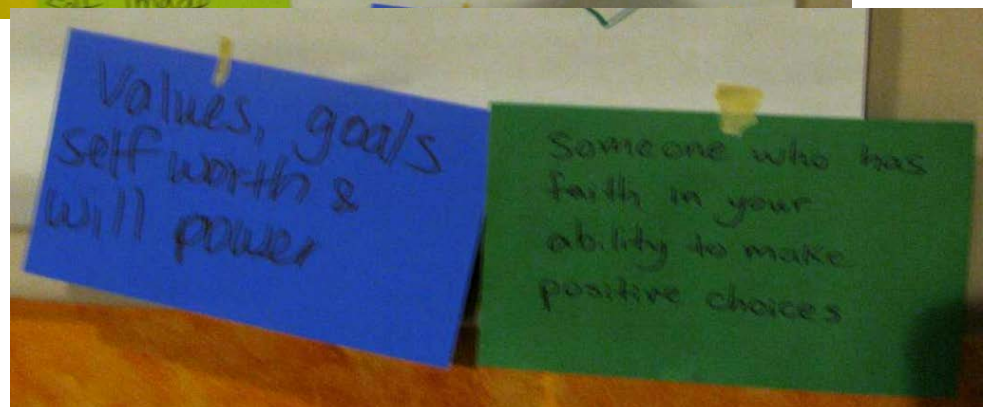
Brainstorm: Resiliency (protective) and risk factors

Sticky notes were placed on the chart by each group to identify whether it was a risk factor, resiliency factor or both. The following are photographs taken at various workshops

RISK

RESILIENCY
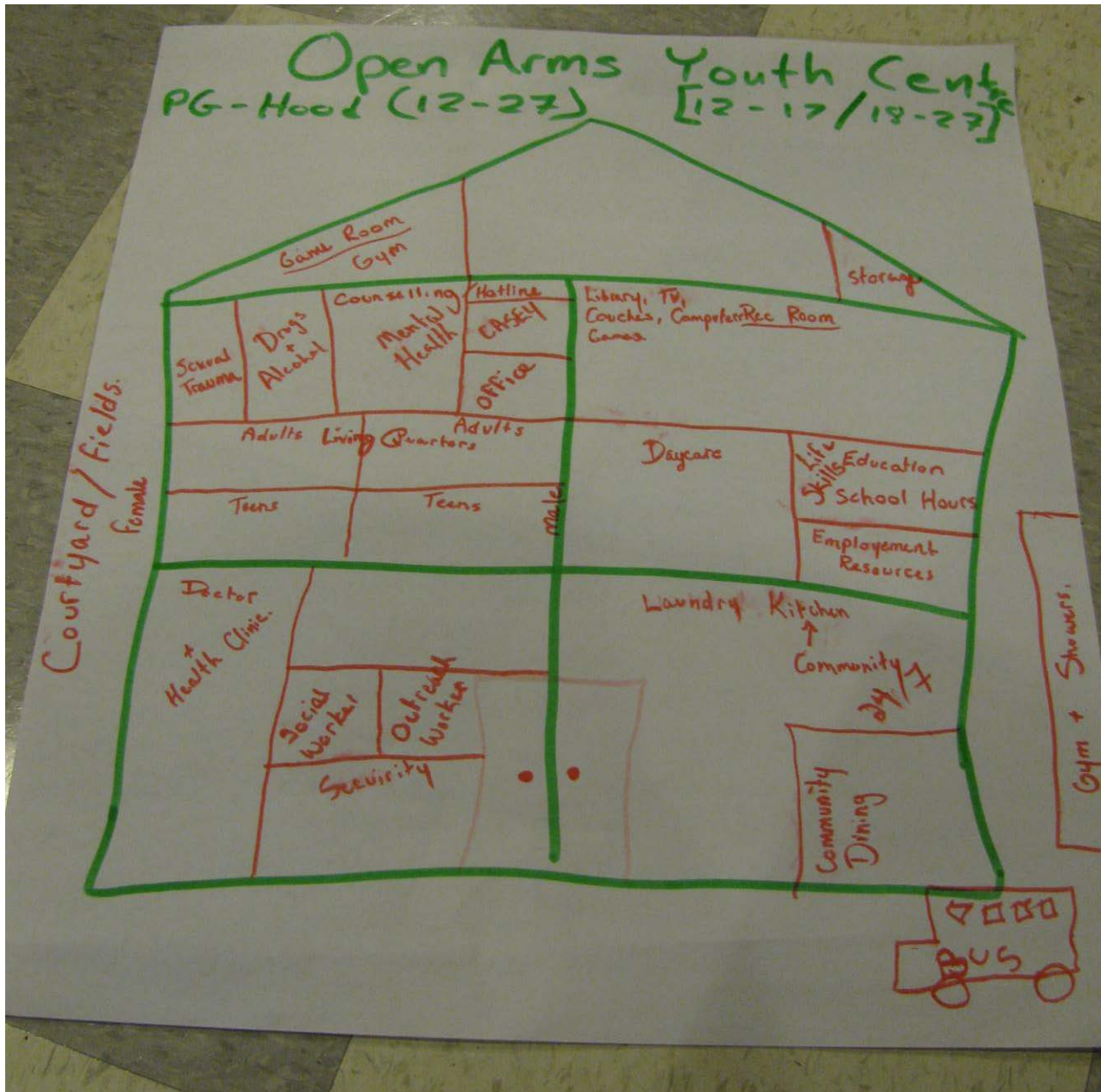
BOTH RISK AND RESILIENCY
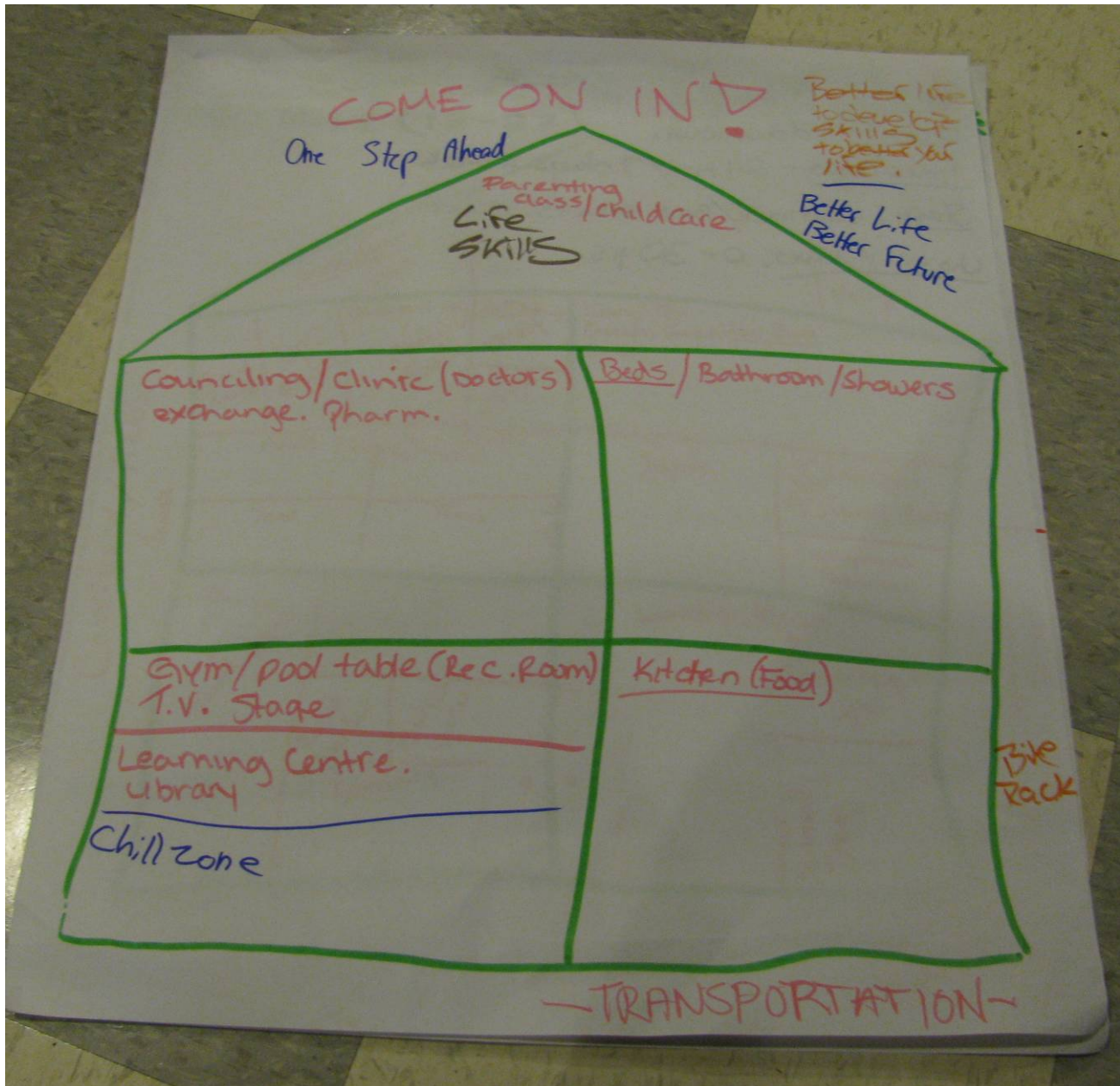
Youth Centre Activity

