NOTI NECTON PLANTER PROJECT

YOUTH INJECTION PREVENTION PROJECT



Findings from the Next Steps Workshops

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

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



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

"I think I can be better...I want to go back to school and go to try to keep busy and stay off of it...My family, they can support me and stuff and I think I'm strong."

- Interview Participant, Phase 2

"For me it [resiliency] was my culture. Growing up on reserve...Sad to see a lot of my friends into that stuff and my culture really helped me through."

- Focus Group Participant, Phase 2

facilitated 10 focus groups with 60 street-involved 15-24 year olds in the Metro Vancouver region. During these sessions, researchers sought to obtain the street-involved youth's perspectives on risk and resiliency factors associated with transitioning into IDU, as well as recommendations for harm reduction and prevention services to minimize barriers to accessing services. Resiliency factors identified include community and family support, self esteem, personal values, desire for health and a better life, as well as a sense of identity, responsibility and culture. The results were incorporated into a video entitled 'Greater Than Our Addictions,' and highlight the need to focus intervention strategies on protective factors rather than solely on risk factor reduction.

Phase 3 of the project was a collaborative effort with the McCreary Society to disseminate the protective factors identified in phase 2 to communities throughout the province and compare local atrisk youth's experiences to those of the street-involved youth in Metro Vancouver. This was accomplished though 6 interactive community "**Next Steps Workshops**", that were developed and facilitated by the youth co-researchers and the research coordinator. The workshops were held in each of the 5 BC regional health authorities (Kamloops, Prince George, Nanaimo, Surrey, Vancouver and Victoria). The findings from the previous study, including the video, were presented to local youth, and participants were invited to share their personal experiences of risk and resiliency factors, as well as barriers and enablers to local harm reduction programs. This sought to ensure the results from phase 1 and 2 were relevant to communities outside of Metro Vancouver, and to identify local barriers and

resiliency factors that can be addressed in the future to help prevent the transition of street-involved youth into IDU.

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

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

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

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

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

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