

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

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

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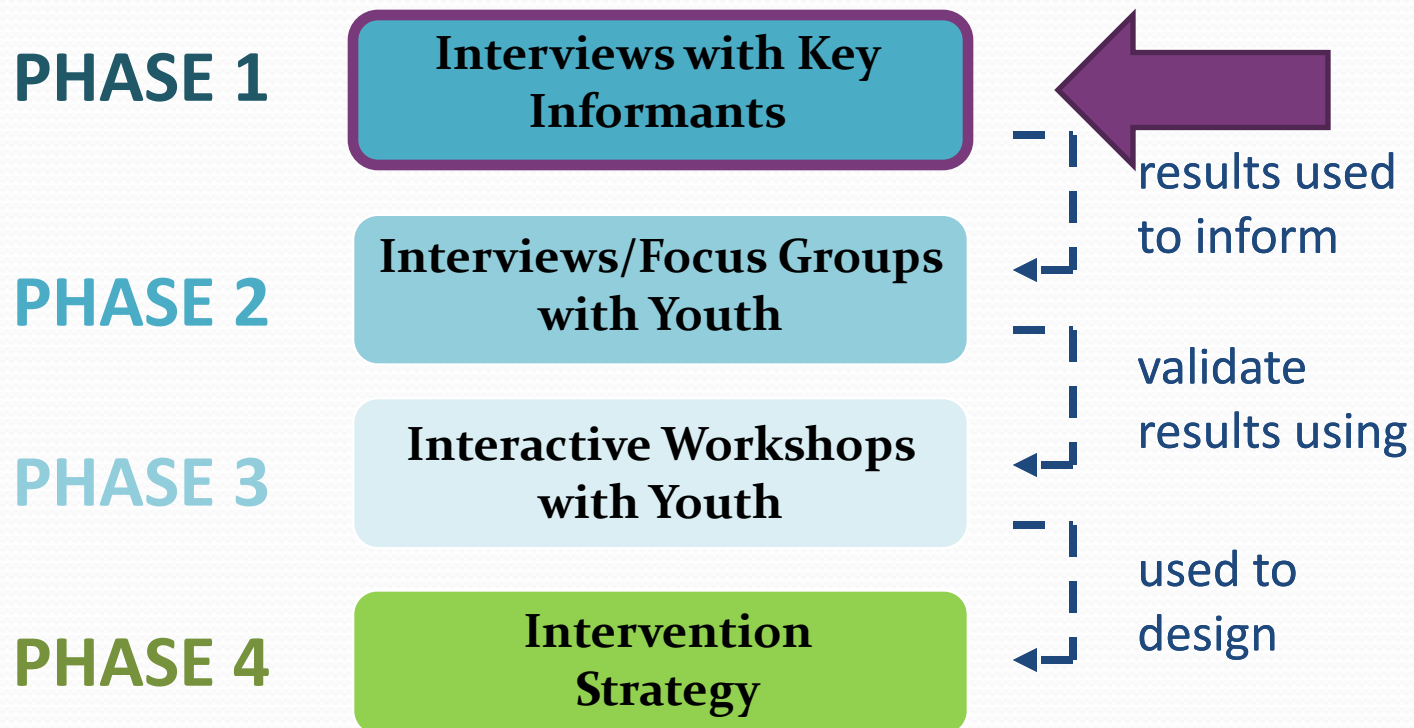
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Background

- 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.

Project Overview





Objectives

From **service providers perspectives**:

- To identify perceived **risk and resiliency factors** associated with injection drug use (IDU) initiation among at-risk street-involved youth;
- To identify perceived **gender influences** related to IDU initiation among this population;
- To identify factors that influence **perceptions of risk** related to IDU initiation among this population.

Methods

- In-depth, semi-structured interviews (n=24) with service providers that work with at-risk street-involved youth in the Metro Vancouver region
- Conducted between January and June 2009
- All participants were provided with an honorarium (\$30)
- Ethics approval for the study was provided by the BREB at the University of British Columbia (UBC)
- Participants were recruited through purposive and snowball sampling
- Participants included program managers, health care workers, outreach workers and counsellors

Methods

- Total of 14 female participants, 9 male participants and 1 two-spirited participant
- Participants had a median a 7 years experience working with youth (range: 2-40)
- Reported age range of youth clients was 14-24 years of age
- Audio recordings were transcribed verbatim and analyzed by two members of team using NVivo 8 qualitative software
- Identified themes were validated through a knowledge translation session, where study participants and community members (n=20) provided feedback

Results: Summary

Domain analysis conducted identified the following:

- Risk factors:
 - Interpersonal relationships
 - Social influences
 - Structural influences
 - Family history
- Resiliency factors
- Gender influences
- Perceptions of risk

Risk Factors: Interpersonal Relationships

- Affiliation with peer groups is part of the *street entrenchment* process
- Search for *belonging, safety and acceptance*
- Friends, girlfriends/boyfriends, family members, drug dealers, pimps, and/or acquaintances:
 - *Introduce* IV drugs to youth
 - *Facilitate* the injection process
 - *Normalize* injection drug use
 - *Endorse* drug use within the relationship

Risk Factors: Interpersonal Relationships

“I’ve heard stories about kids helping kids who’ve never smashed, smash. 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.” – Participant #9