DESIGN YOUR OWN YOUTH CENTRE #1

DESIGN YOUR OWN YOUTH CENTRE #2

DESIGN YOUR OWN YOUTH CENTRE #3

Open Arms Youth Centre
PG-Hood (12-27) [12-17/18-27]

Game Room
Gym

Counselling / Hotline

Library, TV, Couches, Computer Rec Room, Games

Storage

School Trauma

Drugs + Alcohol

Mental Health

CASEY

OFFICE

Courtyard / Fields. Female

Adults   Living Quarters   Adults

Daycare

Life Skills Education School Hours

Employment Resources

Teens   Teens   Male

Doctor + Health Clinic.

Laundry Kitchen

Community Life

Gym + Showers.

Social Worker

Outreach Worker

Security

Community Dining

BUS

DESIGN YOUR OWN YOUTH CENTRE #4

RESULT DISSEMINATION

1. **<u>Summary of Findings from Next Steps Workshops</u>**

2. **<u>Presentations</u>**

3. **<u>Newsletters</u>**

4. **<u>Manuscripts</u>**

YOUTH INJECTION PREVENTION PROJECT

Findings from the Next Steps Workshops

Approximately 150,000 Canadian youth are considered to be 'street-involved' (1). These youth are particularly vulnerable to transitioning into injection drug use; recent estimates suggest that 20-50% of street-involved youth inject drugs intravenously (2,3,4). Despite possessing well identified risk factors, at least half of the street-involved youth successfully steer clear of injection drug use… *so what keeps youth resilient?* The BC Center for Disease Control, in conjunction with the UBC School of Population and Public Health, the UBC School of Nursing and our community partners sought to identify resiliency factors associated with the prevention of injection drug use amongst street-involved youth in British Columbia (BC).

The Youth Injection Prevention (YIP) Project is a collaborative multi-phase study that partnered with street-involved youth co-researchers to identify resiliency factors that help protect against injection drug use (IDU) among street-involved youth. In phase 1 of the YIP project, an academic

Phase 1
- Literature Review
- Key Informant Interviews with Service Providers

Phase 2
- Interviews/Focus Groups with Youth in Metro Vancouver

Phase 3
- Interactive Workshops with Youth across BC

researcher conducted interviews with service providers for at-risk street youth to identify perceived risk and resiliency factors that impact street-involved youth's transition into IDU. This information, in conjunction with a review of the current literature, was used to develop an interview template for the second phase. In phase 2, a team of 6 street-involved youth were trained as co-researchers and

> *"I think I can be better…I want to go back to school and go to try to keep busy and stay off of it…My family, they can support me and stuff and I think I'm strong."*
>
> **– Interview Participant, Phase 2**
>
> *"For me it [resiliency] was my culture. Growing up on reserve…Sad to see a lot of my friends into that stuff and my culture really helped me through."*
>
> **- Focus Group Participant, Phase 2**
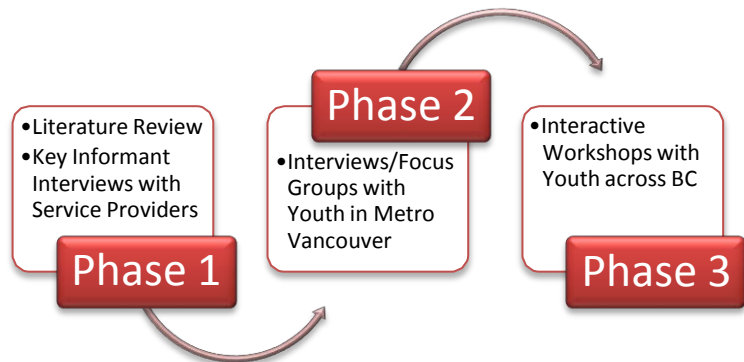
facilitated 10 focus groups with 60 street-involved 15-24 year olds in the Metro Vancouver region. During these sessions, researchers sought to obtain the street-involved youth's perspectives on risk and resiliency factors associated with transitioning into IDU, as well as recommendations for harm reduction and prevention services to minimize barriers to accessing services. Resiliency factors identified include community and family support, self esteem, personal values, desire for health and a better life, as well as a sense of identity, responsibility and culture. The results were incorporated into a video entitled 'Greater Than Our Addictions,' and highlight the need to focus intervention strategies on protective factors rather than solely on risk factor reduction.

