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

Natasha Van Borek, Catharine Chambers, Natalie Angus,
Darlene Taylor, Elizabeth Saewyc, Jane A. Buxton

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Background

- Estimated **150,000** Canadian street youth on any given day¹
- **95.3%** of Canadian street youth report lifetime drug use²
- Proportion who inject drugs ranges from **20-50%**³
- Prevalence of HIV and HCV among young (<**30 years**) IDU in Vancouver is **16%** and **57%** respectively⁴

(1) DeMatteo et al. *J. Adolescent Health*. 1999; 25:5; (2) Street Youth In Canada. Ottawa: PHAC; 2006.; (3) Kerr et al. *BMC Public Health*. 2009; 9: 171; (4) Miller et al. *Harm Reduct J*. 2007; 4:1.



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Project Overview

PHASE 1

Exploratory Analysis of
E-SYS¹ Dataset

PHASE 2

Interviews with Key
Informants

PHASE 3

Interviews/Focus Groups
with Youth

PHASE 4

Interactive Workshops
with Youth

PHASE 5

Intervention
Strategy

results used
to inform

results used
to inform

validate
results using

used to
design



¹ E-SYS refers to the Vancouver-subset of the Enhanced Surveillance of Canadian Street Youth Survey



Objectives

From service providers perspectives, identify in the provision of services to at-risk street-involved youth:

- **Successes** - service components that attract and engage youth
- **Barriers** - that prevent youth from connecting with services
- **Opportunities** – gaps in service provision and recommendations for intervention strategies



Methods

- Interviews (**n=24**) with service providers that work with street-involved youth between **January and June 2009**
- Participants recruited through **purposive and snowball sampling**
- All participants were provided with an honorarium (**\$30**)
- Ethics approval for the study was provided by the BREB at the University of British Columbia
- Audio recordings transcribed verbatim and analyzed by **two members** of team using **NVivo 8** qualitative software
- Identified themes validated through knowledge translation session, where study participants and community members (**n=20**) provided feedback



Results – Successes:

- Capacity-building
- Consistency
- Non-judgmental policies
- Peer education
- Relationship building
- Youth -driven, youth specific programming



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Results – Successes:

“Anything that is youth peer-run, peer-motivated, peer-supported will be really beneficial...Youth respond really well to peer information...Because they don’t feel like some outsider that doesn’t know anything about their situation is coming and just pumping them full of information.” – **Participant #9**



Results – Successes:

“A youth that has been down [here] since she was 14...it took me three months to connect with her ‘cause she told me to fuck off every day. And I just kept coming down...Because of that relationship she’s into housing...Any kind of change for youth, any step you make, getting them to the doctor, getting them to consider anything, it’s not going to happen unless you have a relationship with them...It’s about building relationships and it takes a really long time.” – **Participant #22**



Results – Barriers:

- Individual – level factors
 - Fetal alcohol spectrum disorder
 - Learning disabilities
 - Mental health issues
- Perceived discrimination by ethnicity, gender, and/or sexual orientation
- Service design
 - Abstinence based-programming,
 - Age restrictions,
 - Limited hours and staffing
 - Geography
- Stigma related to injection drug use and drug users



Results – Barriers:

“You have racism...like in counselling, like in all these other programs...People that have a racist attitude... 'they're [Aboriginal youth] just going to be on the streets or it's just another B.C. Indian', you know, that type of racist attitude...We have not addressed it in Canada” – **Participant #19**



Results – Barriers:

“When they go into treatment, they [Lesbian, Gay, Bisexual, Transgendered youth] don’t feel safe...I’ve had a [transgendered] client go into another treatment facility where they had their pictures burnt and their clothes burnt. It was done by someone in the facility.” –

Participant #24



Results - Opportunities:

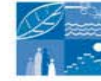
- Appropriate prevention, harm reduction and education for youth's varied developmental stages
- Flexibility in service design and delivery
- Inclusive policies for marginalized groups of youth (i.e. First Nations, LGBT among others)
- Increased availability and funding for youth-specific housing, detoxification and treatment facilities
- Integrated programming and policies
- Lack of and need for youth-driven, youth input intervention strategies



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Results – Opportunities:

“There always, you know, has to be some sort of door. It’s just a matter of making that door as easy to get through as possible...We, for example, allow people to access our drop-in if they appear high or drunk. A lot of places won’t...That is a time, in my opinion, when two hours spent not on the street is harm reduction at its finest” –

Participant #18



Results – Opportunities:

“People have to have stabilized lives...If you can’t start at the bottom at the point of housing...you patchwork it together...You did detox, and it’s all good...then you send them back out and they’re homeless...We need government housing, supported housing for kids that they can actually get into.” – **Participant #1**



Conclusions:

To support service providers that work with street involved youth in preventing youth transition into injection drug use and/or reduce harms associated with injecting, interventions should include:

- ✓ Capacity and relationship building
- ✓ Consistency
- ✓ Flexibility in service design and delivery
- ✓ Inclusive, non-judgmental policies
- ✓ Targeted prevention, harm reduction and education for youth's varied developmental stages
- ✓ Youth-driven, youth-specific integrated programming



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