

YOUTH INJECTION PREVENTION (YIP) PROJECT



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

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Prepared by Natasha Van Borek, MScPPH

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BC CENTRE FOR DISEASE CONTROL

UBC SCHOOL OF POPULATION AND PUBLIC HEALTH

UBC SCHOOL OF NURSING



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



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Research Team

Jane Buxton, Principal Investigator

Assistant Professor, UBC School of Population and Public Health

Physician Epidemiologist, BC Centre for Disease Control

Natasha Van Borek, Project Coordinator

Special Projects Coordinator, BC Centre for Disease Control

Larissa Coser, Assistant Project Coordinator

MPH Candidate, Faculty of Health Sciences, Simon Fraser University

Catharine Chambers, Former Project Coordinator

Graduate, UBC School of Population and Public Health

Anna Funk, Research Assistant

Summer Intern, BC Centre for Disease Control

Youth Co-Researchers

Christina Taylor

Heather Spence

Jesse Reid

Puneet Grewal

Todd Terry

Tyler Cuddahy

Elizabeth Saewyc, Co-Investigator

Professor, UBC School of Nursing

Research Director, The McCreary Centre Society

Darlene Taylor, Co-Investigator

Adjunct Professor, UBC School of Nursing

Research Program Manager, BC Centre for Disease Control

Michael Botnick, Co-Investigator

UBC, Sociology, Retired

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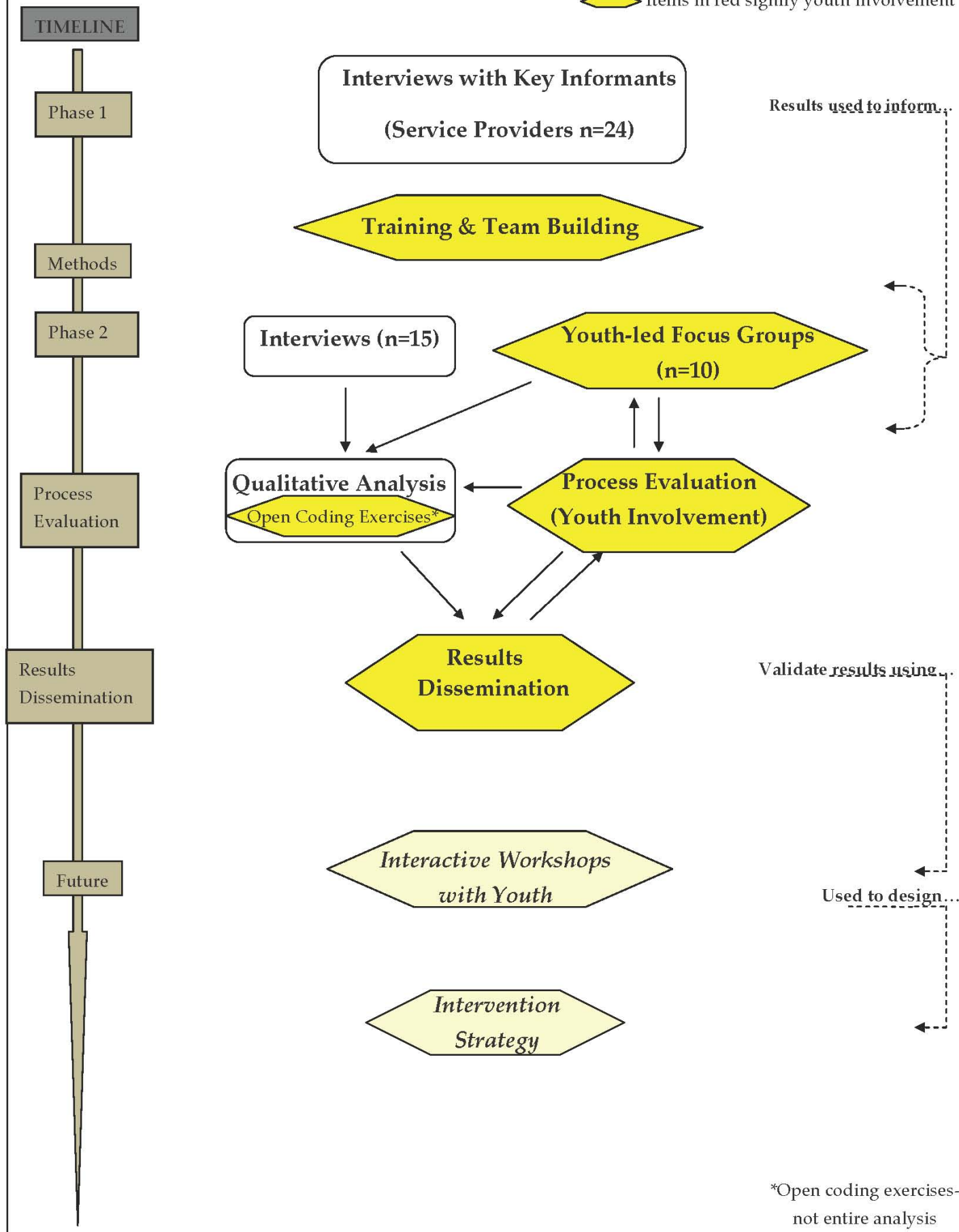
PROJECT OVERVIEW

The research project was conducted in the Metro Vancouver region and included: **Phase 1** - Interviews with service providers who work with at-risk street-involved youth; **Phase 2** – One-on-one interviews and focus group interviews with at-risk street-involved youth aged 15-24 years of age. The focus groups were facilitated by a team of six youth co-researchers, aged 18-24 years of age, many of whom are experiential youth; therefore phase 2 of the project included youth co-researcher training and teambuilding. Following completion of phase 2, we performed a process evaluation of the youth co-researchers involvement in the project. All interviews (phase 1, 2 and the process evaluation) were transcribed and qualitative analysis was performed. The results were “checked” with the youth co-researchers and community partners. Finally we have disseminated the results of phase 1 and phase 2 and the process evaluation at the local, national and international level.

Phase 1 interview guides were informed by a quantitative analysis of the Vancouver data of the Public Health Agency of Canada’s Enhanced Surveillance of Canadian Street Youth Study (E-SYS). Phase 1 results and a literature review informed the development of the interview and focus group guides for Phase 2 and were further refined with input from the youth co-researchers. The audio-taped interviews were transcribed, and the transcripts regularly reviewed; although the project aimed to identify protective and resiliency factors the initial focus groups identified risk factors and negative influences. Thus the focus group guide/script was reframed to bring out positive aspects which youth identified prevented them from injecting.

We plan to secure funding to conduct interactive workshops with at-risk youth to validate our findings, prepare youth-appropriate knowledge translation materials, and identify community-based intervention strategies designed by the youth and informed by evidence-based research.

Items in red signify youth involvement



BACKGROUND – PHASE 1 & 2

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 – PHASE 1 & 2

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.

PHASE 1 - OBJECTIVES

To conduct interviews with key informants (e.g. service providers, outreach workers, counsellors, etc.) who work with at-risk youth aged 15 to 24 in Metro Vancouver, British Columbia

- To explore elements of risk and resiliency that are associated with the transition into injection drug use
- To explore gender influences in the transition into injection drug use
- To explore levels of perceived risk as it relates to injection drug use and examine the interplay between perceived risk and harm reduction

PHASE 1 - METHODS

Twenty-four semi-structured, in-depth key informant interviews were conducted with service providers who work with at-risk youth populations in the Metro Vancouver area of British Columbia between January and June 2009. Participants were sampled in order to ensure recruitment from multiple sites as well as different service roles with youth. Each interview lasted approximately one hour long. Participants were recruited through our community partner organizations. At the conclusion of the interviews, participants were provided with recruitment materials and encouraged to inform their colleagues about the study. Ethics approval was provided by the Behavioural Research Ethics Board at UBC.

A variety of youth services were represented in the sample including health care workers, outreach workers, counsellors, program staff, and program managers. Fourteen of the participants were female, nine were male, and one identified as two-

spirited. Participants had a median of seven years (range: 2-40 years) experience working with at-risk youth. Participants reported that the typical age range for their youth clients was 14-24 years; however, participants commented that they often work with youth who are older than these mandated ages.

PHASE 1 – SUMMARY OF KEY FINDINGS

The purpose of Phase 1 of this study was to obtain service providers' perspectives on risk and resiliency factors associated with transitioning into injection drug use (IDU) among street-involved youth. Twenty-four in-depth, semi-structured interviews were conducted with service providers who work with street-involved youth between January and June 2009 in Metro Vancouver. Key informants identified successes, barriers and opportunities in the provision of services to youth in the context of preventing the transition into IDU. Our findings suggest that intervention strategies should incorporate youth input and focus on the social structural influences around IDU initiation in conjunction with individual-level risk factors. These strategies should aim to simultaneously reduce environmental risk factors for IDU initiation, while promoting resiliency among marginalized youth.

KEY FINDINGS:

Social influences from peer groups, boyfriends/girlfriends and family members' function both directly through introducing youth to injection drugs, and indirectly through normalizing high-risk injecting behaviours. Varying degrees of social acceptability towards IDU exist, depending on the youths' peer group. Some youth arrive in Vancouver from other areas of British Columbia and Canada and become associated with peer groups who use IV drugs in the process of becoming street entrenched, stemming from the need for acceptance and sense of belonging. Some youth become affiliated with certain peer groups in order to become accepted and supported while street entrenched. Positive social supports for example from friends, family, community members, etc. may serve to promote resiliency among at-risk street-involved youth.

"Generally they'll say it's someone who isn't injecting has a friend who is injecting, and they're sitting there telling them how great it is and the high is so much better, so obviously that person wants to experience that."

"I mean I'm sure in their own mind it's a lot more complicated, but sit back and watch it and I mean it's literally as simple as like one, two, three. It's like, you omit that person's influence from that individual and if that individual is resilient enough and strong enough they just won't do it anymore."

"You know I've heard stories about kids helping kids who've never smashed smash [inject drugs]. They tie their arm, they hold the needle, they find the vein, and they're assisting them in doing that. And it's just okay. It's acceptable."

"She just wanted to belong, right. All – that's all she wanted and who did she find? The people that wanted to sell her drugs."

Cultural influences normalize IDU both within the peer group as well as more generally within the street community. Friends, boyfriends/girlfriends, peer groups, family, and community members create a culture around IDU and serve to normalize drug behaviours. Various degrees of social acceptability towards IDU exist depending on the youths' peer group and community. IDU is considered a socially acceptable behaviour within certain youth peer groups, and more generally within the homeless population in Metro Vancouver. However, among other peer groups IDU is considered a stigmatized, socially unacceptable behaviour. Some youth initiate IDU once entrenched into the street culture simply because IV drugs are there and their friends or boyfriends/girlfriends are using them. The youths' personal values around IDU (i.e. whether they use or not) is in part defined by what is considered acceptable within the peer group and more generally on the street.

"You know, it's just so acceptable here. It's not taboo to be an IV drug user in the downtown core."

"And for them, in their circle, it is socially unacceptable to be an IV user. You're termed 'a junkie', 'a waste of life', you know, et cetera. You know, so for them, it's socially unacceptable to be involved in IV drug use."

"I think there's culture in that sense, you know? Who do you hang out with? I mean, I think you can look at groups and say what do they use? What do they use? How do they use it? And if you hang out with people who inject, you're more likely to inject."

"I haven't heard it so much with crystal meth, but with heroin in particular, you hear it a lot. 'I will never use heroin, ever. Ever, ever, ever. Ever!' Right? People have that firmly embedded into their – into their mind. I can do these drugs, I just can't do that."

"From what I've gotten from mostly from my groups that I run, they think, 'Oh, I would never do that.' Oh, that's, like, that's the extreme, you know, that's something that only homeless dirty people do, you know, that have no money and are hopeless."

Structural influences such as safe, affordable housing are required to provide stability to at-risk youth. The lack of safe, affordable housing contributes to the

youths' vulnerabilities while living on the streets. Drugs function as a coping mechanism, an escape, for youth living on the streets; drugs are used to mediate the realities of their harsh living situations. The availability and cost of drugs, a function of the illegal drug market, facilitate the accessibility of injection drugs on the street and use among youth populations. Structural influences also point to the interconnected relationship between street entrenchment and drug use initiation. The combination of social, physical, economic, organizational, and political factors "structure" the context of HIV risk and harms.^{16, 17} Safe, stable, affordable, youth-friendly, non-judgemental housing options are required in order to promote resiliency and provide stability for at-risk youth.

"You're not going to get anyone off drugs if they're homeless because, I mean, it's survival."

"When you're living outside, when it's cold and when it's raining and there's nowhere to go, and you're not comfortable accessing – you know, for a lot of youth shelters are not a safe place to be. So really the only way to cope with freezing every night is to be really high."

"So anybody who doesn't have housing is at risk on a whole bunch of levels. You risk – more risk of violence, more risk of just being out in the damn cold and the cops bothering you 'cause the cops are going to move you along in the middle of the night. And people are going to try to rob you 'cause you they see you as small and vulnerable and sleeping somewhere."

"There's not enough shelters, safe shelters...It's safer for them to sleep during the day and stay awake at night. So a lot of these kids literally report using, crystal meth specifically, to help them stay awake during the night so that they don't get beaten up, don't have their stuff stolen in the middle of the night."

"The easiest way to get drugs sometimes is in needles, which is horrible, but that's just the way it goes."

Family history factors including violence, abuse, and neglect contribute to the youths' vulnerabilities through impeding normal adolescent development. Instances of sexual, physical, and emotional abuse are frequent among street-involved youth. This history of trauma in the home environment may contribute to the youths' failure to develop proper self-esteem and coping mechanisms. Parental drug use also contributes to the youths' vulnerability to IDU both through normalizing injecting behaviours, and also facilitating the injection process. Parental drug use may also contribute to an unstable home environment. However, parental drug use can also function as a protective factor; youth who have parents who use IV drugs often experience the negative effects associated with drug use and are adamant

about not using the drugs their parents do, although some experiment with other types of drugs. Providing emotional and financial support to families in need may be a key mechanism to promote resiliency among the youth, prevent street entrenchment, and promote abstinence against IDU.

"Yeah, there's lots of clients I've worked with where mom was an addict, mom was a prostitute, mom pimped her out, gave her her first hit, and then mom kicked her out the door. And then that's all she knows."

"They've been exposed to it at an early age and it may not seem like that big of a deal because they're exposed to it. Their parents are doing it so how can it be that bad, right?"

"They carry a lot of trauma in their lives...I would say they're going through [development], but they're going through it with their bruises and their traumas and their crises."

"And somehow you have to – you have to be able to put your mind at ease and the only way to put your mind at ease is to freeze it and fry it or to get high...I think that's where you can sort of directly tie in things like family support and things like that because when you have those kinds of constructive and healthier coping mechanisms then it becomes really easy to just refuse the others."

"They came down here to hang out with their mom. And their mom's, you know, under the influence, don't have the best boundaries and judgement when it comes to their own children."

Individual-level factors such as the development of tolerance and addiction to non-injection drugs cause youth to seek a more intense "rush" through injecting. The psychological effects of the drug when injecting in comparison to other routes of administration (e.g. smoking, ingesting, etc.) contribute to the transition. In other words, youth initiate IDU in order to feel the stronger "rush" associated with injecting. Addiction can also contribute to initiating injecting. As tolerance develops to IV drugs, youth require increased quantities of drug to obtain the same high. Injecting is viewed as a more efficient way to administer the drug. The youths' risk taking behaviour is closely related to adolescent development and the transition into adulthood. Many at-risk youth feel they are invincible and fail to consider the long-term harms associated with IDU. Often related to the youths' unstable and traumatic childhoods, at-risk youth lack the self-esteem and self-worth necessary to mediate peer influences and abstain from IDU. Participants identified the development of self-esteem as an important mechanism to promote resiliency among at-risk youth.

“Addiction drives them. So when that addiction is fuelling something, that’s where the risks – they don’t even consider the risks. But, you know, when you get them in a moment of clarity I think then they reflect on it, yeah, they see it as risky. But in that moment, risk is very relative...their addiction is far more powerful than the fear of being killed or dying of HIV.”

“I think the thing about using needles is that it increases the tolerance, and then you can’t just go – it’s almost like you can’t go back. Like if you want to continue in your drug use...if you want to keep getting high, you have to do it that way. If you’re smoking it, you’re not going to get high anymore. What’s the point?”