Phase 3 of the project was a collaborative effort with the McCreary Society to disseminate the protective factors identified in phase 2 to communities throughout the province and compare local at-risk youth's experiences to those of the street-involved youth in Metro Vancouver. This was accomplished though 6 interactive community "**Next Steps Workshops"**, that were developed and facilitated by the youth co-researchers and the research coordinator. The workshops were held in each of the 5 BC regional health authorities (Kamloops, Prince George, Nanaimo, Surrey, Vancouver and

Victoria). The findings from the previous study, including the video, were presented to local youth, and participants were invited to share their personal experiences of risk and resiliency factors, as well as barriers and enablers to local harm reduction programs. This sought to ensure the results from phase 1 and 2 were relevant to communities outside of Metro Vancouver, and to identify local barriers and resiliency factors that can be addressed in the future to help prevent the transition of street-involved youth into IDU.

During the **Next Steps Workshops**, youth in the various health authorities highlighted different risk and resiliency factors. Common risk factors identified across the various health authorities include stigma, curiosity and boredom, street involvement, access to drugs and cost. Common resiliency factors identified include a desire for a better life, support system, a fear of needles, and the presence of values, goals and sense of self worth. Youth also identified some factors as potentially being both a risk and resiliency factor, depending on the individual context. These factors include concerns about health and image, sense of responsibility for others, peer pressure to use or abstain from drugs, social isolation, and family drug use which was perceived either as an acceptable behaviour or avoidance of others' experiences.

"Community involvement…Having support from a network [keeps me resilient]." **– Participant, Phase 3**

"You, like, see, like, everything on TV basically. Like, you hear about drug use. Basically media puts things in our head… that's why we put media under risk." **– Participant, Phase 3**

"For example myself, I don't have very good or-- I don't have very much self-worth, but I do have a lot of willpower and I do have very good values and goals." **– Participant, Phase 3**

After completion of all three phases, the YIP project has identified key risk and resiliency factors that impact street-involved youth's transition into IDU province wide. The project has also identified harm reduction and prevention strategies from the perspective of services providers as well as the street youth themselves. This information can now be used to implement intervention strategies from a health promotion perspective to help prevent IDU in British Columbia's at-risk youth. Finally, the project emphasized to youth participants that their opinions are relevant, and encouraged them to advocate for themselves. The 6 youth co-researchers showed personal growth, self-reflection and positive changes in their lives as a direct result of their involvement with this project (5). For further information on the Youth Injection Prevention Program or other harm reduction strategies in British Columbia, please visit our website Toward the Heart at www.towardtheheart.com

Authors: Lindsay McRae, Despina Tzemis and the YIP research team
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2. Smith A, Saewyc E, Albert M, MacKay L, Northcott M, and The McCreary Centre Society. Against the odds: A profile of marginalized and street-involved youth in BC. Vancouver, BC: The McCreary Centre Society; 2007.
3. Street youth in Canada. Ottawa, ON: Public Health Agency of Canada; 2006.
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5. Funk A, Van Borek N, Taylor D, Grewal P, Tzemis D, Buxton JA. Climbing the "Ladder of Participation": engaging experiential youth in a participatory research project. 2012;103(4).

A) Site Specific Results: Vancouver

The YIP project had the opportunity conduct their workshop at Directions Youth Services. Two females and five males between the ages of 15 and 24 participated in the workshop.

Risk Factors

The youth in Vancouver did not identify any factors that only increase the risk for transitioning into IDU.

Resiliency Factors

The participants identified three resiliency factors towards preventing transition into IDU. First, youth explained that the *desire for a better life* would encourage youth to work hard to improve their life. Next, *having values, goals, and self-worth* was perceived by the participants to be motivating and would encourage youth to achieve their goals. Lastly, the participants thought that the *fear of needles* would prevent youth from using needles as a means of injecting.

Risk and Resilience Factors (both)

Street involved youth thought some factors could increase either risk or resilience for IDU. One such factor was *drug availability and cost*. The perceived risk of transition to drug use was higher if drugs were inexpensive and readily available whereas higher prices and reduced availability of drugs were perceived to increase resilience. In addition, *peer pressure* was considered a risk or resilience factor depending on whether or not peers pressured someone to take drugs.

Participants also thought *support from others* could increase either risk or resilience. Monetary support was identified as a possible risk factor since the money provided from others could be used to buy drugs. On the other hand, support in the form of mentorship from caring adults may prevent youth from using drugs. *Social isolation* was also on the list. Social isolation may lead to depression, causing youth to use drugs as a coping mechanism; however, isolating themselves from drug users would help them abstain from drug use. *Taking responsibility for others* was generally considered as a resilience factor, unless youth were being overwhelmed with such responsibilities, in which case it would be a risk factor.

Concern for health and *self image* were viewed as resilience factors if youth wanted to positively improve their health and body image. However, participants explained that if such goals were overwhelming, youth may turn to drug use as a coping mechanism for not achieving these goals. Finally, *personal choice* could be viewed as a risk or resilience factor for transitioning into IDU since whether a person uses drugs or not depended on the individual's decision.

B) Site Specific Results: Nanaimo

The YIP project had the opportunity to travel to Nanaimo and conduct their workshop at the Nanaimo Youth Services Association (NYSA) One Stop Youth Centre. Five females and eight males between the ages of 13 and 18 participated in the workshop.

