Time to Listen

Youth Voices on Substance Use

November 2018

REPRESENTATIVE FOR
CHILDREN AND YOUTH

November 15, 2018

The Honourable Darryl Plecas
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C., V8V 1X4

Dear Mr. Speaker,

I have the honour of submitting the report *Time to Listen: Youth Voices on Substance Use* to the Legislative Assembly of British Columbia.

This report is prepared in accordance with Sections 6(b) and 6(c) of the *Representative for Children and Youth Act*.

Sincerely,

Dr. Jennifer Charlesworth
Representative for Children and Youth

pc: Ms. Kate Ryan-Lloyd
Deputy Clerk and Clerk of Committees
Legislative Assembly of British Columbia

Mr. Craig James
Clerk of the Legislative Assembly

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Executive Summary

British Columbia is in the midst of an opioid crisis that in 2017 alone took the lives of 1,452 people through overdoses. This total included 24 youth between the ages of 10 and 18 – double the number of youth who died as a result of overdoses the previous year and more than the three previous years combined. The deaths of each of these people had a profound impact on their families, friends and communities and, according to the BC Coroners Service's September 2018 report on the province's drug-overdose crisis, there is no end in sight to this devastation.

As part of this crisis playing out across B.C. – and, indeed, Canada and other parts of the world – substance use was prevalent in many critical injuries and deaths of youth who come into contact with the Ministry of Children and Family Development (MCFD). These injuries and deaths are subsequently reported to the Representative for Children and Youth (RCY). In 2017, RCY received 154 substance-related critical injury reports, which was nearly double the 78 reports received the previous year.

The Representative firmly believes that B.C. should be building a comprehensive array of prevention, early intervention, care, treatment and post-treatment services for youth and that harm reduction must be a necessary part of this spectrum of services, especially for youth with significant and severe substance use issues. This is a difficult issue – one that includes a realistic assessment of the problems and bold, innovative action to tackle them in a good way.

The lack of accessible and responsive services available to youth who use substances has been a significant concern for RCY for many years and has been the subject of a number of this Office's public reports. In 2016, B.C.'s Public Health Officer (PHO) declared a public health emergency over the alarming number of people dying from accidental overdoses. That same year, the then-Representative released the report *A Review of Youth Substance Use Services in B.C.,* a thorough review of publicly funded youth substance use services. In alignment with recommendations in this report, the new Ministry of Mental Health and Addictions (MMHA) in 2017 committed to creating a comprehensive Mental Health and Addictions Strategy, which is expected to be released in spring 2019.

The Representative recognized that an important opportunity existed to produce a public report to help inform the provincial government's planned strategy. RCY took a multi-step approach, conducting an aggregated analysis of the Office's data on substance-related critical injury reports, and holding focus groups to gather the voices of youth who have lived experience with substance use.[1] The resulting report makes clear that, in order to effectively address youth substance use issues, the focus needs to be on helping youth to make safer choices around substance use, and also on creating environments in which safer choices are possible and encouraged.

Since the PHO's public health emergency declaration, several reports have looked specifically at cohorts of overdose deaths, including deaths of youth.[2] [3] [4] This report contributes to the lessons learned from

[1] Critical injury reports are coded "substance-related" when the incident involves the youth using substances in a way that causes harm. This includes overdoses and severe intoxication that could have resulted in critical injury or death.

[2] BC Coroners Service. *Illicit Drug Overdose Deaths in BC: Findings of Coroners' Investigations.* Victoria, B.C.: 2018.

[3] First Nations Health Authority. *Overdose Data and First Nations in BC: Preliminary Findings.* West Vancouver, B.C.: First Nations Health Authority, 2017.

[4] BC Coroners Service & First Nations Health Authority. A Review of First Nations Youth and Young Adult Injury Deaths: 20*10-2015*. Victoria & West Vancouver, B.C.: BC Coroners Service & First Nations Health Authority, 2017.

earlier reports in an important way – by ensuring that the voices of youth ring loud and clear. The 100 youth from across B.C. who openly and courageously participated in focus groups and completed surveys, and the experiences of the youth reflected in the 154 critical injury and death reports analyzed, informed the findings and recommendations of this report.

A key central theme of those findings is the importance of positive connections in the lives of youth who use substances that can increase health and wellness outcomes. When youth have strong connections to supportive adults and peers, early access to community supports such as schools, mental health and harm reduction services, and to culture, they are more likely to develop coping mechanisms and find protective factors in their lives that reduce barriers to safer substance use.

Many participants in the focus groups that informed this report were very clear with facilitators, stressing that harm reduction options must be available, along with clear and easy to find information for youth about safer substance use and available services and supports. However, using safely was not always a priority for some youth. In almost every focus group, the first reason youth gave for using substances was *"to numb"* emotional pain caused by events in their lives, or from past trauma. The substance-related injuries and death files reviewed for this report found that 86 per cent of youth had experienced at least one known measure related to trauma in their lifetime. A comprehensive review of some of these youth files suggested that at least some of these youth used substances to help them cope with current or past events in their lives.

Many people believe that all youth who use substances in ways that put them at serious risk should be in treatment to address their substance use issues and be in drug-free environments. Yet it is a reality that many youth are not ready for treatment or abstinence programs, and until such time as they are ready, they need to be safe. The evidence gathered for this report points to the vital importance of positive relationships with caring adults who can help youth to become more open to change. If youth are being seen and building relationships within the embrace of an array of harm reduction services that, rather than shutting them out, invites them in, then these positive relationships can develop and eventually result in change.

Another key finding of this report is the need for foster parents to have the skills to effectively care for youth who use substances. Youth said this would lead to fewer conflicts and problems and the consequent youth alienation or foster placement breakdown that all too often arises. Youth also spoke to the importance of schools being able to work with students who are struggling with substance use, rather than expelling or suspending them. Importantly, Indigenous youth who participated spoke about the need for culturally relevant and safe substance use services.