“Once kids become street entrenched...if they connect with someone who’s motivated and trying to make change then they’re a lot more likely...to do that ...Whereas if they, you know, meet up with someone who’s massive meth addict or whatever, then they’re a lot more likely to get into that.” – Participant #11

Risk Factors: Social Influences

- Normalization of injection drug use
- Social acceptability of drug use within certain peer groups and communities
- Social stigma and societal norms contribute to marginalization of certain subgroups, placing them at increased risk of IDU initiation

Risk Factors: Social Influences

“I’m going to say the normalcy of drug use on the street as well...Suddenly you’re out on the street where drugs are normal, completely normal. Everybody does them.” –

Participant #12

“I think it’s the norm for the majority...[LGBT youth] are deathly afraid that they’ll be rejected...I think coming out as a queer kid and very much more so as a trans [transgendered] kid, is an enormous life stressor that straight kids don’t have to go through...I suspect that’s one of the links to the really high rates of substance use.” –

Participant #17

Risk Factors: Structural Influences

- Homelessness and poverty contribute to:
 - Vulnerabilities on the street
 - Lack of safety and stability
 - Sexual abuse and exploitation: survival sex
- Drugs are used as a coping mechanism
- Street entrenchment and injection drug use
- Availability and cost of drugs on the street

Risk Factors: Structural Influences

“Obviously poverty... Whether or not they have a place to stay is huge.... Whether or not that place to stay is safe. Whether or not they’re trading favours for that place, whether that’s sex or whatever” – Participant # 3

“Had a youth just say to me the other day...that when she was living on the street that crystal meth helped her stay up all night and stay safe...‘cause no one down there’, as this young woman said ‘is really your friend. They’ll steal your shit and then tomorrow they’ll help you look for it.’” – Participant #20

Risk Factors: Family History

- Sexual, emotional, and physical **abuse** and **neglect**
- Multigenerational **trauma** and **abuse** resulting from impacts of colonization , ongoing **racism** and **discrimination**
- Lack of **stability** and **support**
- Gender-based **rejection** by families and communities
- Parental drug use
 - *Introduction* into drug use and sex trade
 - *Normalization* of injection drug use
 - *Facilitation* of injection process

Risk Factors: Family History

“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” – Participant #9

“The one family I’ve worked with for many years, these two girls, where their grandparents were injection drug abusers...all the kids ended up down here...Mom’s now blind ‘cause a crack pipe exploded in her face...And HIV positive. So it’s just that multigenerational trauma, abuse, foster care, families being broken down...It’s just far more prevalent in the First Nations community.” – Participant #22

Resiliency Factors

- Provision of safe space, affordable stable housing
- Positive social supports
- Building self-esteem and self-worth
- Future goals
- Personal values
- Stigmatization of drug use and drug users
- Fear of injecting and of risks
- Knowledge of harm reduction practices
- Parental drug use as protective?

Resiliency Factors

“A place that you can call home that’s okay for you to go and that you can go in any sort of state, in any sort of condition, that you’ll always be welcomed” – Participant #20

“Teaching them to love themselves...Self-esteem, self-worth. I am worth more than heroin. I am worth more than crystal meth. I guarantee if we started teaching our youth that, I don’t think they would be using as much as they do.” – Participant #23

Resiliency Factors

“In some cases that could be literally because their parents, like their mom overdosed, dead, in front of them when they were like six” – Participant #5

“Well, fear of the needle’s a big one and I love that. Thank goodness a needle looks so scary. If it looked like a fuzzy teddy bear, we’d be in trouble.” – Participant #14

Gender Influences

- More commonalities than differences
- Social influences among females
 - Influences from older males
 - Use of social network for support
- Vulnerabilities of youth on the street
 - Related to societal gender roles
 - Females as active vs. passive drug users
 - Equally vulnerable, but males more hidden

Gender Influences

“Most of the factors would probably be fairly similar, you know, self-esteem, upbringing, circumstances, living arrangements, you know, past abuse...I think in general that they’re probably fairly similar.” – Participant #11

“The girls go into the prostitution, guys...recruit into gangs. And it’s the same factors. It’s the disconnection from family, disconnection from school, disconnection from all those things, I think, are what push kids of any gender to drug use.” – Participant #22

Perceptions of Risk

- Adolescence and risk taking behaviour: **invincibility**
- **Learning disabilities, FASD and mental health issues**
- Lack of **self-esteem and self-worth**
- **Initiate without knowledge** of long term consequences
- **Lack of consideration** for consequences
- **Aware of risks** but **risks relative** when **addiction** takes over
- As lives full of risk, **normalization of risk-taking behaviour**

Perceptions of Risk

“Might have been introduced so young they wouldn’t have really even had a thought about it. ..They now know...now that they’re Hep C positive and HIV positive...When that addiction is fueling something...they don’t even consider the risks...Risk is very relative. Their addiction is far more powerful than the fear of being killed or dying of HIV.” – Participant #22

“One story I heard...a group of youth injecting together. And they were really careful. They all had their own needles but they shared the spoon. And the entire group came down with Hep C...So I think that folks probably don’t know all the risks before they start” – Participant #17

Conclusions

- Intervention strategies are *urgently* needed:
 - To prevent the transition into injection drug use
 - To reduce the harms associated with injecting
- Interventions should:
 - Focus on social structural factors in conjunction with individual-level factors
 - Reduce risk factors, while promoting resiliency factors
 - Be implemented in collaboration with the target population and the community

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