Risk Factors

The youth in Nanaimo identified six risk factors including *stigma*. The youth felt that the public's negative perception about street involved youth may lead youth to cope with this issue by using injection drugs. *Media* was another risk factor because it provides daily messages on drug use, which may make youth more likely to think about injection drug use (IDU). Also, *having a non-productive day* (i.e. no activities) was considered to be a risk as youth reported that they were more likely to think about experimenting with drugs. Furthermore, youth also reported that *sex, street involvement, curiosity to experiment with drugs* and the *availability of drugs* were other risk factors that increased the likelihood of injecting drugs.

Resiliency Factors

Youth identified several factors as promoting resiliency towards preventing IDU, including:

- having *values, goals and self worth*,
- having *support* from others,
- having the *desire for a better life*,
- being concerned about one's *health and body image*, and
- *attending meetings and gatherings* as they perceived it to be a setting that would foster positivity.

Risk and Resilience Factors (both)

Street involved youth thought some factors could increase either risk or resilience for IDU. Participants explained that *concern about health* could be a risk factor if youth don't take care of themselves or a resilience factor if they take care of their health. In addition, *poverty* was seen as a risk if the youth were willing to sacrifice basic necessities to buy drugs or resilience if poverty is viewed as an environment the youth wanted to work their way out of. *Responsibility for others* was seen as a risk if one does not take care of themselves, or thought to boost resilience by balancing the responsibility of taking care of one's self and others. Furthermore, *family drug use* was perceived as a risk factor if one's family influences one's behavior or a resilience factor if youth decided to avoid repeating the mistakes made by other family members. Lastly, *peer pressure* could be a risk or resilience factor depending on whether the peers pressured a person to use or not to use drugs.

C) Site Specific Results: Victoria

The YIP project had the opportunity to travel to Victoria and conduct their workshop at the Victoria Youth Clinic. Five females and four males between the ages of 17 and 24 participated in the workshop.

Risk Factors

The participants In Victoria identified several risk factors that promote a transition to IDU in their community, including: *curiosity and experimentation, drug availability and cost, and existing drug use*. Youth did not provide any further explanations about these factors.

Resiliency Factors

Participants suggested that one's *values, goals, will power and self worth* are some resilience factors that prevent drug use. Youth went on to explain that having positive values, positive goals, and the willpower to achieve their goals reduces their risk of using drugs.

Risk and Resilience Factors (both)

Street involved youth thought some factors could increase either risk or resilience for IDU. One such factor was *stigma*: participants explained that the society labels youth as street involved drug users because they spend time with downtown people. Stigma may cause some youth to give up on changing societal perceptions and start using drugs, or it could motivate youth to change their lifestyle so they are no longer labeled or judged by the society. Another significant risk and resilience factor was youth concern about *health and body image*. Participants explained that if youth felt that they had to have a certain body image to fit in the society, they may take drugs to achieve this goal. Conversely, concern about their health and body image may encourage them to adjust their lifestyle to become healthier.

Family drug use was perceived as risk factor since being born into a drug using family would make the behavior seem normal and accepted. Alternatively, it would be a resilience factor if youth decided to learn from and avoid repeating their family's mistakes. In addition, *peer pressure* could be a risk or resilience factor depending on whether peers pressured youth to use drugs or to focus on beneficial activities such as education and sports. *Social isolation* was also on the list. Social isolation may lead to depression, causing youth to use drugs as a coping mechanism; however, isolating themselves from drug users would help youth abstain from drug use.

Fear of needles was considered a risk factor if youth were willing to face their fears of needles in favor of drug use, or a resilience factor if it led to youth avoiding IDU. Also, *street involvement* was thought to increase exposure to street drugs (and at higher risk of trying drugs) but would also allow youth to view the consequences of drug use and discourage experimentation with drugs. *Living situation* was identified as a risk and resilience factor, as were *relapse and addiction*. Lastly, the *desire for a better life* could either encourage youth to work hard and avoid drugs, or make youth feel like a failure for not achieving their goal which would put them at risk of drug use.

Acknowledgement

D) Site Specific Results: Prince George

The YIP project had the opportunity conduct their workshop at Future Cent's Youth Employment Services Program. Three females and seven males between the ages of 17 and 26 participated in the workshop.

Risk Factors

The participants in Prince George identified several risk factors that promote a transition to IDU in their community. Some youth considered *boredom* as a risk factor since being idle, especially in winter when "there's really not a lot to do", or having too much time to think about one's life may enable transition to drug use. *Shame, guilt, abuse and intergenerational trauma* from residential schools were called out as risk factors by some of the participants. The *lack of parents*, especially a "father figure", was also considered as a risk factor.

Resiliency Factors

Participants suggested that *fear of needles* was considered resilience factor if it led to youth avoiding IDU. The *desire for a better life* was also considered as a resilience factor since it would encourage youth to work hard and avoid drugs. Youth also mentioned *support from others*, especially the presence of someone who has faith in one's ability to make positive choices, as a resilience factor.

Risk and Resilience Factors (both)

Street involved youth thought some factors could increase either risk or resilience for IDU. One such factor was *stigma*: youth who feel hopeless about overcoming guilt or shame may transition to drug use to cope with stigma, while others may be motivate to change their lifestyle so they are no longer labeled or judged by the society. Another significant risk and resilience factor was youth concern about *health and body image*. Participants explained that if youth felt that they had to have a certain body image to fit in the society, they may take drugs to achieve this goal. Conversely, concern about their health and body image may encourage them to adjust their lifestyle to become healthier.

Curiosity and experimentation were both a risk and resilience factor since some youth may enjoy their initial experience and transition to drug use, while others may dislike their experience and choose to stay away from using drugs. Also, *street involvement* was thought to increase exposure to street drugs but would also allow youth to view the consequences of drug use and discourage experimentation with drugs. *Drug availability and cost* was also on the list. The perceived risk of transition to drug use was higher if drugs were inexpensive and readily available whereas higher prices and reduced availability of drugs were perceived to increase resilience.

Family drug use was considered as a risk factor since being born into a drug using family would make the behavior seem normal and accepted. Alternatively, it would be a resilience factor if youth decided to learn from and avoid repeating their family's mistakes. In addition, *peer pressure* could be a risk or resilience factor depending on whether peers encouraged or discouraged drug use. Participants also mention *social isolation*: an individual who brings drugs into an isolated rural community creates the opportunity for others to use drugs, while others may transition to drug use to overcome the social isolation they feel. However, youth felt that being isolated from drug users would help them abstain from drug use, and thus add to their resilience. *Taking responsibility for others* was generally considered as a resilience factor, unless youth were being overwhelmed with such responsibilities, in which case it would be a risk factor.