This report includes five recommendations for systemic change to promote much better substance services and greater safety for youth in B.C. The Representative has decided to make recommendations to three of the ministries that hold a collective responsibility for supporting the health and wellness of youth who use substances: the Ministry of Mental Health and Addictions; Ministry of Health; and the Ministry of Children and Family Development. Each of these recommendations was informed by the youth who participated and the experiences of those whose injuries and deaths were reviewed by RCY.

The Representative recommends that MMHA ensure a commitment to youth engagement is embedded in its Mental Health and Addictions Strategy including the implementation of that strategy. The meaningful involvement of youth will support the implementation of policies, programming and practices that are more attractive and beneficial to the youth who need them.

It is also recommended that MMHA, in partnership with MOH, lead the development of an accessible single source of information about all youth mental health and substance use services available in B.C., consulting with youth about what information they need and how best to present the information. While accessing information might seem like a simple process, youth consistently said they had difficulty determining what services are available and where, and RCY staff working on this report found no single comprehensive "inventory" of publicly funded substance use services for youth within the B.C. government.

The recommendation in this report directed to MCFD is for the ministry to partner with the Ministry of Health and other relevant youth-serving organizations to develop and implement a comprehensive training program for foster parents to build skills for open dialogue with youth about substance use.

The Representative recommends that the Ministry of Mental Health and Addictions and the Ministry of Health develop and fund a comprehensive system of substance use services that will meet the diverse needs of all youth, including development of culturally relevant and safe services and supports for First Nations, Indigenous, Métis and Inuit youth.[5]

The Representative also recommends that the Ministry of Mental Health and Addictions and the Ministry of Health, as part of that comprehensive system of substance uses services, lead the development and implementation of a full spectrum of youth-specific harm reduction services, including youth-specific spaces for supervised consumption, that is embedded in a system of wraparound services and supports.

The Representative recognizes that the issue of youth substance use can be polarizing, and that this latter recommendation, in particular, will be seen as controversial. Some will not agree with the idea of young people using drugs at safe consumption sites funded by taxpayers. However, we must face the reality today that youth with significant substance use issues are overdosing and dying in B.C. They are not safe, and steps must be taken to keep them safer, to help them build healthy connections in their lives until they are ready for treatment.

The recommendations in this report are informed by those with lived experience, as well as many professionals who work every day to help keep youth safer. B.C. has lost far too many young people to drug overdoses. In fact, six of the youth represented in the RCY critical injury data examined for this report have died since Jan. 1, 2018.

Youth have spoken through the pages of this report. Government is in a position to listen and to address the heartbreak head-on by taking bold actions that keep youth at the centre.

[5] Note: throughout the body of this report, the term Indigenous is used.

Background

In May 2016 – just weeks after B.C.'s Provincial Health Officer (PHO) took the extraordinary step of declaring a public health emergency in response to the emerging opioid crisis – the Representative for Children and Youth (RCY) released the report *A Review of Youth Substance Use Services in B.C.*, a comprehensive review of publicly funded youth substance use services. The report identified several gaps in these services. Among the key findings, the report highlighted:

- a lack of youth specialization in the delivery of services
- insufficient residential treatment, tertiary care and safe low threshold housing for youth
- considerable wait times for youth needing more intensive substance use services, especially residential treatment
- a lack of formal after care supports for youth
- considerable variability in the availability of withdrawal management services
- the majority of substance use services for youth are not designed to meet the needs of marginalized youth populations, including Indigenous, immigrant and refugee, LGBTQ2S+ and pregnant and parenting youth
- a lack of capacity to provide family or caregiver support
- barriers existed to youth accessing services (e.g., hours of operation, limited age mandates, existing wait lists and inadequate information about available services).

Importantly, the report also noted the need for youth to be consulted about substance use services.

Recommendations in the 2016 report called upon the provincial government to:

- create a single point of leadership and accountability for youth substance use and child and youth mental health services
- develop and implement a five-year strategic plan for a comprehensive system of services, and
- undertake broad-based educational activities aimed at both professionals and the public with the goal of eliminating stigma and discrimination toward youth with substance use issues.

In alignment with the Representative's recommendations in the 2016 report, the provincial government established a new ministry, the Ministry of Mental Health and Addictions (MMHA). The purpose of MMHA is to *"improve the mental well-being and reduce substance use-related harms for all British Columbians."*[6] One of the key strategies identified in the ministry's Service Plan (2018/19 – 2020/21) is to take a partnership approach to *"plan and begin implementation of a full continuum of mental health and addictions services for children and youth in British Columbia."*[7]

[6] Ministry of Mental Health and Addictions. *2018/19 – 2020/21 Service Plan*. Victoria, B.C.: Ministry of Mental Health and Addictions. Retrieved October 18, 2018. https://www.bcbudget.gov.bc.ca/2018/sp/pdf/ministry/mh.pdf

[7] Ministry of Mental Health and Addictions. *2018/19 – 2020/21 Service Plan*. Victoria, B.C.: Ministry of Mental Health and Addictions. Retrieved October 18, 2018. https://www.bcbudget.gov.bc.ca/2018/sp/pdf/ministry/mh.pdf

On Oct. 5, 2018, the Representative requested an update from MMHA on its progress in addressing the remaining 2016 report recommendations. In its response a week later, the ministry highlighted that it has engaged families, youth and direct service providers to hear how government can deliver services more effectively. The ministry also indicated that it has been working collaboratively across government ministries and with Indigenous communities and organizations to develop a Mental Health and Addictions Strategy. In its response to RCY, the ministry described the strategy as having a focus on prevention and early intervention for children, youth and young adults, with an aim for release in spring 2019. MMHA has also begun educational campaigns with the early focus on the toxic drug supply directed mostly at recreational or occasional substance users, including youth who may be experimenting for the first time. Initiatives include distribution of 120,000 rack and wallet cards (more than 16,000 were on how to talk to kids about drugs), web content to support parents talking to youth, web content targeted toward youth, and resources for health authorities to use in online and regional campaigns.

While MMHA holds responsibility for leading the province in developing a strategy addressing both mental health and substance use issues, the Ministry of Health (MOH) continues to fund substance use services through the regional and provincial health authorities, which have responsibility for planning and delivering substance use services throughout the province. The exception to this is youth justice substance use services, which are the responsibility of the Ministry of Children and Family Development (MCFD).