“I remember one folk – one person I talked with who was talking about having been an injection drug user and for him, at that point in time in his life, injection drug use was a positive alternative to suicide.”

“It just amazes me that the kids down here, despite all of the barriers that they face every day, are still – they still have hope. They still have dreams. They still have goals beyond their life here.”

Gender and/or sexual orientation influences have also been identified in the transition into IDU. In general, male and female youth appear to possess more similarities than differences with respect to risk and resiliency factors. Social influences in the context of IDU initiation do however appear to be stronger for females, especially influences from older males. According to participants, drug use among females is often associated with involvement in the sex trade (i.e. exchanging sex for drugs, money, shelter, etc.).

Lesbian, gay, bisexual, and transgendered (LGBT) youth are over-represented in the street youth community. These youth may experience additional vulnerabilities on the streets related to discrimination and rejection associated with their sexual orientation, may be more at risk for experience for violence both on and off the streets, resulting in internalized self-hatred and low self-esteem. Some LGBT youth may also experience rejection by families and/or certain communities. For these youth, ‘coming out’ is a significant life stressor that straight youth do not endure; drugs offer a means to self-medicate. LGBT youth living in rural areas may have less access to support services in their home communities. These youth migrate to LGBT-friendly urban neighbourhoods searching for belonging, safety, and acceptance.

“You’re letting that person control your drug use...you’re becoming addicted to what that – to that person in a way. Especially with young women, young vulnerable women, and you

know male people that are helping them shoot up. It becomes like a really – like a power hierarchy that's really dangerous."

"I think it's the norm for the majority are deathly afraid that they'll be rejected...I think coming out as a queer kid and very much more so as a trans kid is an enormous life stressor that straight kids don't have to go through and that straight folks generally don't have much concept around...I suspect that's one of the links to the really high rates of substance use."

"I have a lot of two-spirited, like transgender males that come to my group and, like, they feel comfortable and safe on the Downtown Eastside 'cause they're accepted. And they don't want to go back home to their small communities. They weren't accepted there. But they come down here and this is where they're accepted."

"I think the folks who are visibly queer and especially the folks who are visibly trans, are hugely at risk for violence...Queer kids will congregate more on Davie Street and some will congregate more around Commercial Drive, because they're neighbourhoods that are known to be a little bit more queer friendly...A bit safer."

Aboriginal youth are also over-represented in the street youth community. These youth may experience additional vulnerabilities on the streets related to discrimination and rejection associated with their ethnicity. Discrimination and racism against Aboriginal youth manifests itself in a myriad of forms, such as continued abuse for some youth in government care, increasingly high rates of suicide, and barriers to community services and supports. Some Aboriginal youth may use IV drugs as a coping mechanism to deal with these discriminatory experiences. Stigma, discrimination and racism contribute to low self-esteem and self-worth, internalized discrimination, and self hatred; these youth may lack of a sense of belonging at the individual, communal, and societal levels. Multigenerational trauma and abuse from the historical impacts of colonization, including that of the residential school system, has contributed to ongoing related abuse and high levels of poverty within some Aboriginal communities. For some Aboriginal youth, families have had long histories of addiction and have normalized drug use to cope with this multigenerational trauma.

"We have not addressed [racism] in Canada and that's really kind of sad...On a daily basis, I think that [Aboriginal youth] – every day they wake up they're facing some type of racism from Canadian society...it's that type of racism that keeps holding people down."

"I think it's the stuff going back to the residential schools with just a lot of trauma and abuse. In their homes from multigenerational stuff that just – families are just broken down...So it's

just that multigenerational trauma – abuse, foster care, families being broken down and it's just far more prevalent in the First Nations community."

"Doesn't matter whether if you're Aboriginal GLBT [Gay, Lesbian, Bi-sexual, Transgendered] or just the plain GLBT. Discrimination and racism has a lot to do with it...It doesn't take a rocket scientist to figure out that you're nine times more likely to try to commit suicide if you're GLBT."

"I think we underestimate the generational neglect and abuse stuff... 'Cause even though the [residential] schools are closed, that has not changed the horrific stigma and crap, you know, that goes on for First Nations people in terms of being such low-status people in our culture, right. So so much has to happen to change all that and I think it's going to take a long time to undo many of the kind of generational pieces that have happened in, you know, our area."

PHASE 1 – RESULTS DISSEMINATION

Oral Presentations at National and International Conferences:

Chambers C, Van Borek N, Taylor D, Saewyc E, Buxton J. Preventing the transition of at-risk youth into injection drug use. Public Health Association of BC (PHABC) Conference and Annual General Meeting, Vancouver, BC, 23-24 November 2009.

Chambers C, Van Borek N, Taylor D, Saewyc E, Buxton J. Service providers' perspectives: Risk and resiliency factors for injection drug use initiation among street-involved youth. Canadian Centre on Substance Abuse (CCSA) Issues of Substance National Conference, Halifax, NS, 15-18 November 2009.

Van Borek N, Chambers C, Angus N, Taylor D, Saewyc E, Buxton J. Service providers' perspectives on preventing the transition into injection drug use among street-involved youth: Successes, barriers and opportunities. International Conference on Urban Health 2009, Nairobi, Kenya, 18-23 October 2009.

Van Borek N, Chambers C, Taylor D, Saewyc E, Buxton J. Voicing service providers' perspectives: Risk, resiliency, and the transition into injection drug use among street-involved youth. 15th Annual Qualitative Health Research Conference, Vancouver, BC, 4-6 October 2009.

PHASE 2 - OBJECTIVES

To conduct interviews and focus groups with injecting and non-injecting street-involved youth aged 15 to 24 in Metro Vancouver, British Columbia

- To explore elements of risk and resiliency that are associated with the transition into injection drug use
- To explore gender influences in the transition into injection drug use
- To explore levels of perceived risk as it relates to injection drug use and examine the interplay between perceived risk and harm reduction

PHASE 2 - METHODS

Fifteen interviews and ten focus groups were conducted with a total of 60 street-involved youth aged 15-24 in the Metro Vancouver area of British Columbia between November 2009 and April 2010. Participants were recruited through our community partner organizations. Each interview lasted approximately 60 minutes, while each focus group lasted approximately 90 minutes. Participants were provided with a \$25.00 honorarium, return bus transportation and food. Ethics approval was provided by the Behavioural Research Ethics Board at UBC.

PHASE 2 – SUMMARY OF KEY FINDINGS

The purpose of Phase 2 of this study was to obtain street-involved youth perspectives on risk and resiliency factors associated with transitioning into injection drug use (IDU). Fifteen interviews and ten focus groups were conducted with a total of 60 street-involved youth aged 15-24 in the Metro Vancouver area of British Columbia between November 2009 and April 2010. Youth participants identified risk factors, protective (resiliency) factors, gender influences associated with the transition into IDU and service design recommendations for prevention.

i) Risk Factors:

- | | |
|---------------------------------|---------------------------------------|
| • Boredom | • Peer pressure |
| • Curiosity and experimentation | • Social isolation |
| • Drug availability and pricing | • Stigma related to IDU |
| • Family drug use | • Street involvement and homelessness |

"If you've got nothing to do and you've used before 'cause you wanted to see what it was like...That [IDU] alleviates boredom and it's easy to do...Especially if you don't have much money it's really hard to find things to do." - **Interview #2**

"I never knew anyone. I never hung around anyone that injected...I came to Vancouver, it's like, everywhere you go everyone's injecting, like, that's all they do." – **Participant #5, Focus Group #3**

"My mom used drugs... Basically everybody in my family has been addicted to some sort of drug. My grandparents are alcoholics." –**Interview #4**

"Fills the void...I just feel like a social outcast...Before I injected, like, I had, like, a hundred friends...Once I started I lost everybody and everything." – **Interview #3**

"If you're on the street and when you are sober...All you can think about is using again and feeling okay again... You're on the street...Anything can happen. Easier to get bored. Cold...Drugs keep you warm, at first at least."– **Interview #2**

ii) Protective (Resiliency) Factors:

- Concern for health and self-image
- Desire a better life
- Family drug use
- Support
 - Community involvement
 - Culture and associated identity
 - Positive role models
- Fear of needles
- Responsibility for others
- Values
 - Goals
 - Self-worth
 - Willpower

"I don't inject because I don't want to catch anything...If I was to fix I would be worried about catching HIV, Hep C, all that kind of stuff." – **Participant #4, Focus Group #1**

"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#1**

"I wouldn't use injection drugs because that's how my mom and my grandma and my aunties died." - **Participant #1, Focus Group #1**

"I don't like needles. I don't like blood work...I don't like needles period. So why would I want to inject myself?" – **Participant #3, Focus Group #2**

"Her kids is the only thing that's really, like, making her want to quit...She wants to be a mother again." – **Participant #4, Focus Group #7**

"For me it 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." - **Participant #3, Focus Group #8**

"For me it was watching my elders and listening to their stories of what's been going on...Learn from others' mistakes...Try not to go the same path as others. – Participant #3, Focus Group #9

iii) Gender and/or Sexual Orientation Influences:

- Female and LGBT youth transition into IDU more likely to be associated with involvement in sex work
- Females more likely to be offered drugs and be doctored by males
- Males more likely to be influenced by peer pressure

"So the guys smoke it to be cool and girls all shoot it 'cause they're all fucking emotionally scarred from having to fuck people." - Interview #3

"Any gender that is, seems to be with or like influenced by males, like in relationships or whatever sexually wise, it seems to me, they're the ones that smash more." – Participant #2, Focus Group #3

"A lot of time, like, guys won't let chicks shoot up because they see them as more vulnerable or sensitive whereas guys like might get pressured to shoot up because somebody will be like, 'oh what are you, a pussy?' " – Participant #3, Focus Group #1

iv) Youth Service Design Recommendations:

- | | |
|---|---|
| • Involvement of experiential youth | • Targeted community-specific interventions |
| • Low-barrier services | |
| • Non-judgmental services | • Youth input in service design |
| • Provide opportunities to build capacity | • Youth-specific services |
| relationships, self-worth and trust | |

"There's no youth-to-youth based-outreach, but like kids like us...A lot of it's fucking adults that have just spent four years in school learning about people like this.- Participant #3, Focus Group #1

"Homeless at the time. I came in here. They're not supposed to let me stay. They let me stay...Somewhere to eat. Someone to talk to...If I didn't have that, I don't know where the hell I would be." - **Participant #2, Focus Group #3**

"When a service is judgmental towards you .it's going to stop you from going to that service...They judge you if you're an addict. They treat you like garbage." - **Participant #1, Focus Group #5**

"Figure out what the youth want...It's got to constantly evolve and it's got to be from the people you're trying to help. And it's got to be done where they're at. Not where you want them." - **Participant #5, Focus Group #8**

PHASE 2 – RESULTS DISSEMINATION

Upcoming Oral Presentations at National and International Conferences:

Coser L, Van Borek N, YIP Co-Researchers, Botnick M, Chambers C, Taylor D, Saewyc E, Buxton J. Service Providers' and Street-Involved Youth Perspectives on Preventing the Transition into Injection Drug Use among Street-Involved Youth: Successes, Barriers and Opportunities for Youth Prevention Services. 16th Annual Qualitative Health Research Conference, Vancouver, BC, 3-5 October 2010.

Van Borek N, Coser L, YIP Co-Researchers, Botnick M, Chambers C, Taylor D, Saewyc E, Buxton J. The Youth Injection Prevention (YIP) Project: Street-Involved Youth Perspectives on Successes, Barriers and Opportunities for Youth Prevention Services. 9th International Conference on Urban Health 2010, New York, USA, 27-29 October 2010.

Oral Presentations at National and International Conferences:

Van Borek N, Coser L, YIP Co-Researchers, Botnick M, Chambers C, Taylor D, Saewyc E, Buxton J. Youth Co-Researchers Explore Street-Involved Youth Perspectives on Preventing the Transition into Injection Drug Use. 18th International AIDS Conference, Vienna, Austria, 18-23 July 2010.

Van Borek N, Coser L, YIP Co-Researchers, Botnick M, Chambers C, Taylor D, Buxton J. The Youth Injection Prevention (YIP) Project: Process Evaluation of Youth Involvement as Co-Researchers in a Qualitative Study of Street-Involved Youth. Centenary Canadian Public Health Association Conference, Toronto, 13-16 June 2010.

Van Borek N, Coser L, YIP Co-Researchers, Botnick M, Taylor D, Saewyc E, Buxton J. The Youth Injection Prevention (YIP) Project: At-Risk Youth Share Perspectives with

Youth Co-Researchers on Preventing the Transition into Injection Drug Use. 19th Annual Canadian Conference on HIV/AIDS Research (CAHR), Saskatoon, SK, 13-16 May 2010.

Oral Presentations at Other Venues:

Community Partner Forum - BC Centre for Disease Control, 655 West 12th Ave., Vancouver, BC - Tues. June 29th, 2010 - The following community partners staff members attended and participated in a feedback session to validate study findings at our forum: Directions Youth Services, Gab Qmunity Youth Services, Pacific Community Resources Society, The McCreary Centre Society, Watari Family and Youth Services. Some community partners were not able to attend due to summer holiday scheduling.

Work in Progress (WIP) Session – BC Centre for Disease Control, 655 West 12th Ave., Vancouver, BC - Tues. May 4th, 2010 – The audience for this presentation was all staff at the BCCDC. There were approximately 50 people in attendance.

CONCLUSIONS – PHASE 1 & 2

Our research study offered service providers who work with at-risk youth a unique opportunity to share their personal narratives regarding influences surrounding at-risk youth and IDU initiation. Although service providers and community organizations are often consulted during research studies involving at-risk youth, rarely are their voices integrated into the research design. Given their considerable experience working with at-risk youth, key informants provided invaluable insights into the project. These insights could not be obtained through alternate methods to the same degree of discernment. They offered novel, well-articulated perspectives from a variety of disciplines including, but not limited to, psychology, social work, counselling, public health, and nursing.

This research study also 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 were eager and passionate to share their stories and experiences with the research team including youth co-researchers and provided many insights into how to prevent the transition of at-risk street-involved youth in to injection drug use and/or reduce drug-related harms. Many of these participants reported that they had never been approached for their opinions on barriers to accessing the services and 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 only focusing on reducing risk factors. Providing youth with opportunities to build skill sets, self-esteem, future goals as well as opportunities for alternative education

community involvement and low-cost recreational activities are some of the protective (resiliency) factors identified by our study participants which may prevent at-risk youth in the Metro Vancouver region from transitioning into IDU and/or reduce drug-related harms.

RECOMMENDATIONS – PHASE 1 & 2

Need for More Resources: In general, both service providers and street-involved youth praised the availability of resources and the quality of services for street-involved youth; however, they also emphasized the need for more of these resources. They described that although services were available, many of these services were overtaxed; these services operate on limited budgets, are difficult to schedule appointments, and are restricted to certain days and times. Other barriers to services included aging out of youth services such that youth are no longer eligible for care; geographic barriers to services; restrictions on hours of operation; other restrictions such as non-smoking or drug abstinence policies; and a paucity of youth-specific services. Participants in Phase 1 & 2 also emphasized the need for specific, inclusive policies and programs for LGBT and Aboriginal youth.

Support from Peers and Family: Participants in Phase 1 & 2 identified support from family and peers as a means to promote resiliency. Given the emphasis on social influences associated with the transition into IDU, interventions should focus on promoting positive social network ties. Examples of positive role models could include service providers, non-street-involved same-age peers, previously entrenched youth who have transitioned out of the street community, and potentially even family members. Consistent with these recommendations, participants emphasize the importance of peer-based education; in other words, provision of services and support from individuals who were formerly street-involved youth. They advocated for early resources and supports for families that may be considered at-risk, rather than immediate removal of vulnerable youth into government care. However, increased family connectedness may not be appropriate for all youth, especially if home is a significant source of violence, abuse, and neglect.

Education: Participants in Phase 1 & 2 emphasized the need for early education around IDU beginning at elementary school age. They criticize public health messaging that employs an “all drugs are bad” slogan or that unnecessarily scares youth regarding drug-related harms. Education strategies should be youth-informed, evidenced-based, culturally-relevant programs that employ youth-friendly dissemination methods (e.g. small groups, role playing, interactive learning techniques).¹⁸ Participants also emphasize the need for more funding and supports in the public school system for youth who possess mental health issues and/or learning disorders, especially for youth who may lack the necessary resources in the home environment. Institutional support within education system is also required

for LGBT youth. Participants suggested teaching LGBT issues in public school curriculums and conducting workshops with parents of LGBT youth to support healthy development of their children.