Acknowledgement

E) Site Specific Results: Surrey

The YIP project had the opportunity conduct their workshop at Surrey Youth Resource Centre-Guildford. Twelve girls and 4 boys between the ages of 14-21 were in attendance.

Risk Factors

The participants in Surrey identified several risk factors that promote a transition to IDU in their community, *boredom* was identified by all participants as a risk factor that may encourage drug use for lack of anything else to do. Similarly, some youth identified *social isolation* as a potential risk, because they felt it was easier to get into trouble alone. *Self medication* was suggested as a risk factor by a youth who uses drugs to ease physical pain from illness.

Resiliency Factors

Youth were motivated to avoid drug use due to a *desire for a better life,* or out of *concern for their health and self image.* Participants explained that seeing the way people using drugs on the streets looked and acted discouraged them from wanting to use drugs themselves.

Risk and Resilience Factors (both)

Street involved youth thought several factors could increase either risk or resilience for IDU. Youth identified *peer pressure* as both a risk and resilience factor, depending on whether peers encouraged or discouraged drug use. Youth also identified *family drug use* as both a risk and resiliency factor. Seeing the negative effects of drugs on loved ones would deter youth from using drugs. However, with the presence of drugs in the family increases youth's access to drugs and also makes drug use more acceptable.

In addition, *curiosity and experimentation* were seen as risk factors as they may encourage exploration with drugs. However, participants felt that a negative experience while experimenting with drugs would discourage future use, acting as a resilience factors. While *fear of needles* was generally seen as a resilience factor against drug use, wanting to overcome this fear was seen as a risk factor. In addition, some youth expressed that the adrenaline rush from preparing and using needles supported their drug use.

The ongoing stress of *taking responsibility for others,* especially family members, was identified as a risk factor for drug use. However, Participants also identified this as a resiliency factor that discouraged transition to drug use because caring for another person put youth in a different role and gave them the opportunity be a role model for their family members.

Acknowledgement

We would like to thank the Surrey Youth Resource Centre-Guildford for taking part in this project.

F) Site Specific Results: Kamloops

The YIP project had the opportunity to travel to Kamloops and conduct their workshop at the BC Interior Community Services. Seven females and two males participated in the workshop, ages 14-21.

Risk Factors

Risk factors identified by youth in Kamloops included *curiosity and experimentation with drugs.* Participants felt experimentation with drugs may lead to creativity, drug use and further experimentation with different drugs. Another risk factor was a *concern for body image.* Participants explained that having a certain body image to 'fit in' could push someone to use drugs in order to achieve weight loss. Youth also reported drug use as a tool for *self harm* and *escape* from everyday life. Similarly, youth expressed that drugs can be used to *feel better*. A *lack of knowledge/education* about what drugs can do to one's life is also a risk factor. For instance, believing only "hard drugs" (for instance, heroin) had the ability to "drastically" change your life suggests that "softer" drugs might not be as dangerous, and therefore more likely to be used without worry about harm.

Resiliency Factors

Youth identified several factors as promoting resiliency towards preventing IDU. *Responsibility for others,* such as a family member, was identified by some youth as a potential deterrent to drug use. According to youth, having strong *values, goals for a better life* and *willpower* promotes resiliency against drug use and addiction. Being *motivated* to achieve success in life was recognized not only as a resiliency factor but also an important contributor for overcoming current addictions. Participants identified *concern for health* and *worry about harm* as factors that would push them away from drug use. For some, the concern was lack of sleep, while others felt that they would not be welcome to return to their homes after drug use.

Risk and Resilience factors (both):

Street involved youth thought some factors could increase either risk or resilience for IDU. One such factor was *family drug use.* Youth reported that witnessing family drug use at home could discourage future drug use by seeing firsthand the negative impact drugs can have on an entire family. Youth also worried their decision to use drugs may create a divide between them and their families. Conversely, being accustomed to family members openly doing drugs at home normalized the behavior for some youth and made it seem more acceptable. *Peer pressure* could be a risk or resilience factor depending on whether the peers encouraged or discouraged drug use. Participants also mentioned *social isolation* as a risk factor – drugs could be used to overcome feelings of social isolation in a small community; however, youth also expressed not wanting to inject drugs alone and felt less inclined to use drugs if they were by themselves.

Acknowledgement

2. <u>Presentations</u>

A. Presentation for the qualitative research methods course at Simon Fraser University

The youth collaborators presented their research and shared their experiences to Masters of Public Health students. The presentation was well received and provoked lively discussion and interest.

B. Presentations at Local and National Conferences:

Reid J, Spence H, Grewal P, Coburn T, Cox K, Tzemis D, Smith A, Buxton J Speaking our Language: Reflections from youth engaged in a community-based participatory research project. Poster presentation (P-293) 22nd Annual **Canadian Conference on HIV/AIDS Research** (CAHR 2013) Vancouver, BC, April 11-14, 2013

Omura J, Tzemis D, Cox K, Smith A, Youth Co-researchers, Funk A, Martin R, Buxton J Findings from the Youth Injection Prevention (YIP) Project: Next steps workshop. Poster presentation (P-294) 22nd Annual **Canadian Conference on HIV/AIDS Research** (CAHR 2013) Vancouver, BC, April 11-14, 2013.

*Findings from the study were presented by the youth and academic team at the Canadian Association for HIV Research Conference in Vancouver, BC April 13, 2013.*Left to right John Omura, Jane Buxton, Kelsi Cox, Puneet Grewal, Despina Tzemis.

Reid J, Mariam H, Grewal P, Coburn T, Cox K, Tzemis D, Smith A, Buxton JA. Speaking our Language: Findings and Reflections from youth engaged in a community-based participatory research project. Poster presentation **Public Health Association of British Columbia Conference "**Reorienting Health Services: Aligning Primary Health Care and Public Health in Pursuit of Health for All" Burnaby Nov 22- 23, 2012

2013 Canadian Association for HIV Research Conference

1. Title: Speaking our Language: Reflections from youth engaged in a community-based participatory research project

Authors: Jesse Reid, [1] **Heather Spence,** [1] **Puneet Grewal,** [1] **Trevor Coburn,** [1] **Kelsi Cox,**[2] Despina Tzemis, [3] Annie Smith, [2] Jane Buxton[1,3]

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Background: The Youth Injection Prevention (YIP) project is a collaborative study including academic researchers, experiential youth co-researchers and community partners. The YIP project sought to identify factors associated with preventing street-involved youth from transitioning to injection drug use (IDU), and thus, prevent HIV/HCV infection among street-involved youth. Factors were identified through community-based, youth facilitated, focus groups (FGs) in the Lower Mainland. Youth co-researchers created a knowledge dissemination video highlighting the focus group results. In this next phase of the study, the FG findings were shared through youth-facilitated workshops at community organizations across BC.