Substance-Related Injuries and Deaths

Despite government commitments to address youth substance use services following RCY's 2016 report, and the 2017 creation of MMHA, the number of substance overdose fatalities has continued to grow, receiving attention from governments, media and the public. In the year following the PHO's declaration of a public health emergency, B.C. marked the worst year on record for overdose fatalities. Of particular note is the increasing number of opioid drug overdose deaths across Canada. In B.C. alone, 1,452 people died in 2017 from an unintentional drug overdose, an average of nearly four per day. Of these deaths, 24 were youth between the ages of 10 and 18, a total that was double the previous year and greater than the three previous years combined.[8] The Representative acknowledges that this crisis has disproportionately impacted First Nations communities, as highlighted by the First Nations Health Authority in 2017.

One of RCY's mandates is to review and investigate critical injuries and deaths of children and youth who received reviewable services (see

Reviewable Services

Reviewable services include services and programs under the *Child, Family and Community Service Act (CFCS Act)* and *Youth Justice Act (YJ Act)*, as well as mental health and addiction services for children and youth. These services are primarily delivered by MCFD, although some services fall outside the ministry's mandate. Reviewable services include, but are not limited to:

- Child welfare (e.g., child protection and family support services, guardianship)
- Child and Youth Mental Health services
- Services to children and youth with special needs
- Youth substance use services
- Youth justice services.

[8] British Columbia Coroners Service. *Illicit Drug Overdose Deaths in B.C. January 1, 2008 - July 31, 2018*. Vancouver, B.C.: Ministry of Public Safety and Solicitor General, Office of the Chief Coroner, 2018.

text box) within the year prior to the injury or death.[9] The unprecedented increase in overdose fatalities in 2017 has a correlation to the number of substance-related critical injury reports the Representative received the same year. In 2017 RCY received 154 substance-related critical injury reports, which was nearly double the 78 reports received in the previous year. Sadly, the number of fatal overdoses of youth and adults alike has remained fairly consistent in 2018, continuing a trend that has raised alarms across the country.

Prioritizing Youth Voice

An integrated and collaborative strategy to address substance use and services should include the interpersonal, community and cultural contexts that may put youth at greater risk of substance-related harm. Including youth perspectives in any strategy to address substance-related harm is a participatory right under the *United Nations Convention on the Rights of the Child (UNCRC)*.[10] In addition, youth expertise can help create a youth substance use framework and system of services grounded in lived experience. Arguably, the involvement of youth will support the implementation of policies, programming and practices that are more attractive and beneficial to youth who need them.

The Representative is in a position to strengthen a platform for the voices of youth who may not otherwise be heard. As part of this report, the Representative asked youth who use substances for their views on the barriers to safer use and how these barriers could be addressed. In addition, this report identifies and analyzes trends regarding substance-related critical injury and death reports that RCY received between Jan. 1, 2017 and Dec. 31, 2017, and includes youth suggestions for how to prevent these injuries and deaths from occurring. While this report is informed by aggregated data (see text box), it prioritizes the perspectives of youth themselves. Through a grounding in the experiential knowledge of youth who use substances, this report presents recommendations for systemic change to promote safer substance use for youth in B.C.

Aggregate Reviews

In his 2006 *BC Children and Youth Review,* the Hon. Ted Hughes stated that the Representative for Children and Youth should have the discretion to determine the kind of review that is appropriate in the circumstances and that cases could be examined in aggregate form:

"The primary method of reviewing child injury and deaths will be to examine aggregated information, and identify and analyze trends that will inform improvements to the child welfare system as well as broader public policy initiatives" (page 36).

Often aggregate reviews are based on data from files and other administrative records. The information from these files and records is then reviewed and analyzed together in relation to legislation, policies and practices to determine if there were any recurring circumstances or trends.

The Representative has completed four previous aggregate reviews:

- *Fragile Lives, Fragmented Systems: Strengthening Supports for Vulnerable Infants* – January 2011
- *Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm* – November 2012
- *Who Cares? B.C. Children with Complex Medical, Psychological and Developmental Needs and their Families Deserve Better* – December 2014
- *Too Many Victims: Sexualized Violence in the Lives of Youth in Care* – October 2016.

[9] As prescribed by the *Representative for Children and Youth Act*, SBC 2006 c. 29, s.11.
[10] UNICEF, "Convention on the Rights of the Child," UNICEF, https://www.unicef.org/crc/

Methods

Critical injury and death reports received by the Representative describe the involved individual's background, the incident itself and the agency responses to the incident. The narrative of these reports – known as "reportable circumstances" – primarily involves practitioner perspectives and typically does not include youth voice. Reportable circumstances received by RCY are screened monthly to determine whether a review is required. Each report can be reviewed on its own or collectively with other deaths or injuries with similar circumstances in an aggregate review, such as was used for this report. Throughout this report, the reportable circumstances are referred to as "youth files."

To ensure that youth perspectives shaped the findings of this report, this aggregate review used a phased, step-by-step approach to allow for the integration of multiple forms of information, with an emphasis on youth voice to guide the report. The first phase was a preliminary analysis of the youth files, followed by focus groups and surveys, and then a secondary analysis of the youth files (based on themes from the focus groups and surveys). In addition, an update of substance use services for youth in the province is currently in progress. That update is being undertaken to describe the baseline of substance use services currently available to youth, before the release of the government's new Mental Health and Addictions Strategy, expected in spring 2019. Establishing that baseline of currently available services will enable the Representative to measure progress in improving service availability over the next few years. Some preliminary analysis from data gathered from that ongoing project has been used to inform this report.

Preliminary Analysis of Youth Files

The project began with a descriptive analysis of all substance-related critical injuries and deaths of children and youth reported to the Representative between Jan. 1, 2017 and Dec. 31, 2017. During that time, 844 critical injuries and deaths of children and youth met the Representative's criteria for review as set out in the *RCY Act*. Of the reports reviewed, 154 met the inclusion criterion for this report:

1. the child or youth or their family received a reviewable service within the year prior to the critical injury or death
2. the policies or practices of a public body or director may have contributed to the critical injury or death, and
3. the child or youth's primary critical injury or death was substance-related.