Treatment and Shelter: Participants in Phase 1 & 2 discussed the difficulty of youth accessing detoxification and treatment programs because of a lack of beds and limited hours of operation. As well, participants commented that limited services are available for youth to transition back into the community once they have completed a detoxification or treatment program. Most importantly, participants emphasized the need for safe, affordable, stable housing. They commented that social assistance is not enough to secure housing for most youth and that few youth-specific housing options were available. Openly inclusive, non-judgmental, and safe housing and treatment options for LGBT and Aboriginal youth are also required.

Building Resiliency: In terms of resiliency, participants in Phase 1 & 2 emphasized the need for youth-friendly and youth-specific services. They advocated for capacity building and skills-based training for youth in conjunction with a de-emphasis on academic-based achievement. Non-judgmental, ongoing, consistent support is required for effective relationships to be built between youth and service providers; however, challenges exist in relationship building due in part to the unavailability and inconsistency of resources and funding. Given that drug use is closely tied to street involvement, intervention strategies should focus on not only preventing youth from becoming street-involved, but also promoting “real-time” resiliency for those youth already entrenched. Participants emphasized the benefits of reconnecting Aboriginal youth with traditions and culture, including involvement of the Aboriginal community, use of traditional ceremonies, and inclusion of traditional culture and protocols in addiction and mental health-related clinical modalities.

INVOLVING YOUTH CO-RESEARCHERS

Involvement of youth co-researchers in the study was a challenging yet essential component which enabled increased opportunities for rich data collection as our study participants shared experiences with peers while also providing youth co-researchers with an opportunity to develop their own skill sets.

SUMMARY OF TRAINING PROVIDED

Overview of training provided to youth co-researchers – October 2009-June 2010:

Youth were interviewed in late September and 10 were hired for a training start date of October 7th, 2009. The most intensive months of training were October, November and January (See Appendix 7 for Project Timeline). The training sessions were co-facilitated by the Project Coordinator, Assistant Project Coordinator and when

possible our other Co-Investigator Michael Botnick who balanced out the gender dynamic, as both Project Coordinators are female.

Training sessions included:

- 1) How to moderate and note-take in a focus group, 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, including addressing any issues after data collection in following session;
- 4) Community partner site visits which included a tour and explanation of available services of community partner organizations; youth-specifics community services;
- 5) Creation of questions for interview and focus group guides and piloting of questions in mock focus group sessions;
- 6) Revisions to questions for interview and focus group guides to reflect reframing on resiliency than risk factors after having conducted 5 focus groups.
- 7) Review of focus group challenges and successes after data collection, with emphasis on how to improve for the next round of data collection;
- 8) Discussion of preliminary results and topics in focus groups with particular attention to emerging themes youth co-researchers identified;
- 9) Qualitative research training, including review of focus group transcripts, open coding of project transcripts, coding comparison and creation of coding framework collaboratively as a team;
- 10) Review and input of content for oral and poster presentations for results dissemination phase, as well as practice sessions for presentations.

TEAMBUILDING ACTIVITIES

Teambuilding activities were included in the project design from the initial hiring and training of the youth co-researchers to present. These activities are essential to incorporate into a future budget for involving youth in research as they were not originally planned for in our original application. Such activities are key to maintaining group cohesion and a motivated youth team prepared to take on existing responsibilities and new challenges.

Examples of team building activities included:

- After Homelessness, Firehall Arts Theatre – November 2010
- YIP Project Christmas Party, Lunch, Bowling – December 2010
- Urban Native Youth Association Photo voice Exhibit – January 2010
- DTES Valentine's Day March – February 14th, 2010
- The Impact of Science & Innovation on the Evolving Global Health Paradigm: HIV and AIDS – A Global Challenge of Olympic Proportion Symposium – February 25th, 2010
- B.C. Centre for Excellence in HIV/AIDS Forefront Lecture Series will present a talk by Danya Fast called "'Down here, everyone uses something': Contextualizing 'risk' among young people entrenched in an urban drug scene"- March 3rd, 2010
- Alice in Wonderland 3D Movie –March 21st, 2010
- Fundraising for Silent Auction – Various dates throughout April 2010
- Acquired Taste IV: YouthCO's Sassy Sweet 16 - A Fundraiser for YouthCO AIDS Society - Friday July 9th, 2010

BACKGROUND – PROCESS EVALUATION

In review of the literature, we can see that participatory research (PR), in its various forms, is an increasingly popular method of research in public health ⁽¹⁹⁻²⁶⁾ Some of these projects focus on engaging youth as co-researchers in areas of relevance or importance to them ^(20-24, 26) . Through reviewing evaluations of participatory projects involving youth we are able to understand: populations of youth being engaged, the

effectiveness of engaging youth in research, the challenges involved in this process, and the benefits of this type of engagement to the youth involved.

The voices of marginalized youth can be easy to hear, and are being progressively more listened to, however, these youth still lack agency, rendering their voices without consequence. Many studies have token involvement of youth or as research subjects only, ensuring that their concerns are understood, but leaving them powerless to make social and political changes which may be valuable to them ⁽²⁷⁾. Fully involving marginalized youth in participatory research ensures that they are not only speaking their voices, but also controlling the distances which their voices will carry ⁽²⁷⁾. In many studies, youth co-researchers and peer helpers are selected based on age similarity rather than because of their 'way of life' or ability to relate ^(23, 28-31). Unfortunately, few research projects involve experiential youth, and even fewer involve these youth at a level of engagement which ensures their ability to effectively make social and political change ^(23,31).

In the past, the knowledge and expertise of marginalized youth and other non-academic populations have been disregarded and seen as unsound ^(32,33). Such views are changing, however, and lay community members with real life expertise are increasingly valued as the most effective interventionists and co-researchers in their own communities ^(34,35). The use of experiential, marginalized youth in PR has many benefits. Trust and respect issues with the community on which research is taking place can be lessened by including these culturally relevant researchers, who can also better empathize with the subjects' situations ^(20, 25, 36). Experiential youth co-researchers can be seen as the most esteemed members of a research team because of their first hand experience dealing with the research issue ⁽³⁷⁾. These youths' input on questionnaires and research methods are necessary in order to ensure the most valid results from the target population ⁽³³⁾.

Due to the many challenges associated with involving non-academic experiential youth in research, it is the opinion of some researchers that PR is not the most effective method of gathering valid results from marginalized populations ⁽²⁶⁾. Time limitations, in combination with steep learning curves, are a definite challenge when involving experiential youth in research ⁽²²⁾. Like any research project, budget constraints heavily impose upon youth PR, especially considering the need to sometimes extend projects due to unexpected delays surrounding youth involvement and learning ^(21,22). Because of the complexity and time commitment involved in evaluation methods, fully involving youth in all aspects of the research, including evaluation of the process and results, can prove to be impossible ^(22,23,38).

There have also been many issues cited with regards to surrounding communities and research agencies not being accepting of experiential youth involvement and expertise in the research process ⁽²²⁾.

Not only does the involvement of youth create a more relevant and sustainable research project, but it also lends noticeable benefits to the youth co-researchers themselves. It has been found that empowerment is the result of youth involvement in processes such as participatory research where opportunities are presented for youth to impact their surrounding communities, and likely gain a 'pro-health' identity ^(22,23,25,28,31,39). Interestingly, it has also been found that positive outcomes of youth engagement in PR is greater when youth are at-risk (which may involve experiential youth), versus youth who have been chosen for age similarity and who are less vulnerable ⁽³¹⁾. Engagement in public health research and initiatives has led to youth making positive health and developmental choices, such as re-enrolment in school, choosing to stop doing drugs, and ironing out behavioural issues ^(20,22,39). Youth also gain public speaking and research skills, as well as the opportunity to network with public health agencies and organizations, leading to further employment opportunities ⁽²²⁻²⁴⁾.

RATIONALE – PROCESS EVALUATION

In order to monitor and evaluate the training process undertaken, including the challenges and opportunities that arose for the youth co-researchers during the course of the project, the research team decided it was necessary to conduct a process evaluation of the youth co-researcher project involvement. Based on the literature, and an informal evaluation of our similarities and differences to other youth involved participatory research projects, our project can be defined as a form of participatory research which has progressively evolved around our youth, based on their individual motivations and skills. At every phase and sub-phase of this project, the youth co-researchers have been involved at various levels, which could be likened to moving up and down Hart's ladder of participation ^(31, 38,40,41), on their own accord. This unique type of participation, based fully on our youth co-researchers personal traits and enthusiasm, is unlike that seen in most other participatory research studies. Our use of experiential youth as partners in research also lends uniqueness to our study considering that this is still a relatively new area of research, and few research projects are able to, as comprehensively; involve experiential youth from marginalized populations ^(20, 22-24). In evaluation and dissemination of our project, we have been, and will be further, focusing in depth on

the ways in which this project has impacted and benefited our youth co-researchers; this is a topic which most papers describing youth participatory research only touch on briefly ^(20, 22-26, 39).

PROCESS EVALUATION - OBJECTIVES

To determine how project involvement has impacted youth co-researchers and identify process issues to ensure project relevance, viability and success.

PROCESS EVALUATION - METHODS

Six youth age 18-24 years participated in a qualitative study as co-researchers investigating factors that may prevent youth from transitioning into injection drug use. Participation included: 1) training sessions to develop research skills; 2) community partner site visits to learn about available youth services and study population; 3) designing project logo, focus group and interview scripts; 4) facilitating focus groups with street-involved youth; 5) basic qualitative data analysis; 6) results dissemination. Co-researchers were subsequently interviewed to at month three and month six of project involvement to evaluate: 1) impact of project involvement; 2) perceived preparedness for data collection; 3) further training desired; 4) project modifications required.

PROCESS EVALUATION – SUMMARY OF KEY FINDINGS

Our six youth co-researchers describe empowerment, personal growth and development. They developed a greater sense of self-worth and gained valuable knowledge, leadership and research skills, which they perceived were transferable to other areas of their lives. Youth co-ownership over the research process ensured the study was relevant and youth driven. Process evaluation allowed the research team, including the youth co-researchers to monitor their progress, personal development and incorporate necessary modifications from youth input into project design and implementation.

PROCESS EVALUATION RESULTS- IMPACT OF PROJECT INVOLVEMENT

Youth co-researchers identified the following:

1) Personal and group growth and development

Youth co-researchers identified involvement in the project provided them with development of self-worth, sense of accomplishment, belonging, commitment, pride, purpose and ownership.

"I put 110 percent effort in it. Just for this project...Never held a job down this long. This is my longest job...I think because the team is great and I feel not so much that I'm coming to work. It's like I'm going to see my family." – **Youth Co-Researcher #2**

"It's bringing wonderful insights, like, into my own life, into other people's lives. I've seen other people in the group demonstrating growth...Probably based on that injection of confidence." – **Youth Co-Researcher #5**

Youth co-researchers also identified that project involvement provided them with opportunity for personal growth and self-reflection in a supportive learning environment.

"Skills that I acquired during this was more self-confidence...More understanding of myself...I still don't know who I am yet to this day and I'm working on that...When I joined this project I started to change myself 'cause I'm, like, I'm a researcher. In my mind I'm, like, I'm a researcher, you have to start changing ways. So I dropped actually-- I did 500 'unfriends' on Facebook. I just deleted them. Five hundred of them. Which was a big, big step for me. Because I'm trying to move on with my life." – **Youth Co-Researcher #2**

"I think I could look at my life...Half, like, bad choices, half like victim of circumstance...You don't finish high school and there's all these barriers that are put in your way...This is the only thing in my mind that has, like, been a positive repercussion of bad choices." – **Youth Co-Researcher #5**

"It actually really got me to look inside of myself...I'm wanting to get into a career where I'm involved more as an HIV person working within the HIV epidemic area." – **Youth Co-Researcher #6**

2) Knowledge and Skills:

Youth co-researchers identified that project involvement allowed them to gain knowledge into drug use, the street scene and youth-specific community resources and perceived their learning & skills were transferable to other areas of their lives.

"A lot of the stuff that I'm hearing here is sort of a way for me to experience things that I've never experienced before. It sort of gives me a different scope on, like you know, where my boundaries lie." – **Youth Co-Researcher #3**

"Being part of the focus groups allowed me to see into a world without having to be a part of it myself. And understand it better without having to participate in it-- and that has helped my curiosity for that kind of life because I have more insight into it now." – **Youth Co-Researcher #1**

Youth co-researchers also identified that project involvement allowed them to gain valuable leadership & research skills, including learning about the importance of maintaining confidentiality, the patience one requires for data analysis and learning new skills outside of one's comfort zone such as coding.

"I mean, it's foreign. It's frustrating...I don't think there's an easy way to sift through tons and tons of pages of data without being, like, eew. Like, it's going to be kind of painful to do." – **Youth Co-Researcher #3**

"I see focus group participants everywhere. But I don't point them out...It's really important 'cause we promised these youth and, you know, that means a lot, like, they're opening up...It's a big thing, confidentiality...We gotta keep it...If you want to last in this field, you have to be able to keep confidentiality." – **Youth Co-Researcher #4**

"The coding? Oh my God, I dreaded the coding...It was out of my comfort level but it's like something that needs to be done in a job...It's like, oh I don't want to do this but I have to do it and learn it...I love coding now." – **Youth Co-Researcher #2**

"Coding...I'd like to meet the man back in whatever year it was first created...Coding...'Cause I like it so much now, I've joined another job that does coding. What's wrong with me? I hate coding but I love it." – **Youth Co-Researcher #6**

Youth co-researchers also identified that project involvement allowed them to learn the value of a non-judgmental outlook, relationship building and teamwork.

"Not pissing them off...Maintaining the relationships with the people in my work and treating them the way that I want to be treated...That is a big success for me." – **Youth Co-Researcher #1**

"I've learned to work with a team, it's very important and I think it's one thing I've learned is the team. We all bounce ideas back and forth and we work through them." – **Youth Co-Researcher #4**

PROCESS EVALUATION RESULTS- STRENGTHS

- 1) Support among team members and coordinators
- 2) Encouragement for learning by coordinators
- 3) Opportunities to network for youth (i.e. site visits and conferences)
- 4) Open communication and shared decision making
- 5) Sense of ownership
- 6) Most youth are experiential

PROCESS EVALUATION RESULTS- CHALLENGES

- 1) Different learning levels
- 2) Different levels of contribution by each youth
- 3) Group processes can lead to some voices being unheard
- 4) Some participants felt over burdened
- 5) Anxiety about project sustainability
- 6) Youth Co-Researcher challenges in personal life

PROCESS EVALUATION RESULTS- LESSONS LEARNED

Group Process:

- Coffee, food and smoke breaks are necessary
- Early start is not a good idea (took a red eye to CAHR conference, hard to function the next day)
- Emails and phone calls to remind youth of shifts welcome

- Encouragement and support in the research process and personal life essential
- Team building activities and meeting on frequent basis are key to maintaining group engagement and cohesion

Ownership and participation:

- Interview and focus group script modifications should always be designed together and practiced in training
- Means of maintaining project team cohesion and relationships after project ends must be identified
- If funding available, youth desire and should be given more work opportunities and responsibilities in the research process

Knowledge and Skills:

- Further review of potential focus group scenarios
- Give youth a more in depth understanding about research processes (i.e. publications and conferences)
- Outline clear expectations about Youth Co-Researchers role from the beginning
- Learning to note take and code was very challenging for most youth- requires more one-to-one attention and training

PROCESS EVALUATION - CONCLUSIONS

- Youth co-ownership over the research process ensured the study was relevant and youth driven.
- Involvement of youth co-researchers in the study was a challenging yet essential component which enabled increased opportunities for rich data collection as our study population shared experiences with peers.
- Process evaluation enriched the study, as it ensured youth input, co-ownership, strengthened study outcomes, and enabled project success.

MECHANISMS TO REDUCE COSTS

Volunteering at conferences - Five of the six youth co-researchers volunteered at the CAHR 2010 and CPHA 2010 conferences in order to reduce registration fees, to enable all six youth co-researchers the opportunity to present project findings to national audiences.

