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

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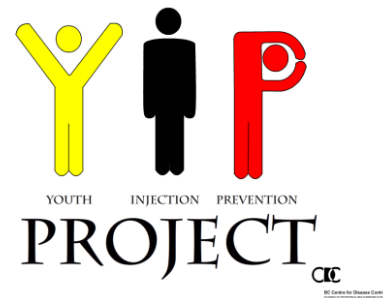
Background

➤150,000 Canadian street youth estimated on any given day.[1]   20-50% who inject drugs.[2]

➤ Much of the research with street-involved youth and injection drug use focuses on risk factors e.g. past trauma and abuse and interviewed by academic researchers. Few studies explore the 'current' factors that can prevent injection drug use, including the effectiveness of services or use participatory methods

1) DeMatteo et al. *J. Adolescent Health*. 1999; 25:5;
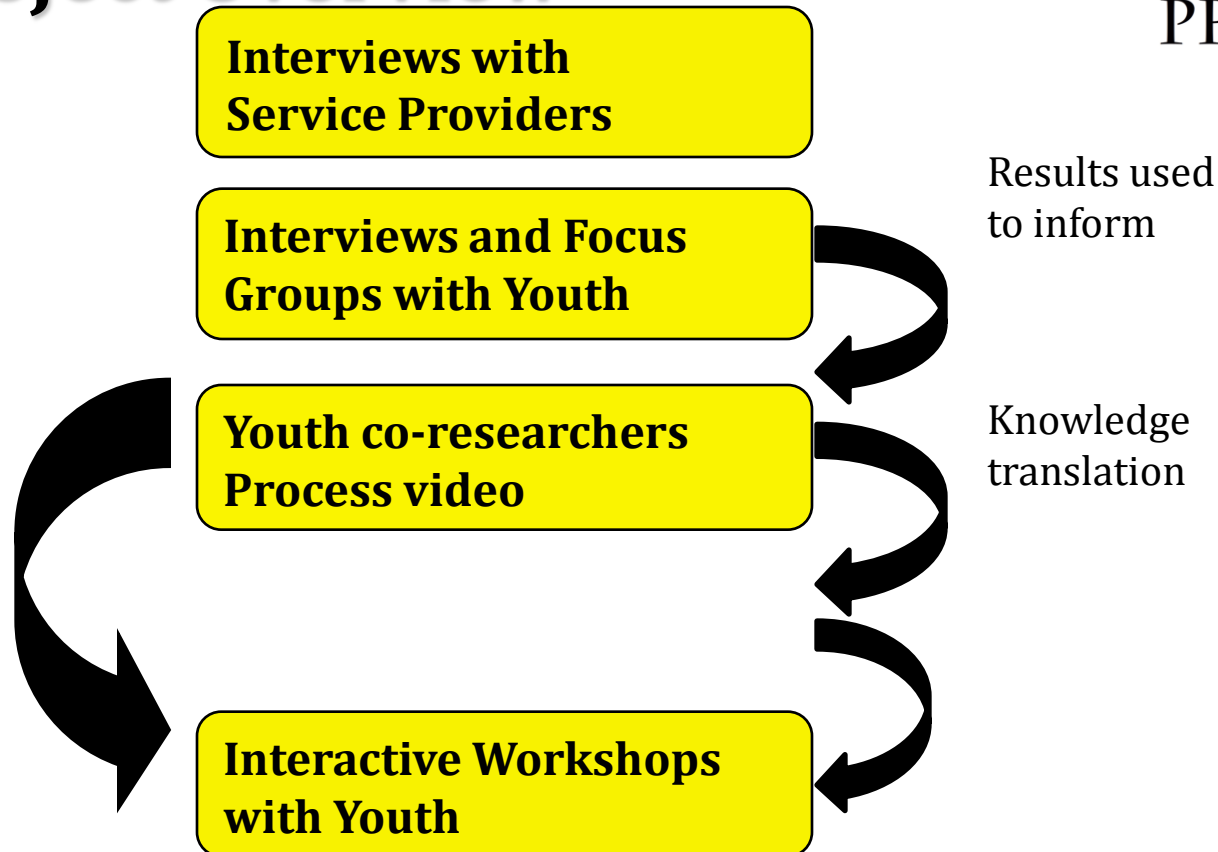2) Kerr et al. *BMC Public Health*. 2009; 9: 171;