The preliminary analysis focused on the key demographic information of the 154 included files (e.g., age, gender, geography, legal status and concurrent conditions). This data then informed the desired youth representation for focus groups and surveys, and the McCreary Centre Society was contracted to conduct this second phase of the project.[11]

[11] McCreary Centre Society is a B.C.-based non-profit that conducts community-based research, evaluation and youth engagement initiatives to improve youth health. The society has worked extensively with youth who have experienced government care, as well as youth who use substances.

Youth Focus Groups and Surveys

In May and June 2018, the McCreary Centre Society completed 18 focus groups with youth who use substances and had received reviewable services in their lifetime. (Note that this group of youth is not the same group of youth described above, whose critical injuries were reported to RCY in 2017.) Focus groups were held in urban and rural communities across the province. These focus groups were hosted at youth resource centres, Friendship Centres, shelters and other community-based services accessed by youth, as well as in residential substance use programs and youth custody centres across the province.

Participants were recruited with support from local community organizations and service providers who work with youth across the province. Although the focus of the project was to capture the experiences of youth ages 12 to 18, those ages 19 to 24 were also invited to provide their perspectives.

These young people were asked to consider substance use issues they may have experienced before the age of 19, what had contributed to their safer substance use, and what else could have been done to support them. Youth with a diverse range of experiences with substance use were sought, including those who self-identified as having substance use issues and those who did not see their substance use as a problem. Indigenous youth are over-represented in RCY's substance-related critical injury and death data and there is a paucity of research that explores strengths and needs of Indigenous youth with respect to their meaningful participation in substance-related programming. Therefore, the perspectives of Indigenous youth were specifically sought by holding focus groups at Friendship Centres, at programs for Indigenous youth, and in communities with a high proportion of Indigenous youth.

Focus groups varied in size from two to 13 participants. Participation was voluntary and confidential, and all feedback was gathered anonymously. The groups were conducted by trained McCreary staff with experience facilitating focus groups with diverse young people. McCreary facilitators have extensive experience designing and conducting focus groups to facilitate meaningful engagement and to create genuine opportunities for all youth to participate. All McCreary facilitators are trained in research ethics and informed consent, trauma informed practices and cultural sensitivity. For this project, all groups were conducted by two facilitators with extensive experience on topics of relevance to youth in and from government care in B.C.

Each focus group began with introductions and the development of guidelines that would ensure the safety and comfort of participants. A note taker recorded the dialogue and participants were offered the opportunity to review the notes and confirm the content. During the focus groups, youth discussed the diverse reasons young people might use substances, and shared what safer substance use meant to them. They also identified some barriers to safer use as well as supports and services that could encourage safer use.

Participants also designed an "ideal community" that would support youth to have a healthy relationship with substances. Youth were given a blueprint of a community and worked either independently or in small groups to draw or write their suggestions about what would be present in the community, including resources, supports, people, places and activities they felt should be available. Each focus group closed with participants sharing any final thoughts.

Focus group participants were also invited to complete a written survey. The voluntary, confidential and anonymous survey asked about their background, living situations and experiences with substance use and accessing supports and services. All together, 100 young people took part in the project, with 19 of these youth choosing to participate exclusively in a focus group.

Notes from the groups and open-ended survey responses were transcribed and analyzed for key themes by McCreary staff, and a reliability check was performed by a third researcher previously unfamiliar with the project who read the transcripts and cross-checked the notes.

Secondary Analysis of Youth Files

Based on the focus group findings, RCY staff conducted a second review of the substance-related injury and death reports received by RCY in 2017. This review gathered additional information from the files, including characteristics of the youth and about the incidents themselves. As some of these youth files contained gaps in the information necessary for full analysis, Care Plans that were active at the time of injury or death were also examined for all the youth in the sample who were in care. For Indigenous youth in care, particular attention was given to evidence of cultural planning in their Care Plan.

The case examples in this report involve youth who had critical injuries and whose files were selected for a more comprehensive review at the initial screening stage. These reviews included examining documents such as medical records, MCFD case files and relevant policies and standards. Pseudonyms and gender-inclusive pronouns (i.e., "they") are used for the case examples in order to protect the privacy and identities of the youth.

Care Plans

A Care Plan is prepared by a child's social worker in a collaborative process involving the child or youth, family and community members and often professionals from community-based organizations. The goal is to improve the outcomes of children and youth in care in important areas of their lives, including health, education and independence. Strengthening relationships to traditional community and culture is also a critical function of care planning for Indigenous children and youth. MCFD policy states that social workers responsible for the guardianship of children and youth in care renew care plans annually and conduct periodic reviews as needed with a minimum of one review to occur every six months.

Availability of Youth Substance Services

While focus groups were being held and critical injury and death files were being reviewed, RCY began a follow-up to 2016's *A Review of Youth Substance Use Services in B.C.*, collecting information for an update of youth substance services offered by regional health authorities, the Provincial Health Services Authority and the First Nations Health Authority. RCY also spoke with Foundry (see text box page 23) Central Office to gather information on the services Foundry offers throughout B.C. Foundry Centres are operated by a community non-profit organization or health authority that receives funding from a number of sources to operate the centre, bring together existing community resources and identify service gaps to be filled by the funding. A full list of publicly funded substance use services available across the province will be completed before the release of the government's new Mental Health and Addictions Strategy, expected in spring 2019, and, as a baseline, will support the Representative to measure progress in improving service availability in the years ahead.

Limitations

Although RCY is confident in the findings of this report that stem from the data collected, some data is subject to limitations, as is often the case in research reports.