CAHR 2010 Community Scholarship Winner - One of our youth co-researchers, Tyler Cuddahy, who is openly HIV+, applied for and was awarded one of only five national community scholarships to attend CAHR 2010. The scholarship provided for return air transportation to Saskatoon, Saskatchewan, hotel accommodation and per diem.

FUNDRAISING INITIATIVES

Silent Auction – Tuesday May 4th, 2010 - The YIP youth co-researcher team volunteered their time and solicited donations from the Vancouver business community for a silent auction during the month of April 2010. The silent auction was held at the BC Centre for Disease Control (BCCDC) on Tuesday May 4th, 2010 concurrent to the youth presenting preliminary project results at a Work in Progress (WIP) session to BCCDC staff and other members of the community who attended.

We would like to acknowledge the following individuals and/or sponsors for their generous support of the YIP project silent auction:

- Black Dog Video
- Chemically Addicted Hair Inc.
- Cineplex Odeon
- Circle Craft
- Commodore Lanes & Billiards
- Déjàvu International Inc.
- Ecomarine Ocean Kayak
- www.funandgames.ca
- Grandview Lanes Bowling
- Jean Queen
- Julio & I Restaurant
- Little Sisters
- Marilyn McIvor
- Robert Max Hair Designs
- Room for 2 Maternity & Baby
- Starbucks
- Ten Thousand Villages
- Veras Burger Shack
- Waazubee Restaurant
- Wonderbucks

YIP Project Team Contributions

- Christina Taylor (donated 4 gift baskets)
- Michael Botnick (donated painting by John Ferrie)
- Natasha Van Borek (donated Kenyan jewellery)
- Puneet Grewal (donated 3 paintings)

One of our youth co-researchers, Todd Terry, DJ'd the event, which was a tremendous success. In total \$2500.00 was raised at the silent auction. These funds were utilized to partially cover the air transportation, accommodation and per diem costs for the youth co-researchers to travel to co-present at both CAHR 2010 and CPHA 2010 conferences.

Drag Performance Show – Mon. May 10th, 2010 - Two of our youth co-researchers, Tyler Cuddahy and Todd Terry, also organized a drag performance show in the month of May in order to provide the YIP project team with an additional opportunity to fundraise in order to ensure all six team members could co-present at one of the two national conferences. The show was a tremendous success, although it was held on a weekday and unfortunately did not attract the expected numbers in terms of crowd. Regardless, the fundraising total from this event was \$225.00. Prizes were also awarded at this event for various activities.

YIP PROJECT RESULTS/ACHIEVEMENTS

The purpose of this project, as stated in our Vancouver Foundation funding application, was to:

- a) Obtain an improved understanding of the risk environment of street-involved youth's lives that can potentially influence injection drug use (IDU) initiation;
- b) Improve the health of marginalized youth in British Columbia by engaging at-risk youth in our focus group discussions, and providing them with a sense of control and empowerment over their own health issues;
- c) Provide research training and skills to youth co-researchers and allow them to impact the health of their peers;
- d) Provide individuals who work directly with youth populations an opportunity to have their voices heard on issues relevant to health and healthcare for this population in British Columbia;
- e) Impact communities across British Columbia by dissemination of our project findings and improved understanding of how to prevent the transition into IDU in Metro Vancouver among street-involved youth to other street-involved youth and communities throughout the province, including to rural areas.

All project goals and objectives stated in our original funding application were successfully achieved with the exception being the final one involving results dissemination to other communities throughout the province. Although extensive results dissemination has occurred, and we have validated the results of our qualitative research with the youth co-researchers and community partners we have not yet conducted interactive workshops as was originally hoped.

However the involvement and training of youth co-researchers in qualitative data analysis, and preparing and giving presentations at local and national conferences was far beyond our original expectations for the youth co-researchers and has been supported by the project funding supplemented by fund raising activities by the youth. The presentations were highly successful and received positive input from many academics and conference attendees further empowering the youth. Hence we have utilized all project funding provided (See Financial Report – Appendix 6).

As a result of this project, not only has the research team been provided an improved understanding of the risk and resiliency factors associated with preventing the transition into IDU among street-involved youth in Metro Vancouver, but also have been provided an understanding of gender and/or sexual orientation influences affecting the transition, perceived risk and harm reduction practices as well as recommendations for prevention services by both service providers and street-involved youth themselves. The voices of service providers and street-involved youth have been included in the dialogue on issues directly affecting street-involved youth in Metro Vancouver. In addition, the team of six youth co-researchers, many experiential youth themselves, that participated in this project, have demonstrated considerable personal growth and development through project involvement. In terms of unintended results of the project, although we did anticipate that the research training and skills provided to our team of six youth co-researchers would contribute positively to their lives, when we completed the process evaluation of their project involvement we learned that the project itself had catalyzed personal growth, self-reflection and positive change in their lives far beyond the expectations or project goals originally conceived of.

The original project objectives and activities were altered as the project evolved. The following project modifications were made since the original research grant application was submitted:

- 1) Research Team – Additional co-investigators were added to this project: Michael Botnick, Natasha Van Borek (Project Coordinator). Larissa Coser (Asst. Project Coordinator), Anna Funk (Summer Intern), Natalie Angus

(Summer Intern) and six youth co-researchers were also involved in this project.

- 2) In addition to existing community partners, the following community partners were added to this project based on assessed need: Boys R Us (Vancouver Coastal Health) and PRISM (Vancouver Coastal Health), Urban Native Youth Association and Watari Youth, Family and Community Services in Phase 1; Covenant House, Gab Qmunity Youth Services in Phase 2.
- 3) Community partners and youth co-researchers have not as of yet participated in reviewing dissemination materials, and recruiting youth for the interactive follow-up workshops and conducting the interactive workshops. This will be completed in Phase 3 for which we are seeking funding in upcoming grant applications.
- 4) The community-friendly report and fact sheet has yet to be disseminated to individuals, policy makers, community organizations and government organizations that are concerned with the health of at-risk youth populations. This is currently being designed with our team of youth co-researchers.
- 5) An abbreviated version of the community report will be prepared and submitted to a peer-reviewed journal in the health and social sciences field. There are in fact 4 different manuscripts being prepared with the results of this research that we plan to submit in the coming months for publication to peer-reviewed journals.
- 6) Community partners were not solely responsible for recruiting youth to participate in the focus group discussions. Depending on what the partner preferred, often youth co-researchers and project coordinators were actively involved in study participant recruitment for Phase 2.
- 7) Ten youth were originally hired with the expectation that not all youth would remain for the duration of the training. It was also not explicit within the original grant application that we would hire experiential youth. Based on our pool of applicants and their experience, we were able to do so which created new challenges and opportunities for the project. By the time we reached the data collection stage of our project, we had 6 youth co-researchers who were committed to remaining for the duration of the project and were able to follow the guidelines we had in place regarding behaviour and expectations (i.e. could not miss 2 training sessions in first few months, no substance use at work, not having injected in past 6 months, being comfortable in all areas of the city).

- 8) With regards to our research questions themselves, there were several modifications made to the interview and focus group guides which we assessed were necessary during Phase 1 and Phase 2 of the project. First we will address the modifications required to the research questions themselves. For framing the questions themselves and the analysis, risk and resiliency (protective) factors were separated into two separate threads in the analysis rather than one. The second modification was to modify the male and female gender analysis question to incorporate LGBTQ (Lesbian, Gay, Bisexual, Transgendered and Questioning) youth's experiences into the study, as well as to frame this as gender and/or sexual orientation influences rather than merely gender differences. The third modification was to include the service provider piece in Phase 2, in order to ask youth about barriers and successes of prevention services and recommendations for intervention strategies. Lastly, in Phase 2 once 5 focus groups had been completed and a preliminary analysis or results completed, the YIP project team co-investigators, project coordinators and youth co-researchers revised the script to focus more on resiliency factors rather than risk factors, which was the predominant theme emerging in the earlier focus groups.
- 9) Although 10 focus groups were performed as originally stated would be, UBC ethics would only allow a maximum of 6 youth aged 15 to 24 years to be in one focus group rather than 6-10 as originally stated. We ensured that a maximum of 6 youth that fit our selection criteria were included in our focus groups. When there were additional youth interested we provide the opportunity for them to register for a second focus group at that community partner site. In addition to being required to limit the number of our focus group participants to 6, we were not able to conduct 5 all male and 5 all female focus groups due to the extremely variable street-involved youth population accessing each community partner site. We did ensure that we had one all-male youth and one all-female youth focus group, one LGBT youth focus group and one Aboriginal youth focus group, with the remainder being of mixed gender and ethnicity.
- 10) Prior to the initiation of the focus groups the script was piloted with our team of youth co-researchers rather than at-risk youth from community partner sites, as many of our youth team are experiential themselves. Script modifications were made based on their feedback.
- 11) Youth were provided a \$20 honorarium for participation in an interview or focus group and \$5 for completing the demographic form with our youth co-researchers, rather than the \$20 originally stated in our funding application. In addition, rather than only providing refreshments at the focus groups and

interview sessions, sandwiches, wraps and juice were provided by Potluck Catering.

- 12) At the end of each focus group we did not provide youth an opportunity to share their thoughts in writing as originally planned. We found that after 90 minutes of participating in a focus group discussion the youth were feeling tired and simply wanted to leave the room.
- 13) An additional modification we made was to ensure that a counsellor was always available onsite during and after our focus groups at each community partner site, in the event that any youth participants wanted to access this service.
- 14) A further modification that we made to the project was to enlist a counsellor from one of our community partners, Watari Youth, Family and Community Services, at the beginning of the involvement of the youth co-researchers up until present, in order to be available to address any issues that the youth co-researchers may need to address in dealing with the sensitive topics that may arise during participation in focus groups and/or project involvement.

EFFECT ON COMMUNITY/ORGANIZATION

Impact on local community - The YIP project has had an enormous impact on those involved directly and indirectly in Metro Vancouver such as the youth service provider community, community partners and the street-involved youth involved in the project. The project has not only provided insight into the risk environment that street-involved youth operate within in their decision-making processes, but also an increased awareness of the barriers that youth face in accessing services and highlighted available services youth can access to prevent them from transitioning into IDU. The street-involved youth involved in our project were willing to share openly with our research team, facilitated largely by the presence of youth co-researchers, many experiential, with whom the street youth could relate.

Impact on organization - The YIP project also provided an opportunity for the BC Centre for Disease Control, where the majority of youth co-researcher trainings and many presentations were held, to house a participatory research project involving experiential youth. In its history to date BCCDC has never taken on a project of this nature prior to this project due to conservative views held by many authorities within the agency itself. The success of the YIP project, which was publicly acknowledged at a Work in Progress (WIP) session held for staff of BCCDC, as well

as at a silent auction held onsite and more recently a community partner forum allowed such authorities to reconsider the importance not only of involving youth in research, but also of providing opportunities to involve experiential youth in research to enable rich data collection and additionally foster growth and learning in the youth co-researchers themselves.

Impact on larger community - The YIP project has also had an impact on the larger community, that of national and international researchers, via results dissemination of project findings at two national and one international conference. Four youth co-researchers co-presented an oral presentation in May 2010 with the two project coordinators at the 19th Annual Canadian Conference on HIV/AIDS Research (CAHR 2010) held in Saskatoon, Saskatchewan and received rave reviews on the presentation, their passionate dedication to their work and their astonishingly insightful answers in the question period before an audience of ~ 300 national HIV researchers. Two youth co-researchers co-presented alongside the project coordinators an oral presentation on the process evaluation results and how youth involvement in the project impacted them at the 100th Annual Canadian Public Health Association (CPHA 2010) national conference in June held in Toronto, Ontario. The team also received incredibly positive feedback on their presentation, work and motivation and answers provided to the researchers within the question period. At the international level, our project has a poster presentation that was accepted into XVIII International AIDS Conference (AIDS 2010) in Vienna, Austria. Fortunately our assistant project coordinator will be presenting this on behalf of our team as she was scheduled to be in Europe for another conference during the same time period. The abstracts for all conferences in which material from both Phase 1 and Phase 2 have been presented have been included in this report as Appendix #3 – Results Dissemination.

In order to further disseminate our project results to other street-involved youth and communities in British Columbia we are currently applying for additional funding in order to co-facilitate a large community partner forum with 50 street-involved youth participants in the Metro Vancouver region, present our findings and create a dialogue session with these youth on similarities and differences they identify modelled after the McCreary Next Steps workshops. The McCreary Centre Society will be actively involved in the results dissemination to six communities in British Columbia outside of Metro Vancouver (Prince George, Prince Rupert, Kelowna, Kamloops, Nanaimo, Victoria) where McCreary already has strong community-based partnerships with youth service organizations. Additional methods of results dissemination that we have planned are: a YIP project website with a national online

street-youth forum and blog, a theatre of the oppressed performance including direct quotes from our youth participants (unidentifiable) for a Vancouver youth audience, a DVD of the process evaluation results regarding youth co-researcher involvement and impact on their lives, in addition to holding community partner forums in each of the six communities outside Metro Vancouver to enable street-involved youth in these community to compare and contrast what they are witnessing in their own communities with regards to preventing the transition into injection drug use among their population of peers. We also plan to apply for additional funding for results dissemination to the Vancouver Foundation.

TARGET GROUP

The YIP project did reach the people it was intended to serve. We held a total of 24 interviews with service providers who were able to provide valuable insight and input into their own experiences working with the street-involved youth population in Metro Vancouver and the challenges and successes they face working within the larger system within which these services operate. We held a total of 10 focus groups and 15 interviews with non-injecting and injecting street-involved youth in the Metro Vancouver region, with a total of 60 street-involved youth sharing their stories and experiences with our team surrounding how to prevent the transition into injection drug use amongst their peers. The YIP project also positively impacted the lives of our six youth co-researchers. The details of these changes are outline in the process evaluation section of this report.

INCLUSIVENESS

Different points of view were welcome in the planning and decision-making process. In Phase 1, originally no organizations were included as community partners that worked with Aboriginal or LGBT youth populations. The suggestion was made by the then Assistant Project Coordinator to include additional community partners and these partners were subsequently invited to join our project and did so. In Phase 2 of the project, our team of six youth co-researchers participated actively in many stages of the research process, planning and decision-making alongside the other co-investigators and research team members. The project also encouraged the full participation of people from diverse backgrounds and ability levels. Our youth co-researcher team consisted of youth from diverse backgrounds and ability levels. Our youth study participants also reflected the diversity of the street-involved youth population in Metro Vancouver region. Youth participants included in Phase 2 of our study self-identified as: 1) Ethnicity: 40% Caucasian, 38.3% Aboriginal, 8.5% Other, 8.3 % Multi-ethnic, 5% African; 2) Gender: 53% Male, 45% Female, 2%

Transgender; 3) Sexual orientation: 67% Heterosexual, 22% Bisexual, 7% Gay or Lesbian, 4% Do Not Know or Missing Value; 4) Age: 66.7% Aged 18-21 years. Project materials and research processes were designed to be culturally appropriate, sensitive and accessible to all those involved in our project.

FACTORS INFLUENCING OUTCOMES

A number of factors influenced the project in a positive way. The project was developed in close consultation with the community. Involvement of community partners in both Phase 1 & 2, including in the results dissemination process, allowed our research team the opportunity to engage fully with those who may be most served by our research findings.

Youth co-researcher involvement in the research process has cultivated acceptance and support from community partners and study participants; ensured research process was relevant and youth driven; and promoted new learning and opportunities for community partners, researchers and youth co-researchers.

The project was not able to meet one of the original objectives (full results dissemination) due to budget constraints. Restrictions in our budget resulted from substantially increasing the youth co-researchers project involvement over the course of the project, much more than originally anticipated.

The project did have a training component for the youth co-researcher involvement in the project. This training was highly effective based on the results of the process evaluation that we conducted to measure this (Please see Process Evaluation for further details).

COLLABORATION/PARTNERSHIP

This project was undertaken in partnership with other community organizations. To date we have 9 community partners engaged with us in our study in the Metro Vancouver region. 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. Community partners have helped us recruit study participants; provided safe and comfortable spaces to conduct interviews and focus groups; and will be invited to participate in the dissemination of our findings.