Objective: To describe the workshops and learn from the experiences of the youth co-researchers as they developed and facilitated the workshops.

Methods: The youth co-researchers designed a knowledge exchange workshop to compare factors associated with risk and prevention of IDU among street-involved youth in each community, to those identified in the lower-mainland. Workshops included: developing a community agreement, risk and resiliency brainstorming, design your own youth centre, and discussions around key concepts seen in the knowledge dissemination video.   Youth co-researchers' reflections were obtained through debriefing sessions after each knowledge exchange workshop and during team meetings.

Results/Discussion: Six workshops were held. Co-researchers reflected that to be research partners, they should be engaged from the beginning of the research process, allowed adequate time to develop skills, and ensure mutual respect between all involved. Authentic engagement of youth participants in the workshops includes: respect for participants, utilize team building activities, and defining terms youth may be unfamiliar with.

The YIP project takes innovative and groundbreaking approaches to community-based research with the engagement of experiential youth co-researchers at every stage of the initiative. Researchers and practitioners can learn much from the youth they work with. Working collaboratively can help all involved speak a language that respects the experiences of youth.

Speaking our Language: Findings and reflections from youth engaged in a community-based participatory research project

Kelsi Cox,[3] Annie Smith,[3] Youth Co-researchers,[1] Anna Funk,[1] Ruth Martin,[2] Jane Buxton[1,2]

[1] BC Centre for Disease Control, Vancouver; [2] School of Population and Public Health, UBC, Vancouver; [3] McCreary Centre Society, Vancouver

Background

The Youth Injection Prevention (YIP) Project is a collaborative study including academic researchers, youth co-researchers and community partners. Over the past year, the YIP project has travelled across British Columbia facilitating workshops at various youth centers. These knowledge exchange workshops engaged youth researchers and youth participants in a dialogue around injection drug use (IDU), risk, resiliency and street life within their communities.

The youth co-researchers worked collaboratively with adult allies to create safe and supported workshops. They also engaged in numerous teambuilding and reflection exercises, and 3 of the 4 youth researchers were involved with the project over a 4-year period. The project engaged experiential youth and helped them transition into independent employment.

Purpose

- To identify and reflect on key strategies for engaging youth in community-based research
- To provide an example of how youth can be equal partners in research
- To highlight how providing research opportunities for youth can lead to skill development and increased resiliency

Methods

Youth researchers were involved at various stages throughout project development and implementation, such as in data collection and analysis, grant writing, workshop development, and community-based knowledge exchange. Throughout the process, youth researchers were supported by the research team and adult allies. Youth researchers received training in qualitative research, workshop design and facilitation, and were provided with opportunities to travel and attend conferences. All youth activities included a paid honorarium, food and transport and were held at flexible times.

"To effectively translate youth's message you have to be able to respect and understand where they're coming from. Youth engagement goes beyond asking youth their opinion. True engagement must be a dialogue." - Jesse

Results

Workshop Lessons

What works when conducting workshops with youth?

- Create a community agreement (safe space guide)
- Be respectful of participants
- Utilize team building activities
- Always define terms youth may be unfamiliar with
- Provide time for breaks
- Ensure there is food and bus tickets
- Be flexible with schedule, time and number of participants
- Dress in casual and youth-friendly attire
- Hold workshops at a youth friendly-space during times that work for youth
- Workshop activities must be engaging and interactive to appeal to youth and encourage their genuine feedback

Youth Researcher's Reflections

What works for supporting and engaging youth co-researchers?

- Engage co-researchers from the beginning of the research process
- Allow adequate time for co-researchers to develop their skills, familiarize themselves with material and develop workshops
- Accommodate schedules that may change
- Provide clarity around payment, guidelines and expectations
- Ensure mutual respect between all involved

Discussion

Youth-developed and led workshops offer new opportunities for reaching populations of youth that may be reluctant to engage with healthcare professionals. Youth-engaged research is particularly relevant for those working in IDU prevention as experiential youth can connect with hard-to-reach youth populations.

As the YIP project has highlighted, genuine youth engagement requires respect, support, patience and flexibility. Creating new spaces and opportunities for learning and growth can be a powerful way to support communities of youth that have experienced marginalization and oppression.

Researchers and practitioners have much to learn from the youth they work with. To understand and engage them they must speak their language, while also honoring and respecting youth's experiences and perspectives.

"Youth need to be given opportunities to expect more than what they are given, and to be able to see their own future for themselves, rather than having it dictated to them." - Heather

"Youth empowerment lies in youth helping themselves build foundations to live a happy, healthy and resilient life. If they know better, they'll do better." - Puneet

2. Title: Findings from the Youth Injection Prevention (YIP) Project: Next steps workshop

Authors: John Omura,[1,2] Despina Tzemis,[1] Kelsi Cox,[3] Annie Smith,[3] Youth Co-researchers,[1] Anna Funk,[1] Ruth Martin,[2] Jane Buxton[1,2]

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Background: In 2011, 12% of newly diagnosed HIV cases in BC were attributed to injection drug use (IDU), with 20% of all HIV cases reported in persons aged 15-29 years. The YIP Project is a collaborative study including academic researchers, experiential youth co-researchers and community partners that focuses on identifying resiliency factors associated with preventing the transition into IDU among street-involved youth. Such factors were previously identified for youth in BC's Lower Mainland through focus groups (FGs). In this next phase, the FG findings were shared through workshops across BC to identify similarities and differences of perceived risk and resiliency factors.

Methods: In 2012, six youth-designed and facilitated workshops were held across BC's five regional health authorities. Fields notes were taken and four workshops were audio recorded. Analysis was conducted by constant comparative methods.
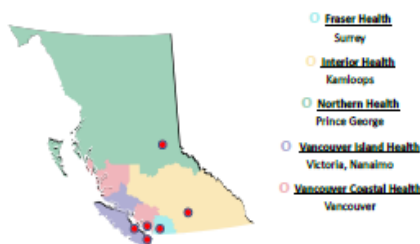
Results: In total, 64 youth (38 female, 26 male; ages 15-24) participated. Perceived risk factors for IDU differed between the workshop settings and included: living situation, trauma, lack of familial support, boredom, media, drug availability and stigma. Common themes of resiliency factors were identified, factors included: desire for a better life, support from others, concerns for health and self-image, responsibility for others, goals, self worth and fear of needles. Factors relating to emotional and social capital may promote risk or resiliency depending on the severity and context. Youth voice emerged as a strong theme with youth expressing their desire to be heard.