Data from Youth Files

Limitations in the data from youth files include:

- Any reviewable service provider who becomes aware of a critical injury or death of a child, youth or their family who is receiving services or has been in receipt of services in the previous 12 months is legally required to report the injury or death to the Representative. The same legal requirement to report applies to health authorities that provide child and youth mental health and addiction services. However, at this time, health authorities generally do not report these injuries and deaths to the Representative. Therefore, some substance-related critical injuries may be under-reported or not reported at all. It should be noted that RCY has brought the matter of under-reporting to the attention of health authorities and MOH and a working group is being established to support compliance with the legal requirement to report.
- The nature of the reportable circumstance data means that this sample is limited to children who have received reviewable services within 12 months, meaning that this population of youth is not representative of the larger youth population in the province.
- Policy and practice varies between the reviewable service areas. Even within reviewable service areas, practice can vary considerably around the detail of reporting.
- Critical injury and death reports are written by practitioners detailing what they saw or what they were told. Child and youth voice is seldom included; typically then, only the practitioner's perspective is reflected in the narrative.

In some cases, multiple critical injuries are described in a single report. When a reportable circumstance is submitted with more than one critical injury of differing classifications, it is coded/filed by the injury that is determined to be the most egregious. For instance, sexual assaults are always coded over any other injuries. Therefore, if a youth was sexually assaulted while using a substance in a way that would classify it as a substance-related critical injury (e.g., blacked out or overdosed), this second injury is not captured in the 154 injury or death incidents analyzed in this report, as the sexual assault would have taken priority for coding.

While not necessarily a limitation of the data from youth files, the Representative acknowledges that the critical injuries and deaths are point-in-time events and do not speak to the long-term consequences of some patterns of substance use.

Additionally, reportable circumstances are limited when describing the Indigenous identity of each youth, as only one Nation can be recorded for each youth's file. In this way, if a youth belongs to more than one community or nation (i.e., they may identify as both First Nations and Métis), this is not captured in the data.

Data from Focus Groups and Surveys

Participants in the project were not necessarily representative of all youth in B.C., nor of youth who received reviewable services. Most notably, youth at greatest risk of experiencing substance-related critical injuries may be under-represented as they may have had acute substance use challenges that prevented them from taking part in a focus group. Additionally, 19 youth who participated in a focus group did not complete a survey, which may mean that the survey findings do not reflect the experiences of all focus group participants.

The project intended to include a diverse mix of rural and urban experiences from all parts of B.C. Attempts to host focus groups in rural communities in the North and Vancouver Coastal regions proved unsuccessful within the time frame of the project. However, some youth at provincial facilities in Keremeos, Prince George and Burnaby indicated they were from rural communities in the North and Vancouver Coastal regions.

Profile of Participants

Youth voice is a key component of this report, gathered in a number of ways. This section includes an overview of the different youth populations included in this report, including demographic information for the youth files reviewed, the youth focus group participants, and the survey respondents.

Overview – Youth Files Reviewed

In 2017, a total of 107 youth receiving reviewable services experienced one or more substance-related injuries and an additional 19 youth had a substance-related death, as reported to the Representative. Together, these 126 youth experienced 154 injuries and deaths, as several youth had more than one substance use injury.

Age and Gender

The average age of the youth who experienced one or more critical injuries was 16 ½. More than half of the youth identified as female, while small portions of youth in the cohort identified either as gender non-conforming (two per cent) or LGBTQ2S+ (six per cent).

Indigenous Children and Youth

Slightly more than half of the youth who experienced a substance-related injury in 2017 were non-Indigenous (55 per cent), while 45 per cent of the youth were identified as Indigenous. This includes First Nations (40 per cent) and Métis (five per cent).

Service Involvement

The most common reviewable services that youth in these files received were services under the *CFCS Act*, which mandates the work of MCFD's child welfare services (Table 1).

Table 1: Type of reviewable service(s) identified in youth files

Service	Within the last 12 months	Within their lifetime
Child, Family and Community Services	95%	99%
Child and Youth Mental Health	38%	46%
Youth Justice	36%	37%
Children and Youth with Special Needs	6%	6%
Addiction Services	53%	54%
Other Mental Health Services	45%	55%

Most of the youth were in government care at the time of their injury (60 per cent). This includes youth who were in care under Continuing Custody Orders (37 per cent), Voluntary Care Agreements (11 per cent), Temporary Custody Orders (seven per cent), Interim Custody Orders (three per cent) and Special Needs Agreements (two per cent). The remaining 40 per cent of the youth were receiving reviewable services while living with family or under Youth Agreements.[12]

Children in Care – Definitions

Any child under age 19 living under the care or custody of a Director under the *CFCS Act* is considered in care.

When children are removed from their parents' care, an **Interim Custody Order** must be applied for. This court order allows a child to remain in the Director's care until the conclusion of a protection hearing. If a child is to remain in care beyond that time, a **Temporary Custody Order** (TCO) must be applied for. This court order places the child in the custody of the Director for a total of 12 to 24 months, depending on the child's age.

When that TCO expires, the order may be renewed or a **Continuing Custody Order** (CCO) can be applied for if there is significant likelihood the child will not return to a parent's care. A CCO places the child in the continuing custody of the Director until they are 19-years-old.

A parent or guardian can also elect for the Director to care for a child while they retain custody under a **Voluntary Care Agreement** (time limited to two years) or **Special Needs Agreement** (no maximum time limit). The latter is reserved for children with documented significant impairment requiring specialized care and support.

Previous Injuries

While most of the youth who experienced a substance use critical injury in 2017 had not had any previously reported critical injuries (59 per cent), some had experienced one previous critical injury (19 per cent), while a smaller number had experienced two (eight per cent), three (four per cent) or four or more injuries (10 per cent).