Objective:
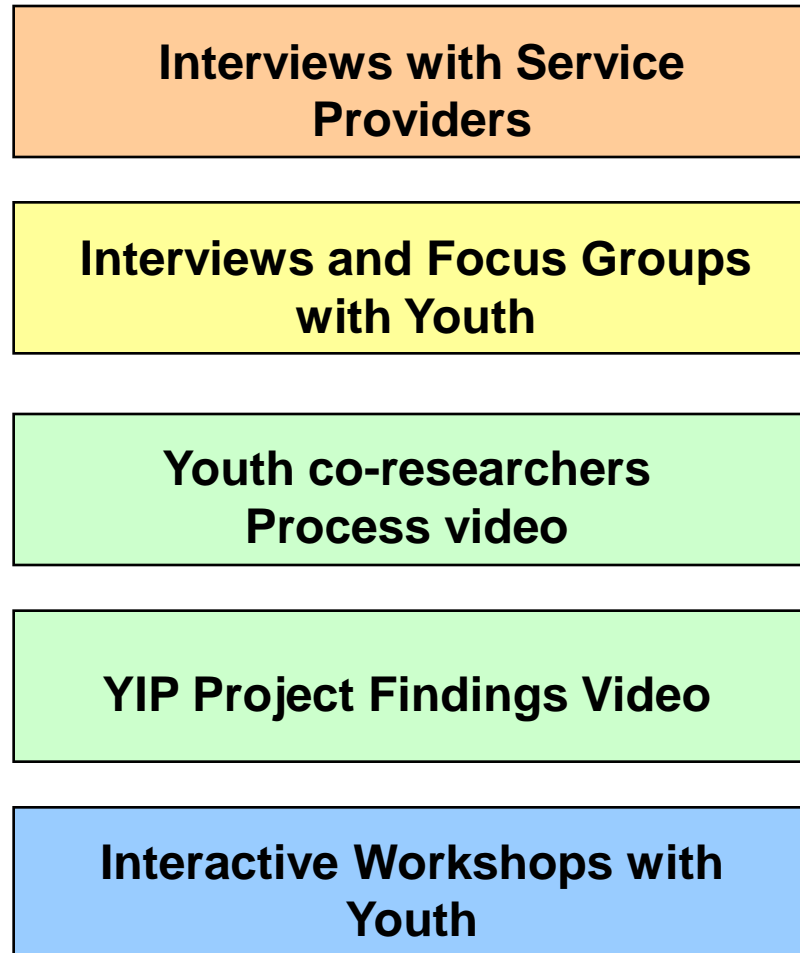
From Street-Involved Youth Perspectives':

Identify service components that may prevent injection drug use and/or the transition into injection drug use among street-involved youth aged 15-24 years in Metro Vancouver, British Columbia, Canada

Project Overview

Interviews with Service Providers

Interviews and Focus Groups with Youth

Youth co-researchers Process video

Interactive Workshops with Youth

Results used to inform

Knowledge translation

YIP Project Overview Figure

Interviews with Service Providers

Interviews and Focus Groups with Youth

Youth co-researchers Process video

YIP Project Findings Video

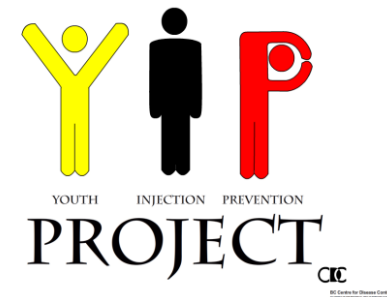| Interactive Workshops with Youth |
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Interviews and Focus Groups with Youth

Methods

➢ Six youth co-researchers, most experiential, hired and trained in qualitative research methods in September 2009

➢Conducted between November 2009 and April 2010

➢ Participants recruited through community partners; provided an honorarium ($25), return bus fare and a meal

➢Ethics approval received from BREB at University of British Columbia

➢Interviews and focus group recordings transcribed verbatim; data organized using NVivo 8; constant comparative method identified emergent themes, analyzed by two team members

Interviews and Focus Groups with Youth

Participants Characteristics n=60

➢ 15 semi-structured interviews and 10 focus groups; total 60 street-involved youth aged 15-24 years old in Metro Vancouver, British Columbia, Canada

➢ Median age: 21years

➢ 32 Male, 27 Female, 1 Transgender

➢ 67% Heterosexual, 22% Bisexual, 7% Gay or Lesbian, 4% Don't Know/Missing Value

➢ 40% Caucasian, 38.3% Aboriginal, 8.5% Other, 8.3 % Multi-ethnic, 5% African

Results: Summary

Three main threads were identified:

(1) **Successes -** Service Components that Attract and Engage Youth

(2) **Barriers -** Barriers that Prevent Youth from Connecting with Services

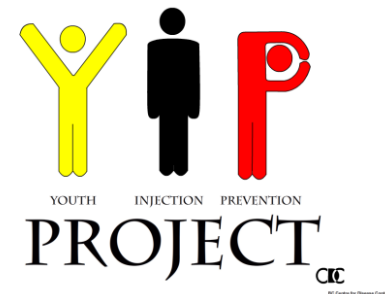(3) **Opportunities -** Recommendations for Prevention Strategies

Successes - Service Components that Attract and Engage Youth:

(1) Services that promote resiliency and offer capacity building opportunities

(2) Services that provide opportunities to build healthy relationships between service providers and youth and among youth

(3) Peer education and outreach, including involvement of experiential youth

(4) Experiential staff amongst service providers

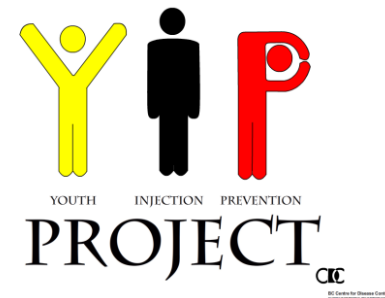# Successes - Service Components that Attract and Engage Youth:

Services that promote resiliency and offer capacity building opportunities

"the only way that, like, Vancouver or even Canada, has a chance, especially Vancouver for young people, is places like [service provider] where you can offer life skills. You can offer job placements, like, [service provider]...Get your money from not sucking dick or prostituting or whatever." **– Participant #2, Focus Group #3**

Services that provide opportunities to build healthy relationships

"Positive support in my life...I met a lot of people when I came to [service provider name]. When I first came to Vancouver I didn't know anybody at all...It helped me a lot because there was definitely alternative choices outside of here that, you know, I could have been involved in but wasn't." **- Participant #6, Focus Group #8**

Successes - Service Components that Attract and Engage Youth:

Peer education and outreach, including involvement of experiential youth

*"Youth-to-youth-based outreach...Like, kids like us, like, fucking when we get out of the life and we're out there, like, talking to other people...Even with adults, like, there's no, like, peer, like, not really our peers...A lot of it's fucking adults that have just spent four years in school learning about people like us.***–Participant #3, Focus Group #1**

Experiential staff among service providers

"They've [service provider staff] *been there, they've done it. They know what it is, right. They've not just seen it but they've experienced it for themselves and they know better how to uh.. help out somebody in that situation than somebody who's just read it, learned about it in books and seen it on TV ...These staff out here they- they've been down there and they've crawled up of the dirt pile."* **- Participant #3, Focus Group #9**

Barriers that Prevent Youth from Connecting with Services:
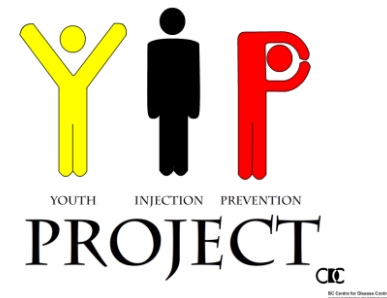
(1) Service Provider Rules and Restrictions

➢ Abstinence-based policies
➢ Age restrictions / Aging out of Services

(2) Service Availability

➢ Service location and hours
➢ Waitlist for detox and treatment programs
➢ Service funding

(3) Judgmental Services, including Discrimination against First Nations and LGBT youth

Barriers that Prevent Youth from Connecting with Services:
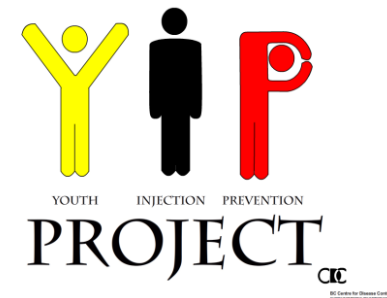
Service Provider Rules and Restrictions

Abstinence-based policies

"I got really drunk one night and then ended up in [service provider]. *I was high on MDMA and I was really drunk and I was, like, I just need a safe place to stay 'cause, like, all my friends they were off injecting and doing shit that I didn't want to do. And they're, like, well, you're drunk, you're high. We can't let you in, 'cause apparently I was going to trigger the other people to do drugs."* **- Youth Interviewee #8**