INNOVATION/DEMONSTRATION

The innovative feature of this project, involving experiential youth as youth co-researchers, did contribute to the project's success. While initially co-investigators did not want to overburden youth by engaging them fully in the research process, we quickly learned that the youth were more than willing and able to learn all aspects of being involved in the study and many wanted to be fully engaged in all aspects of the project. We would highly recommend that experiential youth, and youth in general, are provided increased opportunities to be included in research projects. Our team of youth co-researchers identified wanting to be involved in research design, implementation, evaluation and results dissemination.

PUBLICITY/MEDIA

The project did receive media coverage. Vancouver Foundation and other funders were acknowledged. We have engaged in a variety of media and publicity events, with the aim of bringing voice to the health goals of the Youth Injection Prevention (YIP) Project. These include:

National and International Conference Presentations – Please see Results Dissemination Phase 1 (p. #12) and Phase 2 (p. #16)

Oral Presentation at Other Venues - Please see Results Dissemination Phase 1 (p. #12) and Phase 2 (p. #16)

Internet:

- *Youth Injection Prevention Project Facebook Group* – All youth co-researchers and co-investigators are part of this group. This provides a forum to share information, ideas and upcoming events as well as a means to maintain group cohesion when not physically together.
- *Blog on Hepatitis C by Youth Co-Researcher Christina Taylor* – Through this medium she has also publicized work of the YIP project team. The website address to access this is:
<http://www.worldhepatitisalliance.org/en/Blog/ChristinaMaeTaylor/Biography.aspx>

Newsletter:

- *June 2010 (Volume Six) Discovery Newsletter, UBC CDC* - The website address to access this is:
<http://www.bccdc.ca/util/about/UBCCDC/Publications/default.htm>

EVALUATION PROCESS

In order to evaluate how project involvement impacted on our team of youth co-researchers we used a process evaluation. We were satisfied with the results obtained from this evaluation. The process evaluation enriched the study, as it ensured youth input, co-ownership, strengthened study outcomes, and enabled project success. The details of the evaluation process are outlined in the process evaluation section of this report.

ADVISORY COMMITTEE GOALS

We have not yet formed an official advisory committee to date, however we have included various community members in our research process which may be seen as analogous to having a community advisory board. We did have youth co-researchers involved in this project, many experiential youth themselves, who were able to gain the community perspective and insights which enriched our study results. We have also held 2 community partner forums to disseminate results to our community partners, where they were able to provide input and suggestions to improve our research project, as well as compare and contrast to what they have seen working with their populations of at-risk street-involved youth in the Metro Vancouver region.

FUTURE OF PROJECT

The intention is to continue this project. Funding sources we are anticipating are likely to support its activities include the Vancouver Foundation, as well as the Youth Philanthropic Council.

Phase III of our study is the actual results dissemination phase for which we are currently seeking funding from other organizations, whereby we intend to engage with our community partners in the following strategies:

- 1) To conduct interactive 7 community forums with 20 street-involved youth aged 15 to 24 years (total 140 street-involved youth) in Metro Vancouver and 6 other communities in British Columbia (Prince George, Prince Rupert, Kelowna, Kamloops, Nanaimo, Victoria) in order to validate the results of the qualitative

research (presentation of study findings and comparison to experiences of street-involved youth in other communities);

2) To create and disseminate youth-appropriate knowledge translation materials that are designed by the youth for the youth (i.e. a DVD with results including the process in which youth co-researchers were trained and impact of project involvement, a forum theatre presentation, and YIP website with online national blog) ;

3) To create a community-friendly report and fact sheet and disseminate the findings of the qualitative research to community and government organizations concerned with youth health;

4) To disseminate the findings of the qualitative research to the academic community through presentations at conferences and publications in peer reviewed journals - (Additional abstracts have been submitted to ICUH 2010 and QHR 2010 to date).

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**Service Providers' and Street-Involved Youth Perspectives on Preventing the
Transition into Injection Drug Use among Street-Involved Youth:
Successes, Barriers and Opportunities for Youth Prevention Services**

L. Coser^{1,2}, N. Van Borek¹, Youth Co-Researchers¹, M. Botnick¹,
C. Chambers⁷, D. Taylor^{3,4}, E. Saewyc^{5,6}, J.A. Buxton^{1,7}

¹British Columbia Centre for Disease Control, Division of Epidemiology Services, Vancouver, Canada, ²Simon Fraser University, Faculty of Health Sciences, Burnaby, Canada, ³British Columbia Centre for Disease Control, Division of STI / HIV Prevention and Control, Vancouver, Canada, ⁴University of British Columbia, School of Nursing, Vancouver, Canada, ⁵University of British Columbia, School of Nursing, Vancouver, Canada, ⁶The McCreary Centre Society, Burnaby, Canada, ⁷University of British Columbia, School of Population & Public Health, Vancouver, Canada

ABSTRACT

"The Youth Injection Prevention (YIP) Project" is a research study collaboratively conducted by the BC Centre for Disease Control, University of British Columbia (UBC) School of Population and Public Health, UBC School of Nursing, community partners and youth co-researchers. It focuses on identifying service components that may prevent the transition into injection drug use among street-involved youth aged 15-24 in Metro Vancouver, BC through both service providers' and street-involved youth's perspectives. Twenty-four (n=24) interviews were conducted with service providers from February-June 2009; fifteen interviews and ten focus groups were conducted with street-involved youth (n=60) from November 2009-April 2010. Service providers and youth participants were recruited through community partners. Audio recordings and field notes from interviews were transcribed verbatim. Emergent themes were identified by constant comparative method, while NVivo 8 qualitative software was used to organize the data. Similarities among youth and providers' perspectives were more common than differences. Main threads identified were: service components, barriers and recommendations. Preliminary findings suggest: (i) service components that attract and engage youth include: capacity and relationship building, non-judgemental policies, peer education and recreational activities; (ii) barriers that prevent youth from connecting with services include: abstinence based-programming, age restrictions, limited hours/staffing and service location (iii) recommendations for prevention strategies include community-specific interventions, low barrier services and youth input in program design, implementation and evaluation. Study results will inform youth-driven, community-based prevention strategies that aim to prevent the transition into IDU and/or reduce the harms associated with injecting among street-involved at-risk youth.

Word count: 247

**The Youth Injection Prevention (YIP) Project:
Street-Involved Youth Perspectives on Successes, Barriers and
Opportunities for Youth Prevention Services**

N. Van Borek¹, L. Coser^{1,2}, YIP Co-Researchers¹,
M. Botnick¹, C. Chambers³, D. Taylor^{1,5}, E. Saewyc^{5,6}, J. Buxton^{1,3}

¹British Columbia Centre for Disease Control, Division of Epidemiology Services, Vancouver, Canada, ²Simon Fraser University, Faculty of Health Sciences, Burnaby, Canada, ³University of British Columbia School of Population & Public Health, Vancouver, Canada, ⁴British Columbia Centre for Disease Control, Division of STI / HIV Prevention and Control, Vancouver, Canada, ⁵University of British Columbia, School of Nursing, Vancouver, Canada, ⁶The McCreary Centre Society, Burnaby, Canada,

ABSTRACT

"The Youth Injection Prevention (YIP) Project" is a research study conducted by the BC Centre for Disease Control, University of British Columbia (UBC) School of Population and Public Health, UBC School of Nursing, community partners and youth co-researchers. It focuses on identifying factors that may prevent the transition into injection drug use among street-involved youth aged 15-24 in Metro Vancouver, BC. Six youth aged 19-24 years, many experiential youth, were engaged as co-researchers participated in this study. Data collection included fifteen interviews and ten focus groups with street-involved youth (n=60) from November 2009-April 2010. Study participants were recruited through community partners. Audio recordings were transcribed verbatim. Emergent themes were identified by open coding and constant comparative method, while NVivo 8 qualitative software was used to organize the data. Main threads identified were: service components, barriers and recommendations by youth. Preliminary findings suggest: 1) Service components that attract and engage youth include: capacity, leadership and relationship building opportunities, non-judgemental policies, peer education and low-cost recreational activities; 2) Barriers that prevent youth from connecting with services include: abstinence based-programming, age restrictions, limited hours/staffing and service location; (3) Recommendations for prevention strategies include experiential youth outreach, low barrier services, safe supported affordable housing, service provider training around harm reduction supply distribution, targeted community interventions, youth input in program design, implementation and evaluation and youth-specific services. Involvement of youth co-researchers enabled increased opportunities for rich data collection as our study population shared experiences with peers. Study results will be disseminated by the youth co-researchers to community partners and youth participants. This will inform youth-driven, community-based strategies that aim to prevent the transition into IDU and/or reduce the harms associated with injecting among street-involved youth.

Word count: 280

Youth Co-Researchers Explore Street-Involved Youth Perspectives on Preventing the Transition into Injection Drug Use

N. Van Borek¹, L. Coser^{1,2}, YIP Co-Researchers¹,
M. Botnick¹, C. Chambers³, D. Taylor^{1,3}, E. Saewyc^{3,4}, J. Buxton^{1,3}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² Simon Fraser University, Burnaby, British Columbia, Canada

³ University of British Columbia, Vancouver, British Columbia, Canada

⁴ The McCreary Centre Society, Vancouver, British Columbia, Canada

Background: From 2002 to 2008, 30% of newly diagnosed HIV cases in British Columbia (BC), Canada identified injection drug use as the major risk factor; with 20% of all HIV cases reported in persons aged 15-29 years¹. The Youth Injection Prevention (YIP) Project is a collaborative study between the UBC School of Population and Public Health, UBC School of Nursing, BC Centre for Disease Control, community partners and youth co-researchers that focuses on identifying factors associated with preventing the transition into injection drug use (IDU) among street-involved youth in Metro Vancouver, BC.

Methods: Ten focus groups and twenty interviews were conducted with street-involved youth aged 15-24 years from November 2009-March 2010. Youth co-researchers participated in script design, co-facilitation of focus groups and data analysis. Study participants were recruited through community service providers. Focus groups and interviews were audio-recorded, transcribed verbatim and analyzed using open coding and domain analysis with NVivo 8 qualitative software.

Results: Domain analysis identified four main threads associated with transition into IDU: (i) risk factors; (ii) resiliency factors; (iii) gender influences; and (vi) service design recommendations. Preliminary findings suggest: (i) risk factors include: boredom, drug pricing, homelessness, IDU in social network or family; (ii) resiliency factors include: concern for self-image and health, desire for a better life, fear of needles, sense of responsibility for others, stigma; (iii) gender influences include: females more likely to transition via association with dealers and/or pimps, to be doctored by males rather than vice versa; males perceived more influenced by peer pressure; (vi) service design recommendations include: capacity building, low-barrier policies, experiential youth peer outreach, youth-specific services.

Conclusions: Study results will be disseminated via various forms of knowledge translation to inform potential intervention strategies to prevent the transition into IDU and/or reduce the harms associated with injecting among street-involved youth.

Word count: 299

Keywords: prevention, youth, injection drug use

¹ HIV/AIDS Annual Update Report 2008, Division of STI/HIV Prevention and Control, BC Centre for Disease Control, Vancouver, BC, Canada.

Title: The Youth Injection Prevention (YIP) Project: Process Evaluation of Youth Involvement as Co-Researchers in a Qualitative Study of Street-Involved Youth

N. Van Borek¹, L. Coser², YIP Co-Researchers¹
M. Botnick¹, C. Chambers³, D. Taylor^{1,3}, J. A. Buxton^{1,3}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² Simon Fraser University, Burnaby, British Columbia, Canada

³ University of British Columbia, Vancouver, British Columbia, Canada

Objectives: To determine how project involvement has impacted youth co-researchers and identify process issues to ensure project relevance, viability and success.

Methods: Six youth age 17-24 years participated in a qualitative study as co-researchers investigating factors that may prevent youth from transitioning into injection drug use. Participation included: 1) training sessions to develop research skills; 2) community partner site visits to learn about available youth services and study population; 3) designing project logo, focus group and interview scripts; 4) facilitating focus groups with street-involved youth. Co-researchers were subsequently interviewed to evaluate: 1) impact of project involvement; 2) perceived preparedness for data collection; 3) further training desired; 4) project modifications required. Participation in qualitative data analysis and dissemination of results to their peers will also occur and be evaluated at a later date.

Results: Youth co-researchers developed a greater sense of self-worth and gained valuable knowledge, leadership and research skills, which they perceived were transferable to other areas of their lives. Youth co-ownership over the research process ensured the study was relevant and youth driven. Process evaluation allowed the research team, including the youth co-researchers to monitor their progress, personal development and incorporate necessary modifications from youth input into project design and implementation.

Conclusions: Involvement of youth co-researchers in the study was a challenging yet essential component which enabled increased opportunities for rich data collection as our study population shared experiences with peers. Process evaluation enriched the study, as it ensured youth input, co-ownership, strengthened study outcomes, and enabled project success.

**The Youth Injection Prevention (YIP) Project:
At-Risk Youth Share Perspectives with Youth Co-Researchers
on Preventing the Transition into Injection Drug Use**

N. Van Borek¹, L. Coser², YIP Co-Researchers¹,
M. Botnick¹, D. Taylor^{1,3}, E. Saewyc^{3,4}, J.A. Buxton^{1,3}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² Simon Fraser University, Burnaby, British Columbia, Canada

³ University of British Columbia, Vancouver, British Columbia, Canada

ABSTRACT

From 2002 to 2008, 30% of newly diagnosed HIV cases in BC identified injection drug use as the major risk factor; with 20% of all HIV cases reported in persons aged 15-29 years². The Youth Injection Prevention (YIP) Project is a collaborative study between the UBC School of Population and Public Health, UBC School of Nursing, BC Centre for Disease Control, community partners and youth-co-researchers that focuses on identifying resiliency factors associated with preventing the transition into injection drug use (IDU) among at-risk street-involved youth aged 15-24 in Metro Vancouver, British Columbia. Preliminary results from in-depth interviews (n=20) and focus groups (n=10) with injecting and non-injecting at-risk street-involved youth will be presented. Domain analysis identified the following: 1) factors that influence why youth choose not to inject; 2) factors that influence why youth stop injecting and; 3) recommendations for prevention services. Factors that influence youth to choose not to inject include: fear of needles, negative health consequences, not knowing how to inject, parental injection drug use, physical effects on behaviour and physical appearance, social stigma and willpower. Factors that influence youth that have transitioned to stop injecting include: change in behaviour and physical appearance, economics, experience of health consequences, housing, negative injection experiences, responsibility for others, social stigma, support and wanting a better life. Recommendations for prevention services include: awareness campaigns of available youth services, early school-based IDU education, low-barrier services, recreational activities, peer outreach with experiential youth and youth-friendly safe spaces. It is anticipated that the results of this study will inform community-level, evidence-based, youth-driven intervention strategies that intend to prevent the transition into IDU and/or reduce the harms associated with IDU, while promoting resiliency among at-risk youth.

Word count: 299

² HIV/AIDS Annual Update Report 2008, Division of STI/HIV Prevention and Control, BC Centre for Disease Control, Vancouver, BC, Canada.

Preventing the Transition of At-Risk Youth into Injection Drug Use

C. Chambers^{1,2}, N. Van Borek¹, D. Taylor^{1,2}, E. Saewyc^{2,3}, J. Buxton^{1,2}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² University of British Columbia, Vancouver, British Columbia, Canada

³ The McCreary Centre Society, Vancouver, British Columbia, Canada

ABSTRACT

This study is a collaborative research project between the UBC School of Population and Public Health, UBC School of Nursing, BC Centre for Disease Control and our community partners, who serve an invaluable role on this project. The purpose of the project is to identify risk and resiliency factors associated with the transition into injection drug use (IDU) among street-involved youth aged 15-24 in Metro Vancouver, British Columbia. The project is divided into four phases: (i) exploratory analysis of a street-involved youth survey (ii) in-depth key informant interviews with service providers who work with at-risk youth; (iii) in-depth interviews and focus groups with street-involved youth; and (iv) interactive knowledge translation workshops with street-involved youth. Service providers are often not approached as participants; they offer unique insights to this project as key informants. This project also intends to hire and train youth collaborators who will provide insight from the perspective of their youth peer group. To date, we have completed Phases I and II of the project. Results from the initial two phases will be presented. The results of this study will inform community-level, evidence-based, youth-driven intervention strategies that intend to prevent the transition into IDU and/or reduced the harms associated with IDU among at-risk youth. These strategies aim incorporate youth input and will focus on the social structural influences around IDU initiation in conjunction with individual-level behavioural change. They will adopt a dual strategy of reducing environmental risk factors for IDU initiation, while promoting resiliency among marginalized youth.