Region

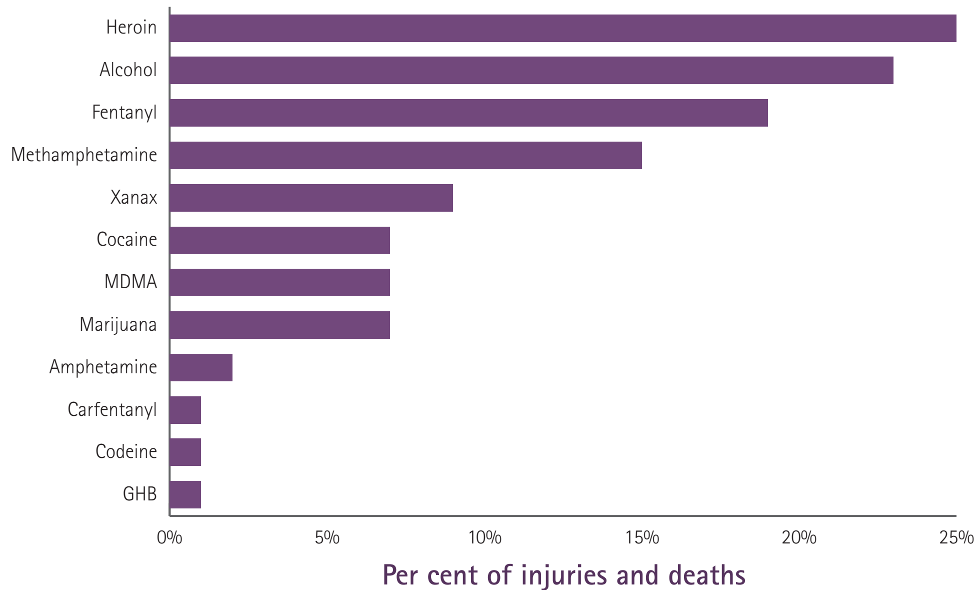
The highest proportion of substance-related injury and death reports in 2017 occurred in the Fraser and Interior regions of B.C. (29 per cent and 28 per cent, respectively), followed by Vancouver Island (23 per cent), Vancouver Coastal (13 per cent), and the Northern regions (seven per cent).

Substances Used

While information about the substances involved in the deaths reported to RCY is available through coroners' reports, information about substances involved in the critical injuries reported to the Office is subject to the limitations of those reports' contents. This includes under and/or misreporting, or not mentioning specific substances at all. In 138 of the 154 reports received by RCY, there is some information about the substances involved. In these reports, heroin was the most frequently involved substance in the incidents (22 per cent), followed by alcohol (21 per cent), as shown in Figure 1.

[12] Youth Agreements provide assistance to youth ages 16 to 18 when a youth cannot remain in the family home or the home of another adult. The youth remains under the guardianship of the parent until they are 19.

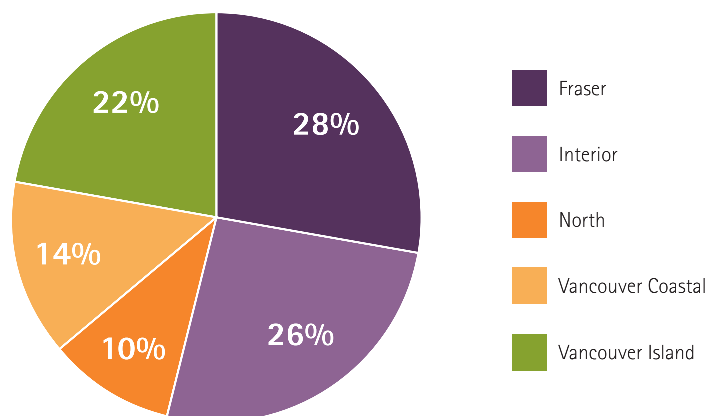
Figure 1: Substance(s) youth reportedly used at the time of injury or death



Overview – Focus Group and Survey Participants

A total of 100 youth took part in one of 18 focus groups across B.C. (Figure 2). Participants represented diversity in terms of age, gender identity, sexual orientation, cultural background, service experience and experiences with substance use.

Figure 2: Focus group participants by region



While not every youth who participated in a focus group also completed a survey, most did (81 per cent). The surveys allowed for youth to share some more demographic information about themselves, which is summarized below.

Age and Gender

The 81 youth who completed a survey ranged in age from 13 to 24, and their average age was 18. Two-thirds of these youth were under 19-years-old, with the remaining third 19 or older. About half (52 per cent) were male, 42 per cent were female and six per cent identified as another gender or were not yet sure of their gender identity.

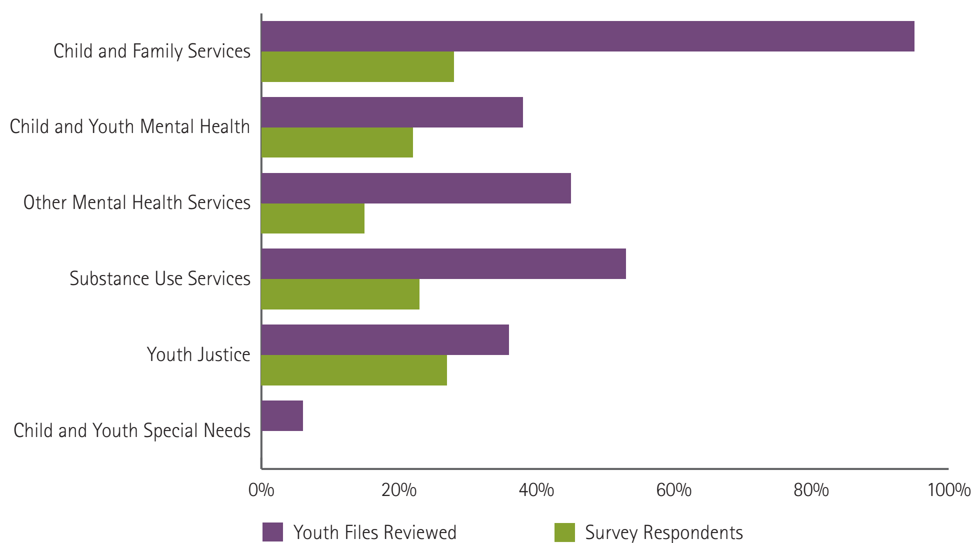
Indigenous Children and Youth

Most of the survey respondents (61 per cent) identified as Indigenous, including First Nations (48 per cent of all survey respondents), Métis (16 per cent) and Inuit, or another Indigenous group in Canada.

Service Involvement

Focus group youth who also completed a survey were asked if they were currently accessing reviewable services. The results of this question are shown in Figure 3 in comparison to the youth in the injury and death files that were reviewed.[13] There are notable differences in terms of child and family services (95 per cent of the files reviewed vs. 28 per cent of the survey respondents) and other mental health services (45 per cent of the files reviewed vs. 15 per cent of the survey respondents). There were more similar comparisons for youth who were currently involved with youth justice and for those accessing Child and Youth Mental Health services.