Age restrictions / Aging out of Services

"It's only open for youth that are, like, I think it's, like, 16 to 18, during the day. What about at three in the morning when they need it? They're not allowed in here. They're allowed to come have a sandwich and use the phone but that's because the other kids are in here. And what the hell happens to us when we're 22 next year?" **- Participant #2, Focus Group #3**

Barriers that Prevent Youth from Connecting with Services:

Service Availability

Service location and hours
 "They could use some better hours at the needle exchange...I found myself, like, hurting a few times ...It's 24/7 but down on Main and Hastings and at least me and most people I know just don't like going down there." - **Youth Interviewee #3**
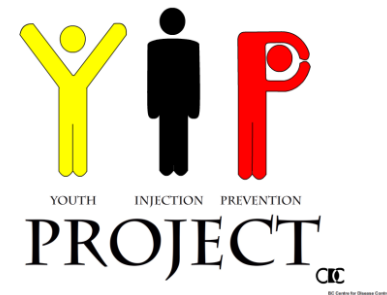
Waitlist for detox and treatment programs
"A lot of the time you're trying to get help and people are, like, okay, come back in a week...Not getting any help for that whole week. So I think that, I mean, people that are going to be there to help you right away. Because they don't have that right now." - **Participant #3, Focus Group #6**

Service funding
"The one outreach that I actually had a rapport going with...Like, actually, like think about, like, talk to and hung out, they got their funding got cut." **- Youth Interviewee #3**

Barriers That Prevent Youth from Connecting with Services:

Judgmental services, including discrimination against First Nations and LGBT youth

"When a service is judgemental towards you...it's going to stop you from going to that service, I think, myself, you know. Like, it's not in their position to be judging. Like [service provider name] *is really bad for that, man. That's why I don't go there."* **– Participant #1, Focus Group #5**

"Just a place they can go and not be judged, you know. And, you know, a place they can go and not be labeled as, you know, a junkie or, you know, labeled as anything." **- Participant #5, Focus Group #8**

Recommendations for Prevention Strategies:

➢ Safe affordable low-barrier supported housing should be a priority to get youth off of the streets , in the interim provide safe spaces for youth

➢ Low barrier services, including flexibility in service rules and restrictions regarding abstinence and age

➢ Community-based strategies with youth input in program design, implementation and evaluation

➢ Targeted services for marginalized populations, including First Nations and LGBT youth

Recommendations for Prevention Strategies:

Safe affordable low-barrier supported housing should be a priority

*"If I'm downtown and I see somebody who I know is using or whatever, I'll just go home. It's so much easier having a place to go to. It's really hard to get clean when you're on the street"***-Youth Interviewee #2**

In the interim, have services provide youth with safe spaces

"I think a lot of times people have nothing to do, youth have nothing to do. So then they kind of just like wandering around and they're, like, oh, hey we'll hang out with these drug dealers and oh, okay, well, try this. They need something-- somewhere to hang out that's positive space where they can also access those kind of services if they need it, you know, prevention services." **- Participant #1, Focus Group #6**

Recommendations for Prevention Strategies:

Low barrier services, including flexibility in service rules and restrictions regarding abstinence and age

*"Homeless at the time. I came in here. They're not supposed to let me stay. They let me stay here till seven in the morning… Somewhere to eat. Someone to talk to…Hooked me up with resources to, like, legal resources, peer support, all that stuff. If I didn't have that, I don't know where the hell I would be."***– Participant #2, Focus Group #3**

Community-based strategies with youth input in program design, implementation and evaluation

"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 to be." **- Participant #5, Focus Group #8**

Recommendations for Prevention Strategies:

Community-based strategies with youth input in program design, implementation and evaluation

"One solution for a community that's relatively pristine and doesn't have much of a drug scene, you know, the solution for that is going to be totally different from the solution from a community in the Downtown Eastside." **- Participant #5, Focus Group #8**

Targeted services for marginalized populations, including First Nations and LGBT youth

"Really it's up to the community as a whole...Every community's different. Everybody has different issues. Everyone has different interests. I mean, you really have to visit each of these communities individually and find out what they need." **- Participant #4, Focus Group #8**

Conclusions:

Services for this population should consider:

➢ 'Meeting youth where they are at' with timely, culturally appropriate, non-judgmental, youth-friendly services

➢ Promoting resiliency and offering opportunities to build youth's capacity, including developing life skills and provision of employment opportunities

➢ Designing, implementing and evaluating programs in collaboration with the target population and the community

YOUTH   INJECTION   PREVENTION

PROJECT
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