Service Provider's Perspectives: Risk and Resiliency Factors for Injection

Drug Use Initiation among At-Risk Youth

C. Chambers^{1,2}, N. Van Borek¹, N. Angus^{1,3}, D. Taylor^{1,2}, E. Saewyc^{2,4}, J. Buxton^{1,2}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² University of British Columbia, Vancouver, British Columbia, Canada

³ University of Saskatchewan, Saskatoon, Saskatchewan, Canada

⁴ The McCreary Centre Society, Vancouver, British Columbia, Canada

ABSTRACT

The purpose of this study was to obtain service providers' perspectives regarding the risk and resiliency factors associated with the transition into injection drug use (IDU) among street-involved youth. Sixteen in-depth, semi-structured interviews were conducted with service providers who work with street-involved youth between January and May 2009 in Metro Vancouver, British Columbia. Domain analysis was conducted to identify three main threads related to IDU initiation: perceived risk and resiliency factors, perceived gender differences, and perceived risk behaviours. Six main themes emerged from the transcripts: (i) *social influences* from peer groups; youth initiate IDU simply because their friends use; (ii) *cultural influences* from the normalization of IDU in the street community; (iii) *structural influences* from the lack of safe, affordable housing and the availability and cost of drugs on the street; (iv) *family history* affecting youth through violence, abuse, and neglect as well as parental drug use; (v) *individual-level factors* such as the development of tolerance and addiction to non-injection drugs; and (vi) *gender differences* related to traditional gender roles and how they contribute to youths' vulnerabilities on the street. The results of this study will inform evidence-based, youth-driven intervention strategies, which aim to prevent the transition into IDU among at-risk youth. Our findings suggest that these strategies should incorporate youth input and focus on the social structural influences around IDU initiation in conjunction with individual-level change. These strategies should adopt a dual strategy of reducing environmental risk factors for IDU initiation, while promoting resiliency among marginalized youth.

Service Providers Perspectives on Preventing the Transition into Injection Drug Use among Street-Involved Youth: Successes, Barriers and Opportunities

Natasha Van Borek, British Columbia Centre for Disease Control; Catharine Chambers, University of British Columbia and British Columbia Centre for Disease Control; Natalie Angus, British Columbia Centre for Disease Control and University of Saskatchewan; Darlene Taylor, University of British Columbia and British Columbia Centre for Disease Control; Elizabeth Saewyc, University of British Columbia and The McCreary Centre Society; Jane Buxton, University of British Columbia and British Columbia Centre for Disease Control

ABSTRACT

Introduction: The 'Preventing the Transition of At-Risk Youth into Injection Drug Use' study is a collaborative research project between the UBC School of Population and Public Health, UBC School of Nursing, BC Centre for Disease Control and our community partners. The purpose of the project is to identify risk and resiliency factors associated with the transition into injection drug use (IDU) among street-involved youth aged 15-24 in Metro Vancouver, British Columbia. The project is divided into four phases. Preliminary results from phase II will be presented.

Methods: Twenty-four in-depth, semi-structured interviews were conducted with service providers who work with street-involved youth from January-June 2009 in Metro Vancouver, British Columbia. Participants were recruited through purposive and snowball sampling. Audio recordings and field notes from interviews were transcribed verbatim and analyzed using NVivo 8 qualitative software by three members of the research team in order to ensure interrater reliability. Thematic analysis identified three main threads: (i) service components that attract and engage youth; (ii) barriers which may prevent youth from connecting with services; (iii) gaps and recommendations to prevent the transition into IDU for street-involved youth.

Results: Preliminary findings suggest: (i) service components which attract and engage youth include consistency, non-judgemental policies, capacity and relationship building, peer education and recreational activities ; (ii) barriers which may prevent youth from connecting with services include abstinence based-programming, age restrictions, limited hours and staffing, perceived discrimination by race and gender, geography (iii) gaps and recommendations include alternative educational models, early parenting interventions, increased availability of youth specific housing, detox and treatment, ongoing support for transitioning out and back into community, prevention, harm reduction and education services appropriately designed for developmental stages and marginalized groups of youth. Results of this study will inform youth-driven intervention strategies to prevent the transition into IDU among street-involved at-risk youth.

Word count: 300

Voicing Service Providers Perspectives: Risk, Resiliency, and the Transition into Injection Drug Use among Street-Involved Youth

N. Van Borek¹, C. Chambers^{1,2}, D. Taylor^{1,2}, E. Saewyc^{2,4}, J. Buxton^{1,2}

¹ British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

² University of British Columbia, Vancouver, British Columbia, Canada

³ University of Saskatchewan, Saskatoon, Saskatchewan, Canada

⁴ The McCreary Centre Society, Vancouver, British Columbia, Canada

The 'Preventing the Transition of At-Risk Youth into Injection Drug Use' study is a collaborative research project between the UBC School of Population and Public Health, UBC School of Nursing, BC Centre for Disease Control and our community partners. The purpose of the project is to identify risk and resiliency factors associated with the transition into injection drug use (IDU) among at-risk youth aged 15 to 24 in Vancouver, British Columbia. This phase of the study consists of interviews undertaken with service providers working directly with this target population. Data collection included in-depth, semi-structured interviews (n=15) with key informants and field observations conducted between February and April 2009. Audio recordings and field notes were transcribed and all transcripts reviewed and analyzed using NVivo qualitative software by two members of the research team. Domain analysis was conducted in an effort to identify three main threads: (i) perceived risk and resiliency factors related to IDU initiation; (ii) perceived gender differences related to IDU initiation; and (iii) perceived risk behaviours surrounding IDU. Preliminary findings suggest factors among at-risk youth that may prevent the transition into IDU include access to a positive social network, stable housing, employment, alternative education, non-judgmental service provision as well as knowledge of risk factors and practice of harm reduction; whereas, an absence of these factors may promote the transition. Results from this phase of the study will be used to inform a series of interviews and focus groups with at-risk youth.

Word count: 242

SCRIPT FOR KEY INFORMANT INTERVIEWS

Introduction and Welcome:

Thank you for taking the time to participate in our interviews. You work with at-risk youth on a daily basis. The purpose of this interview is to obtain your opinions and experiences about the circumstances surrounding the transition into injection drug use among street-involved youth. We are interested in factors that are present in the youth's social and situational environment that may influence the youth. Specifically, we are interested in factors that may cause youth to start using injection drugs, but more importantly factors that may prevent youth from using injection drugs; in other words, factors that promote resiliency among Canadian youth. With your permission, I will be tape recording the discussion as well as taking notes so that I do not miss any of your comments. I anticipate the interview lasting approximately 45-60 minutes.

Questioning Guide

1. Introductory Questions

- a. Among the youth that you work with, how common is non-injection drug use? What about injection drugs?

2. Transition Questions

- a. Can you describe an experience for me that you have had involving youth and injection drugs?
- b. What do you believe are the circumstances surrounding the transition into injection drug use among the youth from your organization?
 - i. Prompts:
 - a. How old are most youth when they start to use injection drugs?
 - b. Do they start using injecting when they are living at home with their parents/caregivers or do they start injecting after they have left home (when they are living on the street, with friends, etc.)?
 - c. Do most youth use non-injection drugs (e.g. marijuana, ecstasy, crack, etc.) prior to first trying injection drugs?
 - d. Do most youth first inject by themselves or with others present? Who typically does the injecting?
 - e. Do most youth use non-injection drugs (e.g. marijuana, ecstasy, crack, etc.) prior to first trying injection drugs?
 - f. What types of drugs are typically injected the first time?
 1. What do you think are the main reasons why youth transition into injection drug use?

3. Resiliency and Risk Factors

- a. In your opinion, what factors do you think cause youth to initiate injection drug use? Please emphasize those factors in the youths' social (e.g. influences from friends, family, etc.) and situational (e.g. homelessness, poverty, etc.) environment.

- b. In your opinion, what factors cause youth who are currently injecting drugs or may have tried injection drugs once or twice to continue using? Stop using?
- c. In your opinion, what factors do think might prevent youth from initiating injection drug use? Please emphasize those factors in the youths' social and situational environment.

4. *Gender Differences*

- a. Some of our research has shown that males and females might be influenced by different sets of factors. Do you agree?
- b. What factors are stronger (or weaker) for either males or females in terms of causing injection drug use initiation? Preventing injection drug use initiation?

5. *Perceived Risk/Resiliency Environment*

- a. In your opinion, do the youth that you work with consider injection drug use to be a risky behaviour?
 - i. What factors do you think increase the risks associated with injection drug use? Decrease the risks?
- b. In your opinion, are clean needles and other injection equipment readily available to youth? What about drug treatment programs? Support services?
 - i. If yes, how often do youth access these services?
 - ii. If no, how can we (public health providers) improve access to these services?

6. *Summary and Conclusion*

- a. Summary of sections 4,5,6
- b. Do you feel that this is an accurate summary?
- c. Have I missed anything?

7. *Demographic Information*

Organization: _____

Title: _____

Years working with youth: _____ years

Characteristics of youth:

Gender: 0[] Male 1[] Female

Age group: 0[] ≤12 years 1[] 13-14 years 2[] 15-16 years

 3[] 17-18 years 4[] 19-20 years 5[] 21-22 years

 6[] 23-24 years 7[] ≥25 years

SCRIPT FOR FOCUS GROUP INTERVIEWS

The following questioning guide and script has been modified from: Krueger, R.A. Focus Groups. A Practical Guide for Applied Research. 2nd ed. Thousand Oaks, CA: Sage Publications; 1994.

Introduction and Welcome:

1. Welcome

Hello everyone. First of all I would like to thank you for taking the time to join our discussion of injection drug use among Canadian youth. My name is _____. Assisting me today is _____, who will be observing our discussion and taking notes.

2. Overview of topic

The purpose of today's discussion is to learn more about the circumstances surrounding injection drug use. We define injection drug use as injecting drugs in any part of the body. We are interested in hearing about how people like your friends, family and others might have influenced you or others that you know to use or not use injection drugs. We are also interested in the influences from living situation, school, home life and day-to-day activities. We are interested in learning of any factors that may cause young people to start using and continue using injection drugs, and also any factors that you think may prevent youth from using injection drugs.

We value your opinion and would like you to share with us your experiences and opinions. You are the experts here today. Though you do not have personal experience with injection drugs, please feel free to share the experiences of your friends, family or others that you know that have injected.

3. Ground Rules

Our discussion will last approximately one hour and a half. We will be tape recording the discussion as well as taking notes so that we do not miss any of your comments. All identifiers such as names will be removed from the tape recording. There are a few ground rules that I want to go over that we should respect during the focus group.

Ground Rules:

- Be respectful. Give others a chance to speak and respect everyone's opinion. Please try not to interrupt. If too many people are talking at once, the tape will get garbled and we won't be able to hear your comments properly.
- Today we will be using numbers, which will be written on everyone's nametags. Please try to say your number before answering a question.
- Respect confidentiality. We encourage all of you to please not share the contents of the discussion outside of the focus group.
- Participate actively. There are no right or wrong answers; everyone's experiences are valuable even if your opinions differ from others in the group.
- If someone feels uncomfortable answering a particular question it is not necessary for them to answer that question.
- We ask that you please be honest in your responses and comments. You will not be judged for anything you say within the focus group and we will not disclose the information you share

- with anyone outside of the focus group.
- Speak loud and clear so we can all hear you.
- Please understand that if anyone is disrespectful to anyone participating in the focus group, including the moderator, assistant and/or participants, this person may be asked to leave and may not receive the honorarium.

Questioning Guide

1. Opening Question

- a. So that we can all get to know something about each person lets go around the room and have everyone tell the group one thing that you enjoy doing. Who wants to start?

2. Introductory Questions

- a. Among yourselves, your group of friends, your family, and others, how common is it to use non-injection drugs, which includes any drugs that are smoked, snorted or swallowed?

Probes: *How close would you say these friends are? Which family members? Did you interact frequently with these family members; were they around often? Do you or have you used with these family members or friends? Which drugs? Were they frequent users or was the use purely recreational? When you say “common”, how many friends or family members (total number or percentage) do you mean? When you say “uncommon” how many friends or family members (total number or percentage) use drugs?*

- b. What about injection drugs? How common is that among your group of friends, your family, and others you know? Do you know anyone who injects or has injected?

Probes: *How close would you say these friends are? Which family members? Did you interact frequently with these family members; were they around often? Were you ever present while they injected? Which drugs? When you say “common”, how many friends or family members (total number or percentage) do you mean? When you say “uncommon” how many friends or family members (total number or percentage) use drugs?*

- c. Why do you think they use injection drugs? Why do some of them not?

Probes: *Why do you think some youth decide to use injection drugs, and others do not? What are some of the reasons why youth decide to inject? What does their life situation look like; what are they going through at that time; what do you think influences their decisions?*

- d. Do you know anyone who has used injection drugs and then stopped? Why did they stop using?

Probes: Who? How well do you know this person? What is your relationship with this person? What did they do to stop? Did they go for treatment? What kind of support did they receive? Can you talk a little about their experience? Did they go back to using? Did they stay clean? If they stayed clean, what has helped them stay clean? If not, what makes them continue using? What were some of the major reasons why they stopped? What was happening in their lives at that time? How did they cope?

3. Transition Questions

- a. What do you all think about injection drugs?

Probes: What is your opinion about injection drugs? Do you think it's a good thing, bad thing, or are you indifferent? Which aspects of injection drugs make you feel this way? Can you reflect a little about why you feel this way about injection drugs? Has anyone or any experienced made you feel this way? Can you reflect on them?

- b. Have you or anyone that you know ever been tempted to use or offered injection drugs? Why did you or others decide not to inject?

Probes: Who was there with you? How well did you know that person? Where were you? Why did you or the person you know not accept the offer? How did you or the person you know feel about the experience? Is it common for youth you know to be offered injection drugs? How many times have you been offered to use injection drugs?

- c. How do you think the opinions of friends, family, and others affects individual youth's decision-making around injection drug use?

Probes: Do you think the opinion of your family has influenced the way you view injection drug use? How about your friends? Which opinions do you think influence youth the most; those from family or from friends? Can you give an example?

- d. Do you think that male, female, and LGBTQ youth might be influenced differently to use or not to use injection drugs? Please explain.

Probes: Do you think female, male and LGBTQ youth decide to use injection drugs for different reasons? Which reasons? Are the experiences of injecting (for example their first time) different depending on the gender or sexual orientation of the youth? Can you give an example? Do you think female, male and LGBTQ youth decide to NOT to use injection drugs for different reasons? Which reasons?

4. Key Questions

- a. Thinking about people that you know who have injected drugs, how old would you say most youth are when they start to use injection drugs?

Probes: *How old are most youth when they try injection drugs? Are injection drug users usually younger or older youth? Why do you think that is?*

- b. Where are youth living when they first start injecting? For example, with their parents, on the street, with friends, etc. Where are they injecting (for example, neighbourhood, alley, InSite, etc.)?

Probe: *How do you think their living situation influences their decision making about injection drugs? Do youth in all living situations inject? Or only those in some type of living situation inject (for example youth living on the streets)? How are these youth different? Why do you think they make the choices they do about injection drugs?*

- c. Why do you think some youth move from non-injection drugs to injection drugs while some do not?

Probes: *Are there differences or similarities between street involved youth that inject and those that do not? What do you think leads them to inject while others decide not to? Why do they ultimately make that decision to use their drug through injecting rather than other means (i.e. snorting, smoking)?*

- d. What do you think we can do to help prevent other youth from starting and/or continuing to use injection drugs?

Probes: *What changes are needed to prevent youth from starting to use injection drugs? What has prevented you or other youth you know from using injection drugs? How can we prevent other youth? What kinds of services are needed? What kinds of services need to be improved or increased? What about support services? What about drug treatment programs? What about harm reduction services? What about shelters? What about youth-only services? Which services are most effective and you would rate positively and why? Which services do you find least effective and why?*

5. Summary and Conclusion

- a. Summary of sections 2,3, 4
- b. Do you feel that this is an accurate summary?
- c. Have I missed anything?