Figure 3: A comparison of youth involvement with reviewable services (current)

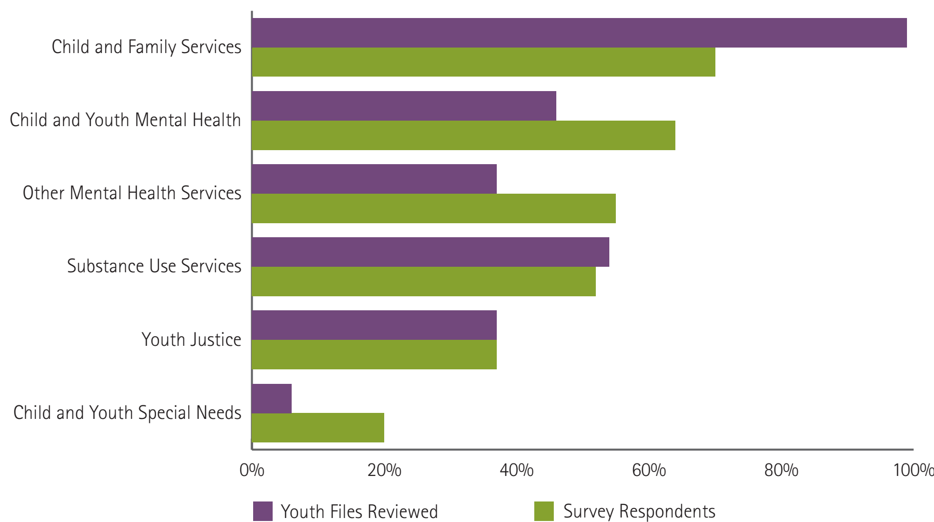


Note: The number of survey respondents who were currently accessing Child and Youth Special Needs services was too small to report.

[13] Note that these proportions may under-represent the number of youth who have actually accessed each type of reviewable service, given that some youth were not familiar with the language around reviewable services used in the survey.

Figure 4 below compares youth involvement with reviewable services at any point in the past, for both the youth files reviewed and the survey respondents. Most youth who completed a survey had accessed child and family services at some point (70 per cent, compared to 99 per cent of the youth files reviewed). More of the survey respondents had been involved with Child and Youth Mental Health services, compared to the files reviewed (64 per cent vs. 46 per cent, respectively). Similarly, more than half of the survey respondents had accessed other mental health services (compared to 37 per cent of the files reviewed). There were similar proportions of both survey respondents and files reviewed that indicated connections to substance use services, and identical proportions of involvement with youth justice services. Lastly, one in five of the survey respondents had accessed special needs services, compared to just one in 20 of the files reviewed.

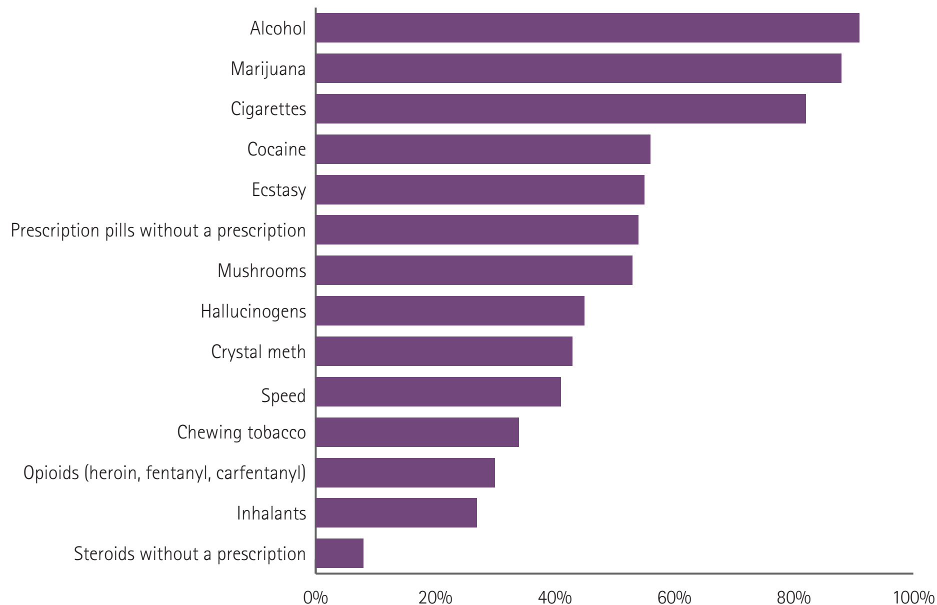
Figure 4: A comparison of youth involvement with reviewable services (lifetime)



Substances Used

Among the focus group youth who also responded to the survey, most had used alcohol, marijuana and/or cigarettes, and more than half had used cocaine, ecstasy, mushrooms and prescription pills that were not prescribed to them (Figure 5). Also, 15 per cent had injected a substance, with females more likely than males to have done so.

Figure 5: Substance use among survey respondents (lifetime rates)



Findings and Analysis

Across the perspectives shared from focus groups with youth, or through the information in the youth files reviewed for this report, an overarching theme arose with respect to "connections." Specifically, there were four main sub-themes that highlight the findings on connections:

- individual characteristics and choices
- connections to others
- connections to community, and
- connections to culture.

As illustrated in Figure 6, these different contexts do not occur in isolation from one another – they are interconnected.[14] Too often when a youth experiences substance-related harm, the focus is solely on the substance use behaviour, without sufficient attention to the environments in which substances are used or the reasons substances are used.[15] Youth perspectives illustrate how substance-related harm is more than just an outcome of individual characteristics and choices. These characteristics and choices are directly influenced by connections with others, with community, and with culture. The inter-related nature of these different layers is also reflected in the research literature.[16]

Figure 6: Model of connection

Without strong overlapping connections in each of these areas, the ability for youth to use substances in ways that are aligned with their health and wellness is threatened.[17] Youth participants spoke to barriers they experience in relation to safer use and identified ways to increase positive connections on every level that could increase health and wellness for youth who use substances.