Discussion: Despite varying risk factors for initiating IDU, youth participants across BC identify similar protective factors. Efforts to prevent IDU among street-involved youth should focus on promoting common resiliency factors and seeking youth input. Such approaches will contribute to a comprehensive HIV prevention strategy in BC.

Findings from the Youth Injection Prevention (YIP) Project: Next steps workshops

John Omura,[1,2] Despina Tzemis,[1] Kelsi Cox,[3] Annie Smith,[3] Youth Co-researchers,[1] Anna Funk,[1] Ruth Martin,[2] Jane Buxton[1,2]

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BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Background

• In 2011, 12% of newly diagnosed HIV cases in BC were attributed to injection drug use (IDU)[1]

• 20% of all HIV cases is reported in persons aged 15-29 years[1]

• The Youth Injection Prevention (YIP) Project is a collaborative study including academic researchers, experiential youth co-researchers and community partners[2]

• The YIP Project focuses on identifying resiliency factors associated with preventing the transition into IDU among street-involved youth[2]

• Such factors were previously identified for youth in BC's Lower Mainland through focus groups (FGs)[2]

Purpose

In this next phase, the FG findings were shared through next steps workshops with street involved youth across BC to identify similarities and differences of perceived risk and resiliency factors[3]

Methods

• In 2012, six youth-designed and facilitated workshops were held across BC's five regional health authorities

• Field notes were taken and four of the six workshops were audio recorded

• Analysis was conducted by constant comparative methods

O **Fraser Health**
Surrey
O **Interior Health**
Kamloops
O **Northern Health**
Prince George
O **Vancouver Island Health**
Victoria, Nanaimo
O **Vancouver Coastal Health**
Vancouver

Figure 1. Map depicting the locations of the YIP next steps workshops

Results

Demographic Information :

• 64 street-involved youth participants

• 38 female, 26 male

• Age range 15-24 years

Perceived risk factors for IDU:

• Differed between the workshop settings

• Risks included: living situation, trauma, lack of familial support, boredom, media, drug availability and stigma

"Cause being bored is dangerous, whether you've never used before or whether you're an addict. If you have too much time, you're going to find something to do with that time." –Prince George Participant

"You, like, see, like, everything on TV basically. Like, you hear about drug use. Basically media puts things in our head… that's why we put media under risk." –Nanaimo Participant

Common themes of resiliency factors:

• Factors included: desire for a better life, support from others, concerns for health and self-image, responsibility for others, goals, self worth and fear of needles

"Community involvement, involved in the community. Having support from a network." –Victoria Participant

"Like, for example, myself I don't have very good or-- I don't have very much self-worth, but I do have a lot of willpower and I do have very good values and goals." –Surrey Participant

• Factors relating to emotional and social capital may promote risk or resiliency depending on the severity and context

"Like, when I quit doing everything, right, like, I used such social isolation. Just isolated myself, but that made me want to do more because it was how I got out and met everybody ." –Prince George Participant

Youth voice emerged as a strong theme with youth expressing their desire to be heard in all workshops

Discussion

• Despite varying risk factors for initiating IDU, youth participants across BC identify similar protective factors

• Efforts to prevent IDU among street-involved youth should focus on promoting common resiliency factors and seeking youth input

• Such approaches will contribute to a comprehensive HIV prevention strategy in BC

vancouver foundation

McCreary Centre Society

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2012 Public Health Association of British Columbia Conference –

Abstract for Poster Presentation

Title: Speaking our Language: Findings and Reflections from youth engaged in a community-based participatory research project

Authors: Jesse Reid, [1] **Heather Mariam,** [1] **Puneet Grewal,** [1] **Trevor Coburn,** [1] **Kelsi Cox,** [2] Despina Tzemis, [3] Annie Smith, [2] Jane Buxton [1,3]

1 University of British Columbia, Vancouver, British Columbia, Canada

2 The McCreary Centre Society, Vancouver, British Columbia, Canada

3 British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

Background: The Youth Injection Prevention (YIP) Project is a collaborative study including academic researchers, youth co-researchers and community partners. The YIP project sought to identify factors associated with preventing the transition to injection drug use (IDU) for street-involved youth in the Lower Mainland through community-based, youth facilitated, focus groups (FGs). In this next phase of the study, the FG findings are being shared through youth-facilitated workshops at community organizations across BC. Workshops will also identify preventative factors to IDU among street-involved youth in each community.

Objective: To describe preliminary findings from the next steps workshops, and to learn from the experiences of the youth co-researchers involved in the workshops.

Methods: During the summer of 2012 workshops, which included a video and interactive activities developed by the co-researchers, were held in Victoria, Nanaimo, and Vancouver to explore local issues. Early fall 2012 workshops will be conducted in Kelowna and Prince George.

Results/Discussion: As of August 2012, 29 participants (12 female, 17 male; ages 13-24) participated in the workshops. Preliminary findings show differences in perceived injection prevention factors between the communities.

 The youth co-researchers will present initial findings and reflections on the process of youth engagement which offer insights into how practitioners can more effectively develop authentic youth engagement while providing respect and care for the populations they serve.

The YIP project takes innovative and groundbreaking approaches to community-based research with the engagement of youth co-researchers at every stage of the initiative. This ensures the researchers are speaking the same language as the participants.