SCRIPT FOR ONE-ON-ONE YOUTH INTERVIEWS

Introduction and Welcome:

Thank you for taking the time to participate in an interview today. The purpose of today's interview is to learn more about the circumstances surrounding youth's decisions to use or not use injection drugs. The interview will last approximately one hour and will be tape recorded but any identifiers such as your name and those of others you may mention will be removed from the final transcript to ensure confidentiality is maintained and your identity is never disclosed. Please remember you do not have to answer any question you do not feel comfortable answering.

Questioning Guide

1. *Opening Question and Probes*

- a. Can you tell me a little about yourself?

Probes: Where are you from? How long have you been in Vancouver? Are you in school? Are you working? Are you on income assistance (IA), youth agreement, disability? Are you involved in any youth program(s)?

2. *Introductory Questions*

- a. Among your group of friends, your family, and others, how common is it to use non-injection drugs, which includes any drugs that are smoked, snorted or swallowed? What about injection drugs?
- b. Why do you think that some youth use drugs in general? What about injection drugs?
- c. Why do you think that some youth choose not to use drugs? What about injection drugs?

3. *Injection Drug Use Experience*

- a. Think about a time when someone you know (e.g. friend, family member, boyfriend/girlfriend) had an experience with injection drugs. Could you describe this experience for me?
- b. Can you tell me about the first time you tried injection drugs?

Probes: How old were you? Who were you with? Where were you? What was going on in your life at that time? What was your drug of choice? Who was present?

- c. Are you currently injecting?
 - i. If yes, why do you think you continue using?

Probe: Was there ever a time you stopped using? Why did you stop? Can you reflect on the experience?
 - ii. If no, why did you stop using?

Probe: What was going on in your life at that time? Can you reflect on the experience?

- d. Do you know anyone who has used injection drugs and then stopped? Why did they stop using?

4. *Resiliency and Risk Factors*

- a. Why do you think some youth move from non-injection drugs to injection drugs while some do not?
Probe: social and situational factors
- b. For youth who are already using injection drugs, what factors cause them to continue using? Stop using?
- c. What factors do think might prevent youth from starting to use injection drugs?

5. *Gender Influences*

- a. Do you think that there are any differences or similarities among males, females, LGBT and/or transgendered youth in terms of choosing to use injection drugs? What are these differences or similarities?
- b. Do you think that there are any differences or similarities among males, females, LGBT and/or transgendered youth in terms of choosing not to use injection drugs? What are these differences or similarities?

6. *Street Involvement and IDU*

- a. For youth who are living on the streets, why do you think they use drugs in general? What about injection drugs?
- b. For youth who are not living on the streets (who are living at home with their parents or care givers), why do you think they use drugs in general? What about injection drugs?

7. *Perceived Risk Environment*

- a. How do you view drug use in general? What about injection drug use?
- b. Have you ever heard of any risks associated with injection drug use?
Probe: What are these? Are you concerned about these? Why or why not?

8. *Service Provision*

- a. In your opinion, are clean needles and other injection equipment readily available to youth? Information about safer drug use? What about drug treatment programs? Support services?
 - i. If yes, how often do youth use these services? How would you rate these programs and services?

- ii. If no, in your opinion what needs to be done to improve the use or access to these services? How would you rate these programs and services?
- b. Are you currently accessing or have ever accessed any of these services?
Probe: Where? Which ones? Can you please tell me about your experiences with these services?
- c. If you were given millions of dollars to prevent youth from initiating injection drug use, what would you do with this money?

9. *Summary and Conclusion*

- a. Summary of sections 1-8.
- b. Do you feel that this is an accurate summary? Have I missed anything?

SCRIPT FOR FOCUS GROUP INTERVIEWS

The following questioning guide and script has been modified from: Krueger, R.A. Focus Groups. A Practical Guide for Applied Research. 2nd ed. Thousand Oaks, CA: Sage Publications; 1994.

Introduction and Welcome:

1. Welcome

Hello everyone. First of all I would like to thank you for taking the time to join our discussion of injection drug use among Canadian youth. My name is _____. Assisting me today is _____, who will be observing our discussion and taking notes.

2. Overview of topic

The purpose of today's discussion is to learn more about the circumstances surrounding injection drug use. We define injection drug use as injecting drugs in any part of the body. We are interested in hearing about how people like your friends, family and others might have influenced you or others that you know to not use injection drugs. We are also interested in the influences from living situation, school, home life and day-to-day activities. We are interested in learning of any factors that may prevent youth from using injection drugs.

We value your opinion and would like you to share with us your experiences and opinions. You are the experts here today. Though you do not have personal experience with injection drugs, please feel free to share the experiences of your friends, family or others that you know that have injected.

3. Ground Rules

Our discussion will last approximately one hour and a half. We will be tape recording the discussion as well as taking notes so that we do not miss any of your comments. All identifiers such as names will be removed from the tape recording. There are a few ground rules that I want to go over that we should respect during the focus group.

Ground Rules:

- Be respectful. Give others a chance to speak and respect everyone's opinion. Please try not to interrupt. If too many people are talking at once, the tape will get garbled and we won't be able to hear your comments properly.
- Today we will be using numbers, which will be written on everyone's nametags. Please try to say your number before answering a question.
- Respect confidentiality. We encourage all of you to please not share the contents of the discussion outside of the focus group.
- Participate actively. There are no right or wrong answers; everyone's experiences are valuable even if your opinions differ from others in the group.
- If someone feels uncomfortable answering a particular question it is not necessary for them to answer that question.
- We ask that you please be honest in your responses and comments. You will not be judged for anything you say within the focus group and we will not disclose the information you share

- with anyone outside of the focus group.
- Speak loud and clear so we can all hear you.
- Please understand that if anyone is disrespectful to anyone participating in the focus group, including the moderator, assistant and/or participants, this person may be asked to leave and may not receive the honorarium.

Questioning Guide

1. Opening Question

- a. So that we can all get to know something about each person lets go around the room and have everyone tell the group one thing that you enjoy doing. Who wants to start?
- b. What are some supportive and helpful things in each one of your lives?

Probes: *family, friends, recreational activities, living arrangements, outreach workers, counsellors etc. When they say all negative- probe "But there aren't any positives?"*

- c. When you feel negative and/or have a bad day what strategies do you use to turn it around? What about other youth you know, what do they do?

Probe: *What do you think works?*

2. Introductory Questions

- a. Why do you think some youth chose not to inject?

Probes: *What are some positive things in a youth's life that help them not to inject? What helps you decide not to inject? What helps them in their life to make the decision not to inject? What kinds of relationships make it easier to decide not to inject?*

- b. Do you know anyone who has used injection drugs and then stopped? What were some of the positive things or supportive things in their lives that helped them make that decision? What positive things in their lives help them stay clean from injection drugs?

Probes: *Who? How well do you know this person? What is your relationship with this person? What did they do to stop? Did they go for treatment? What kind of support did they receive? Can you talk a little about their experience? Did they go back to using? Did they stay clean? If*

they stayed cleaned, what positive things has helped them stay clean? If not, what makes them continue using? What were some of the major reasons why they stopped? What was happening in their lives at that time? How did they cope?

- c. For youth who are already using injection drugs, what do you think are some positive factors in their lives or themselves that need to be in place to help them stop using?

3. Transition Questions

- a. Have you or anyone that you know ever been tempted to use or offered injection drugs? What were the positive things in ones life that influenced you or others to decline?

Probes: *Who was there with you? How well did you know that person? Where were you? Why did you or the person you know not accept the offer? How did you or the person you know feel about the experience? How did you feel, what were you thinking at the time about your life that made you say no?*

- b. Do you think there are positive things that are different in the lives of male, female, and queer youth that might influence them differently to not use injection drugs? Please explain.

Probes: *What kind of relationships do male, females LGBTQ youth have that may influence them differently? What kind of family history? What kind of activities do they do?*

4. Key Questions

- a. What do you like about your life, or what is it about your life that may help you to not inject?
- b. What do you think we can do in a positive way to help youth feel that they don't want or don't need to start using injection drugs?

Probes: *What changes are needed to prevent youth from starting to use injection drugs? What has prevented you or other youth you know from using injection drugs? How can we prevent other youth? What kinds of services are needed? What kind of things in youth's lives are needed? What kinds of services need to be improved or increased? What about support services? What about drug treatment programs? What about harm reduction services? What about shelters? What about youth-only services? Which services are most effective and you would rate positively and why? Which services do you find least effective and why?*

5. *Summary and Conclusion*

- a. Summary of sections 2,3, 4
- b. Do you feel that this is an accurate summary?
- c. Have I missed anything?

SCRIPT FOR ONE-ON-ONE YOUTH INTERVIEWS

Introduction and Welcome:

Thank you for taking the time to participate in an interview today. The purpose of today's interview is to learn more about the circumstances surrounding youth's decisions to use or not use injection drugs. The interview will last approximately one hour and will be tape recorded but any identifiers such as your name and those of others you may mention will be removed from the final transcript to ensure confidentiality is maintained and your identity is never disclosed. Please remember you do not have to answer any question you do not feel comfortable answering.

Questioning Guide

1. Opening Question and Probes

- a. What are some supportive and helpful things in your life?

Probe: Family, friends, recreational activities, living arrangements, outreach workers, counsellors etc.- When they say all negative- probe " But aren't there any positives?"

- b. When you feel negative and/or have a bad day what strategies do you use to turn it around?
What about other youth you know, what do they do?

Probe: *What do you think works?*

2. Introductory Question

- a. What do you think are some positive things in a youth's life that prevent them from using injection drugs? Why do some youth choose not to inject while others do?

3. Injection Drug Use Experience

- a. Can you tell me about the first time you tried injection drugs? Why did you decide to inject?

Probes: How old were you? Who were you with? Where were you? What was going on in your life at that time? What was your drug of choice? Who was present?

- b. Are you currently injecting?

- i. If yes, why do you think you continue using? What would you need to change in your life in a positive and supportive way to help you stop using?

Probe: Was there ever a time you stopped using? Why did you stop? Can you reflect on the experience?

- ii. If no, why did you stop using? What positive things in your life helped you make that decision? What positive things in your life help you stay clean from injection drugs?

Probe: What was going on in your life at that time? Can you reflect on the experience?

- c. Do you know anyone who has used injection drugs and then stopped? What positive things were in their life that helped them make that decision? What positive things in their lives help them stay clean from injection drugs?
- d. For youth who are already using injection drugs, what positive factors in their lives or themselves need to be in place to help them stop using?

4. *Perceived Risk Environment*

- a. How do you view drug use in general? What about injection drug use?
- b. Have you heard of any risks associated with injection drug use?

Probe: What are these? Are you concerned about these? Why or why not?

5. *Gender Influences*

- a. Do you think there are positive things that are different in the lives of male, female, and queer youth that might influence them differently to not use injection drugs? Please explain.

Probes: What kind of relationships do male, females queer youth have that may influence them differently? What kind of family history? What kind of activities do they do?

6. *Service Provision*

- a. *What are the strengths (or positive qualities) of the services available that help prevent youth from injecting?*

Probes: are these services working? How can they be improved? Do new services need to be created?

- b. *What are the strengths (or positive qualities) of services available that help youth stop using?*
- c. In your opinion, are clean needles and other injection equipment readily available to youth? Information about safer drug use? What about drug treatment programs? Support services?
 - i. If yes, how often do youth use these services? How would you rate these programs and services?
 - ii. If no, in your opinion what needs to be done to improve the use or access to these services? How would you rate these programs and services?

- d. Are you currently accessing or have ever accessed any of these services?

Probe: Where? Which ones? Can you please tell me about your experiences with these services?

- e. If you were given millions of dollars to prevent youth from initiating injection drug use, what would you do with this money?

7. *Conclusion*

- a. Is there anything else you would like to say before we end this interview?

SCRIPT FOR ONE-ON-ONE INTERVIEW WITH YOUTH COLLABORATORS

Introduction:

Thank you for taking the time to participate in this interview. The purpose of today's interview is to receive your feedback on the project and your experiences and opinions as a youth collaborator in the Youth Injection Prevention Project (YIP). The interview will last approximately one hour and will be recorded but any identifiers such as your name and those of others you may mention will be removed from the final transcript to ensure confidentiality is maintained and your identity is never disclosed. We will interview you now and again at the end of our project when we are co-presenting our results to youth. We ask you to be honest in your answers. You will not be judged or penalised in any way for anything you say. Please remember you do not have to answer any question you do not feel comfortable answering.

Questioning Guide:

1. *Opening Question*
 - a. Do you have any questions about this process or anything else before we begin?
2. *Impact of Project Involvement*
 - a. What were your expectations of your role as a youth collaborator and about the project when you first applied for the position? Were your expectations fulfilled? (Probe: Why did you apply for the position? What makes you continue as a youth collaborator?)
 - b. Now that you have worked as a youth collaborator for more than three months what is your motivation to remain working in this role?
 - c. What if anything do you expect to gain from the experience of being a youth collaborator? (Probes: What do you expect to gain in terms of learning? Overcoming personal challenges? Becoming employed? Making social connections? Gaining life experience?)
 - d. What would you consider to be your major challenges in being involved in this project, both in your personal life and/or as a co-researcher?
 - e. What would you consider to be your major successes in being involved in this project, both in your personal life and/or as a co-researcher?
3. *Perceived Preparedness for Data Collection*
 - a. What skills do you feel that you had when you were first hired that have assisted you in your role as a youth collaborator?
 - b. How prepared do you feel now to participate in this project?

- c. What skills and/or knowledge do you feel that you have acquired since you have participated in the training sessions that assist you now in your role as a youth collaborator?
- d. Do you think you have gained any skills and/or knowledge that you can use outside of your role as a youth collaborator and in your daily life? If yes, please explain.
- e. Have the training sessions prepared you for data collection (conducting focus groups)? If so, in what way? If not, what is missing?

4. *Further Training Desired*

- a. What parts of the training sessions did you find most useful? Please explain.
- b. What parts of the training sessions did you find least useful? Please explain.
- a. What would you like to see included in the training sessions that has not been included to date?

5. *Project Modifications Required*

- a. What are the parts of being involved in the project that you have enjoyed the most?
- b. What are the parts of being involved in the project that you have least enjoyed?
- c. What changes would you like to make to the project if you were able to do so?

6. *Personal Growth & Development*

- a. What do you believe are your strengths and qualities as a person? (*Probes: Does your network of friends and family help you develop and maintain these qualities? What aspects of your life strengthen those qualities? Which aspects weaken them?*)
- b. What would you say are some of your shortcomings, or personal challenges, if any? (*Probes: How do you deal with these on a daily basis? Do friends and family support or help you overcome them? What qualities or strengths within yourself help overcome these challenges or help you deal with them?*)
- c. What would you say are the best aspects of your life? (*Probe: What is it that you like about your life, if anything?*)
- d. What would you say are the worst aspects of your life? (*Probe: What is it you dislike about your life, if anything?*)
- e. Where do you see yourself in 5 years from now? (*Probes: What will you be doing? Where will you be living? Will you be working or studying? Where will you be working? What will you be studying? What do you think your life is going to be like in 5 years?*)

SCRIPT FOR ONE-ON-ONE INTERVIEW WITH YOUTH COLLABORATORS II

Introduction:

Thank you for taking the time to participate in this interview. The purpose of today's interview is to receive your feedback on the project and your experiences and opinions as a youth collaborator in the Youth Injection Prevention Project (YIP). The interview will last approximately one hour and will be recorded but any identifiers such as your name and those of others you may mention will be removed from the final transcript to ensure confidentiality is maintained and your identity is never disclosed. We ask you to be honest in your answers. You will not be judged or penalised in any way for anything you say. Please remember you do not have to answer any question you do not feel comfortable answering. Many of the questions that were asked during the last interview will be asked again here, this is done purposefully so that we can capture new information and changes in your answers.

Questioning Guide:

1. *Opening Question*

- a. Do you have any questions about this process or anything else before we begin?

2. *Impact of Project Involvement*

- a. In your first interview you shared what your expectations of your role as a youth collaborator and about the project were when you first applied for the position. Can you please recount briefly what these expectations were? Now 6 months later, have your expectations been fulfilled?
(*Probe: Have your expectations changed over the course of the project? If so, in what way? Why did you apply for the position?*)
- b. Now that you have worked as a youth collaborator for more than six months what is your motivation to remain working in this role? (*Probe: What makes you continue as a youth collaborator? Has your motivation to remain working in this role changed over the course of the project? If so, how and why?*)
- c. What if anything do you expect to gain from the experience of being a youth collaborator? (*Probes: What do you expect to gain in terms of learning? Overcoming personal challenges? Becoming employed? Making social connections? Gaining life experience?*)
- d. What would you consider to be your major challenges in being involved in this project in the past 6 months, both in your personal life and/or as a co-researcher?
(*Probe: Over the course of the entire project?*)

- e. What would you consider to be your major successes in being involved in this project in the past 6 months, both in your personal life and/or as a co-researcher? (*Probe: Over the course of the entire project?*)

3. *Perceived Preparedness for Data Collection*

- a. What skills do you feel that you had in your 3rd month of working as a youth collaborator that have assisted you in your role? (*Probe: What skills do you feel that you now possess, having reached your 6th month of working as a youth collaborator that have assisted you in your role?*)
- b. How prepared do you feel now to participate in this project as compared to how prepared you felt 3 months ago (or the last time you were interviewed)?
- c. What skills and/or knowledge do you feel that you have acquired since you were last interviewed (3 months ago) that assist you now in your role as a youth collaborator? (*Probe: How does what you learned in the last half of the training compare to what you learned in the first half of the training?*)
- d. Do you think you have gained any skills and/or knowledge that you can use outside of your role as a youth collaborator and in your daily life? If yes, please explain.
- e. Have the training sessions prepared you for data collection (conducting focus groups) and data analysis? If so, in what way? If not, what did you feel was missing?

4. *Further Training Desired*

- a. What parts of the training sessions did you find most useful? Please explain.
- b. What parts of the training sessions did you find least useful? Please explain.
- c. What would you have liked to see included in the training sessions that has not been included to date?

5. *Project Modifications Required*

- a. What are the parts of being involved in the project that you have enjoyed the most?
- b. What are the parts of being involved in the project that you have least enjoyed?
- c. What changes would you like to make to the project if you were able to do so?
- d. After participating in the YIP project for 6 months, what are your overall perceptions of the project, your co-researchers and the coordinators (and anyone else you would like to include)? Is there anything you would like to say about the project overall?

6. *Personal Growth & Development*

- a. Now that you have participated in the YIP project for 6 months, what do you believe are your strengths and qualities as a person? (*Probes: Does your network of friends and family help you develop and maintain these qualities? What aspects of your life strengthen those qualities? Which aspects weaken them?*)

- b. What would you say are some of your shortcomings, or personal challenges, if any?
(Probes: How do you deal with these on a daily basis? Do friends and family support or help you overcome them? What qualities or strengths within yourself help overcome these challenges or help you deal with them?)
- c. What would you say are the best aspects of your life? *(Probe: What is it that you like about your life, if anything?)*
- d. What would you say are the worst aspects of your life? *(Probe: What is it you dislike about your life, if anything?)*
- e. Where do you see yourself in 5 years from now? *(Probes: What will you be doing? Where will you be living? Will you be working or studying? Where will you be working? What will you be studying? What do you think your life is going to be like in 5 years?)*

THE UNIVERSITY OF BRITISH COLUMBIA

School of Population and Public Health



James Mather Building
5804 Fairview Avenue
Vancouver, B.C. Canada V6T 1Z3
Tel: 604-822-2772
Fax: 604-822-4994
Website: www.spph.ubc.ca

CONSENT FORM FOR KEY INFORMANTS

Project Title: Preventing the Transition of At-Risk Youth into Injection Drug Use

Principal Investigator: Jane Buxton, MBBS, MHSc, FRCPC
Assistant Professor, School of Population and Public Health
University of British Columbia
Phone: 604-660-6061

Project Coordinator: Catharine Chambers, BSc
MSc Student, School of Population and Public Health
University of British Columbia
Phone: 604-660-4925

Before you consent to participate in our key informant interviews or focus groups, please take a moment to understand what the research involves. The following information describes the purpose and procedures, the potential benefits and risks, and other information about the research study. If there is information in this form that you do not understand or if you have questions regarding your participation, please feel free to ask one of our researchers. Your participation in this study is voluntary. You may choose not to participate in this study or to not answer particular questions. You may leave at any time and still receive your honorarium.

Purpose

The purpose of this project is to understand factors that influence the initiation of injection drug use among youth. When we say injection drug use, we mean the injection of drugs in the veins or under the skin (i.e. to fix or to shoot up). We want to know why certain youth do not use injection drugs and, for those youth who have experimented with injection drugs, why they started injecting and what can possibly prevent them from becoming regular users.

Procedures

Your involvement in this study includes participating in an interview or focus group lasting approximately 1 hour. During the interview or focus group, you will be asked a series of questions about your experiences and opinions about youth and their injection drug use practices.

You have been invited to participate in this study because you work or volunteer with at-risk youth on a daily basis. The purpose of our interview or focus group is to obtain in-depth personal narratives regarding the influences surrounding IDU initiation among at-risk youth. Given your experience working with at-risk youth, we consider you an expert in this field and value your opinions.

This study is being conducted under the supervision of Dr. Jane Buxton. The results of this study will contribute the MSc thesis requirements for Ms. Catharine Chambers.

Potential Risks and Benefits

The benefit of this study is that you will be given the opportunity to share your opinions and experiences about a topic that is important to the health of young people.

We anticipate minimal to no risks will be involved with your participation, although youth and injection drug use may be a sensitive topic for some people to discuss.

Confidentiality

In order to make sure we capture all of your opinions and experiences, we will be tape recording and taking notes during the discussion. Your name and all other identifying information will **NOT** be linked to the transcripts; your responses for this discussion will be confidential. No information that discloses your identity will be released or published without your specific consent to the disclosure.

We encourage all participants not to share the contents of the discussion outside of the focus group; however, we cannot control what other participants do with the information discussed.

Compensation

Your participation in our discussion is extremely valuable. We require a total time commitment of about 1 hour for a one-on-one interview and about 1.5 hours for a focus group. For your time, we will provide an honorarium of \$30.00 cash.

Contact Information

If you have any questions or require further information about this study, please contact Dr. Jane Buxton at 604-660-6061 or Ms. Catharine Chambers at 604-660-4925. If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line at 604-822-8598.

Consent

Your signature below indicates that:

1. You consent to participate in this study
2. You understand that participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without penalty
3. You understand that although we encourage all participants not to share the contents of the discussion outside of the focus group, we cannot control what other participants do with the information discussed
4. You have received a copy of this consent form for your own records

Printed name of participant

Signature

Date

THE UNIVERSITY OF BRITISH COLUMBIA

School of Population and Public Health



James Mather Building
5804 Fairview Avenue
Vancouver, B.C. Canada V6T 1Z3
Tel: 604-822-2772
Fax: 604-822-4994
Website: www.spph.ubc.ca

CONSENT FORM FOR YOUTH ONE-ON-ONE INTERVIEWS

Project Title: Preventing the Transition of At-Risk Youth into Injection Drug Use

Principal Investigator: Jane Buxton, MBBS, MHSc, FRCPC
Assistant Professor, School of Population and Public Health
University of British Columbia
Phone: 604-660-6061

Project Coordinator: Natasha Van Borek, MScPPH
BC Centre for Disease Control
655 West 12th Avenue,
Vancouver, BC
Phone: 604-707-2551

Before you consent to participate in our one-on-one interview, please take a moment to understand what the research involves. The following information describes the purpose and procedures, the potential benefits and risks, and other information about the research study. If there is information in this form that you do not understand or if you have questions regarding your participation, please feel free to ask one of our researchers. Your participation in this study is voluntary. You may choose not to participate in this study or to not answer particular questions. You may leave at any time and still receive your honorarium.

Purpose

The purpose of this project is to understand factors that influence the initiation of injection drug use among youth. When we say injection drug use, we mean the injection of drugs in the veins or under the skin (i.e. to make a fix or to shoot up). We want to know why certain youth do not use injection drugs and, for those youth who have experimented with injection drugs, why they started injecting and what can possibly prevent them from becoming regular users.

Procedures

Your involvement in this study includes participating in an interview lasting approximately 60 minutes. During the interview, you will be asked a series of questions about your experiences and opinions about youth and their injection drug use practices.

You have been invited to participate in this study because you are aged 15 to 24 and in the past 6 months either (i) not lived with your parents or caregivers for 3 consecutive days or more or (ii) been without a fixed address for 3 consecutive days or more. If you are between the ages of 15 and 24 years of age and have not been out of home for 3 consecutive days or more, you will **NOT** be allowed to participate in the study.

This study is being conducted under the supervision of Dr. Jane Buxton. The results of this study will inform youth-driven youth-facilitated intervention strategies that will serve to prevent youth from transitioning into injection drug use and/or reduce drug related harms.

Potential Risks and Benefits

Given that we will be talking about a sensitive subject for some people, it is possible that certain topics may make you upset. If this occurs, please let one of our researchers know. We will refer you to someone who will help you with the issue.

The benefit of this study is that you will be given the opportunity to share your opinions and experiences about a topic that is important to the health of young people like yourself.

Confidentiality

In order to make sure we capture all of your opinions and experiences, we will be tape recording and taking notes during the interview. Your name and all other identifying information will **NOT** be linked to the transcripts; your responses for this discussion will be confidential. No information that discloses your identity will be released or published without your specific consent to the disclosure.

Compensation

Your participation in our interview is extremely valuable. We require a total time commitment of approximately 60 minutes. For your time, we will provide an honorarium of \$20.00 cash.

Contact Information

If you have any questions or require further information about this study, please contact Dr. Jane Buxton at 604-660-6061 or Ms. Natasha Van Borek at 604-707-2551. If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line at 604-822-8598.

Consent

Your signature below indicates that:

1. You consent to participate in this study
2. You understand that participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without penalty
3. You have received a copy of this consent form for your own records

Printed name of participant

Signature

Date

THE UNIVERSITY OF BRITISH COLUMBIA

School of Population and Public Health



James Mather Building
5804 Fairview Avenue
Vancouver, B.C. Canada V6T 1Z3
Tel: 604-822-2772
Fax: 604-822-4994
Website: www.spph.ubc.ca

CONSENT FORM FOR FOCUS GROUP PARTICIPANTS

Project Title: Preventing the Transition of At-Risk Youth into Injection Drug Use

Principal Investigator: Jane Buxton, MBBS, MHSc, FRCPC
Assistant Professor, School of Population and Public Health
University of British Columbia
Phone: 604-660-6061

Project Coordinator: Natasha Van Borek, MScPPH
655 West 12th Avenue,
Vancouver, BC
Phone: 604-707-2551

Before you consent to participate in the focus group discussions, please take a moment to understand what the research involves. The following information describes the purpose and procedures, the potential benefits and risks, and other information about the research study. If there is information in this form that you do not understand or if you have questions regarding your participation, please feel free to ask one of our researchers. Your participation in this study is voluntary. You may choose not to participate in this study or to not answer particular questions. You may leave at any time and still receive your honorarium.

Purpose

The purpose of this project is to understand factors that influence the initiation of injection drug use among youth. When we say injection drug use, we mean the injection of drugs in the veins or under the skin (i.e. to make a fix or to shoot up). We want to know why certain youth do not use injection drugs and, for those youth who have experimented with injection drugs, why they started injecting and what can possibly prevent them from becoming regular users.

Procedures

Your involvement in this study includes participating in focus group discussions. The discussion will take place in groups with a maximum 6 youth aged 15 to 24 years of age. The discussions will last approximately 60 to 90 minutes. During the discussion, you will be asked a series of questions about your experiences and opinions about youth and their injection drug use practices.

You have been invited to participate in this study because you are aged 15 to 24 and in the past 6 months either (i) not lived with your parents or caregivers for 3 consecutive days or more or (ii) been without a fixed address for 3 consecutive days or more. If you are between the ages of 15 and 24 years of age and have not been out of home for 3 consecutive days or more, you will **NOT** be allowed to participate in the study.

This study is being conducted under the supervision of Dr. Jane Buxton. The results of this study will inform youth-driven youth-facilitated intervention strategies that will serve to prevent youth from transitioning into injection drug use and/or reduce drug related harms.

Potential Risks and Benefits

Given that we will be talking about a sensitive subject for some people, it is possible that certain topics may make you upset. If this occurs, please let one of our researchers know. We will refer you to someone who will help you with the issue.

The benefit of this study is that you will be given the opportunity to share your opinions and experiences about a topic that is important to the health of young people like yourself.

Confidentiality

In order to make sure we capture all of your opinions and experiences, we will be tape recording and taking notes during the discussion. Your name and all other identifying information will **NOT** be linked to the transcripts; your responses for this discussion will be confidential. No information that discloses your identity will be released or published without your specific consent to the disclosure.

We encourage all participants not to share the contents of the discussion outside of the focus group; however, we cannot control what other participants do with the information discussed.

Compensation

Your participation in our discussion is extremely valuable. We require a total time commitment of approximately 60-90 minutes for the focus groups. For your time, we will provide an honorarium of \$20.00 cash.

Contact Information

If you have any questions or require further information about this study, please contact Dr. Jane Buxton at 604-660-6061 or Ms. Natasha Van Borek at 604-707-2551. If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line at 604-822-8598.

Consent

Your signature below indicates that:

1. You consent to participate in this study
2. You are aware that although we encourage all participants not to share the contents of the discussion outside the focus group, we cannot control what other participants do the with information discussed
3. You understand that participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without penalty
4. You have received a copy of this consent form for your own records

Printed name of participant

Signature

Date

THE UNIVERSITY OF BRITISH COLUMBIA

School of Population and Public Health



James Mather Building
5804 Fairview Avenue
Vancouver, B.C. Canada V6T 1Z3
Tel: 604-822-2772
Fax: 604-822-4994
Website: www.spph.ubc.ca

CONSENT FORM FOR YOUTH COLLABORATOR INTERVIEWS

Project Title: Youth Injection Prevention Project (YIP)

Principal Investigator: Jane Buxton, MBBS, MHSc, FRCPC
Assistant Professor, School of Population and Public Health
University of British Columbia
Phone: 604-660-6061

Project Coordinator: Natasha Van Borek, MScPPH
BC Centre for Disease Control
655 West 12th Avenue,
Vancouver, BC
Phone: 604-707-2551

Before you consent to participate in this interview, please take a moment to understand what your participation in this study involves. The following information describes the purpose and procedures, the potential benefits and risks, and other information about the research study. If there is information in this form that you do not understand or if you have questions regarding your participation, please feel free to ask one of our researchers. Your participation in this study is voluntary. You may choose not to participate in this study or to not answer particular questions. You may leave at any time and still receive your honorarium.

Purpose:

The purpose of this interview is to receive feedback from you about your perceptions and experiences as a youth collaborator in the Youth Injection Prevention Project (YIP). As a youth collaborator of the YIP project you have been participating in a very unique form of research and learning experience. As you know, this is a community-based research project, where youth assist in each stage of the research process as co-researchers. In this type of research, the process (for example the training of youth collaborators) is as much part of the research project as the information and analysis collected during the focus groups and interviews. It is important that we assess how this process has impacted you and your co-researchers, so that we can learn more about this type of research. This information will allow

us to continually improve our project, as we will be able to incorporate your feedback into our study design as well as provide information to other researchers who may choose to conduct similar research.

Procedures

The interview will last approximately 1 hour. During the interview, you will be asked a series of questions about your experiences and opinions regarding your participation as a youth collaborator in the YIP project.

Potential Risks and Benefits

There is no known risk of participating in this interview.

The benefits of this study are that you will be given the opportunity to give your feedback on the project and express your opinions and experiences about your participation as a youth collaborator. Your feedback is very valuable, since it may help us improve the project; as well as contribute to our understanding about this type of research.

Confidentiality

In order to make sure we capture all of your opinions and experiences, we will be tape recording and taking notes during the interview. Your name and all other identifying information will **NOT** be linked to the transcripts; your responses for this discussion will be confidential. No information that discloses your identity will be released or published without your specific consent to the disclosure.

Compensation

Your participation in our interview is extremely valuable. We require a total time commitment of approximately 60 minutes. For your time, we will provide an honorarium of \$20.00 cash.

Contact Information

If you have any questions or require further information about this study, please contact Dr. Jane Buxton at 604-660-6061 or Ms. Natasha Van Borek at 604-707-2551. If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line at 604-822-8598.

Consent

Your signature below indicates that:

1. You consent to participate in this study
2. You understand that participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without penalty
3. You have received a copy of this consent form for your own records

Printed name of participant

Signature

Date