3. Newsletters

a) McCreary Centre Society Fall 2012 Newsletter (See *Appendix 1: McCreary news letter page 3*

b) Toward the heart e-zine; Issue 4, May 2013 (See *Appendix 2: Toward the heart update in e-zine #4*)

4. Manuscripts

1. Funk A, Van Borek N, Taylor D, Grewal P, Tzemis D, Buxton JA. Climbing the 'Ladder of Participation': Engaging experiential youth in a participatory research project. *CJPH* (2012) 103(4) 288-92

2. Coser LR, Tozer K, Van Borek N, Tzemis D, Taylor D, Saewyc E, Buxton JA, Finding a Voice: Participatory Research with Street-Involved Youth in the Youth Injection Prevention (YIP) Project - responding to reviewers Dec 2013 Health Promotion Practice

Abstract:

This paper uses a Positive Youth Development framework to explore the experiences of six experiential youth co-researchers (YCs) in the Youth Injection Prevention (YIP) participatory research project, and the parallel track process of empowerment and capacity building that developed. The YIP project was conducted in Metro Vancouver at the BC Centre for Disease Control (BCCDC) and community organizations serving street-involved youth. A process evaluation was conducted to explore themes in the YCs experience in the project, as well as process strengths and challenges. Semi-structured interviews with the YCs, researcher field notes, team meeting and debrief session minutes were analysed. The YIP project appears to have exerted a positive influence on the YCs. Positive self-identities, sense of purpose, reconceptualization of intellectual ability, new knowledge and skills, supportive relationships, finding a voice and social and self-awareness were amongst the positive impacts. Process strengths included team building activities, team check-in and checkout sessions, and professional networking opportunities. Process challenges included the time required to help YC's overcome personal barriers to participation. The YIP project demonstrates that participatory research with street-involved youth is a viable research option that contributes to Positive Youth Development and empowerment.

TARGET GROUP

The YIP project reached the people it was intended to engage. We held a total of six workshops, which included at least one workshop in each of the five health authorities. Unlike the first 2 phases of the project which was restricted to Metro Vancouver workshops occurred in Prince George, Kamloops, Nanaimo and Victoria and Guilford. A total of 67 street-involved youth participated providing their insights about resiliency and risk factors for transit=sion into injection drug use and services needed by street-involved youth in their community. As in previous phase of the study the YIP project also positively impacted the lives of ouryouth co-researchers.

COLLABORATION/PARTNERSHIP

This project was undertaken in partnership with community organizations. Partners engaged in this part of the YIP project included those in communities outside the lower mainland as well as in Metro Vancouver and Surrey.

Community partners serve an integral role in the success of this project. Community partners were selected to collaborate on this project because of their extensive experience working with at-risk youth and their shared goal of improving youth health. Sites identified outside metro Vancouver were selected as past relationship and collaborations with McCreary centre Society.

Community partners helped to recruit study participants and provided safe and comfortable spaces to conduct workshops. Staff members were available to provide the youth participants with support if they were being triggered by the workshop and needed to speak with someone.

Each community site received a site specific report on the workshop.

CONCLUSIONS

This research study offered street-involved youth themselves an opportunity to voice their concerns about their own health and wellbeing as well as that of their peers. Our youth study participants provided insights into how to prevent the transition of at-risk street-involved youth into injection drug use and/or reduce drug-related harms. As in previous phases of the study many of the participants reported that they had not been previously approached for their opinions about service needs that they utilize on a daily basis and they valued the opportunity to have their voices heard.

Our findings highlight the importance of refocusing intervention strategies to promote protective (resiliency) factors associated with IDU, rather than just focusing on reducing risk factors. Some of the resiliency factors identified by the participants which may prevent at-risk youth from transitioning into IDU and/or reduce drug-related harms include: providing youth with opportunities:

- to build skill sets, self-esteem and develop future goals

- for alternative education, community involvement and low-cost recreational activities

Many factors identified as risk factors were also seen as protective factors and depended on the context.

RECOMMENDATIONS

Include youth co-researchers in participatory way in youth oriented projects. This **m**ay be challenging and need additional time to develop the co-researchers skills but improves credibility and authenticity of the research and its findings.

Youth voice: Youth need to have their voices heard; many felt their opinions generally were not asked for or listened to. Youth could support other youth. Developing a community agreement with participants helps the youth identify that their voice and perspectives was important and listened to.

"More resources are needed - stop cutting back." Youth often requested basic support and not necessarily costly interventions. Youth observed that finding safe spaces for young people to express themselves was become increasingly difficult as a considerable amount of funding has been lost for programs over the years.

Specifically youth identified boredom and lack of opportunities for youth to have fun, suggesting having sports and music activities were important. Youth also identified the need for a safe space and somewhere to sleep; as well as a kitchen facility and food available.

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Appendix 1: McCreary news letter page 3

YIP HITS THE ROAD

The Youth Injection Prevention (YIP) Project is a collaboration between the BC Centre for Disease Control, Mc-Creary and youth co-researchers. The YIP team has spent the last few years collecting information on risk and re-siliency for youth and factors that help prevent the transition into injection drug use. The team has developed an engaging 'by youth for youth' work-shop where they share their findings with other young people and discuss different community issues. The work-shop has already been shared with youth groups in Vancouver, Nanaimo, Victoria and most recently at Future Cents in Prince George. More work-shops are scheduled in the Fraser Valley and Interior.

EUSARF CONFERENCE, GLASGOW

This fall, McCreary staff attended the 12th European Scientific Association on Residential Foster Care for Children and Adolescents Conference (EUSARF). The conference was held in Glasgow, Scotland, and featured emerging re-search with youth in care across the globe. McCreary shared the results of the report *Fostering Potential*, which looked at the health of youth with ex-perience of government care in BC. We also partnered with the BC Office of the Representative for Children and Youth to present the youth engage-ment model used to develop indicators of youth health for the *Growing Up in BC report*. We were excited to have the opportunity to discuss the dynamic processes by which young people are engaged in McCreary's research, and to connect with other organizations engaging youth in research in the in-ternational community.

Michelle Wong, Stephanie Martin & Annie Smith
EUSARF Conference, Glasgow, Scotland

Heather Spence & Kelsi Cox,
YIP workshop, Prince George, BC

Place2Be:
Supporting mental health in young people and their families

While in Glasgow, we had the opportunity to visit a local school and learn about Place2Be, a school-based mental and emotional health service for children and youth ages 4-14, run by a UK–wide charity. Place2Be offers a range of early in-tervention support services that help to build resilience in young people. The program aims to reduce the emotional and social barriers that some young people face, and to increase their engagement in school and opportunities for the future.

Place2Be is integrated into the school system and has become a trusted part of schools in many communities. The program provides counseling services for the most vulnerable and at-risk students, while also supporting upwards of 70% of the school population through a drop-in program called Place2Talk. The pro-gram offers 10 minute sessions for youth to talk with a volunteer counselor. Whatever the issue may be, the space provides a supportive adult for youth to talk to about their concerns before problems escalate. The number of students using the service, and the familiarity of the counselor, help to reduce the stigma that often surrounds mental health services.

Available at: http://www.mcs.bc.ca/pdf/Fall_2012.pdf

Appendix 2: Toward the heart update in e-zine #4

Available at: http://towardtheheart.com/ezine/4/harm-reduction-program-research