[14] Urie Bronfenbrenner, *The ecology of human development* (Cambridge: Harvard University Press, 1979).

[15] Here to Help, *Understanding substance use: A health promotion perspective* (Vancouver: BC Partners for Mental Health and Addictions), 2013.

[16] M. Lamblin, C. Murawski, S. Whittle, and A. Fornito, "Review Article: Social Connectedness, Mental Health and the Adolescent Brain," *Neuroscience and Biobehavioral Reviews* 80 (September 1, 2017): 57–68.

[17] Christian Connell, Tamika Gilreath, Will Aklin, and Robert Brex, "Social-Ecological Influences on Patterns of Substance Use among Non-Metropolitan High School Students," *Journal of Planning Literature 25*, no. 1 (August 2010): 58–59.

Finding: Youth Characteristics and Choices

"Agency" is defined as being able to make choices and decisions to influence events and to have an impact on one's world.[18] Supporting youth agency is about recognizing that youth have a right to make choices and decisions, including decisions regarding substance use. Most youth will decide to experiment with drugs and/or alcohol at some point during their adolescence.[19] However, there is considerable diversity in youths' patterns of substance use. This section looks at the patterns of use that youth focus group participants identified as more likely to compromise safety, and it also explores youth perspectives on what constitutes safer use and reasons that some youth may engage in safer use than others.

What is harm reduction?*

Harm reduction includes policies, programs, and practices with a goal of reducing adverse health, social and economic consequences of substance use without necessarily requiring abstinence. This may include education about safer use, distribution of safer use supplies, safer use consumption services or facilities, and programs to prevent and treat overdose.

The philosophy behind harm reduction resonates particularly well with youth who are using substances and seeking acceptance and support that is not based on their ability to abstain from substance use. Harm reduction programming by definition meets a youth where they are at by using non-judgmental and non-coercive provision of services. In doing so, it lends itself to relationships that support personal choice, individual strengths and the motivation to change.

* Canadian Paediatric Society, "Harm reduction: An approach to reducing risky health behaviours in adolescents," *Paediatrics & Child Health.* 13, no. 1 (January 2008):53-56.

Perceptions on Safer and Less Safe Use

When asked about their perceptions on what safer use is, youth talked about how the use of specific substances, mixing substances and methods of administration could increase a youth's risk for substance-related harm. Focus group participants generally saw alcohol and marijuana as safer substances, as well as hallucinogens such as mushrooms, acid and ecstasy. One youth explained, *"I see safe substance use as you go out on a weekend and do some 'shrooms or pot and not anything else."* However, youth agreed that all substances could increase the risk for substance-related harm if someone used too much or the substance was tainted.

Focus group participants felt that mixing multiple substances increased risk of substance-related harm. Some youth reported that they were more likely to mix substances when attending parties. For example, they described occasions when they had accepted substances that were offered to them at parties and stated that they would not have accepted these substances if their judgment had not already been impaired by alcohol or another substance.

[18] Barry Zimmerman and Timothy Cleary. Chapter 2 - Adolescents' Development of Personal Agency: The Role of Self-Efficacy Beliefs and Self-Regulatory Skill in Urdan, Timothy C., and Frank Pajares. *Self-Efficacy Beliefs of Adolescents*. Adolescence and Education. Greenwich, Conn: Information Age Publishing, 2006.

[19] Health Canada. *Summary of results: Canadian student tobacco, alcohol and drugs survey 2016-17*, 2018.

Among survey respondents, about half of the youth who used substances reported mixing them always or often (i.e., using more than one substance at the same time or on the same day). The risk of mixing substances is also indicated in the youth files reviewed. In 32 per cent of the critical injuries and deaths, more than one substance was involved. In these cases, fentanyl was involved in 33 per cent of the incidents.

At every focus group, youth noted that injection substance use is less safe than other methods of administration. However, it is important to note that youth did not describe the risk associated with injection drug use as inherent in the method itself. They also spoke about the limited access youth have to services and supports that would allow for safer injection drug use. Youth across the province talked about the difficulty in obtaining harm reduction supplies and access to safe injection sites that can decrease many of the risks associated with injection use.

While no youth-specific safe injection sites were found in the preliminary information gathered for RCY's look at available youth substance use services now underway, RCY staff contacted numerous safe consumption sites in B.C. and confirmed that some offer services to adults only while some offer services to youth 16 and older.

In early information RCY has received from health authorities, some service providers indicated that harm reduction supply distribution is a service accessed by youth. Given the challenges youth reported in accessing these services and supports, further information is needed to better understand the extent of harm reduction services available to youth and the challenges youth experienced accessing them.

Despite the barriers youth described, they spoke to several ways youth engage in safer injection use. Ensuring youth have access to naloxone was identified as a way to use more safely. One youth noted: *"You need to make sure you shoot up with someone else who has Narcan."* Older youth also talked about more specific steps they take to be safe. Youth talked about taking turns using substances so that someone could be responsive to a possible overdose. Several youth also reported that one step young people take to lower the risk of overdose is to take a small dose of a substance first to see how it makes them feel before they use more.

Youth Voices

"Instead of asking, 'How can we stop this [substance-related injuries] from happening' we should be asking, 'WHY is this happening?'"

For many youth, peer relationships come with added pressure to use in less safe ways. Yet, interestingly, using substances in the company of peers also provided more safety. Most youth stated that using substances alone was less safe than using around other people. In 47 per cent of the substance-related injuries or deaths reported to RCY in 2017, the youth was alone at the time of the incident. However, youth also spoke about the importance of ensuring that they know and trust the people with whom they use substances.

Individual Reasons for Less Safe Use

Youth suggested that understanding the reason behind a youth's pattern of substance use can help explain why some youth use substances in safer ways than others. In several focus groups, there were participants who felt strongly that information about safer use was accessible both locally and online, but said they were unlikely to seek it out. Some youth suggested that youth who use substances are aware of how to use more safely, but they are seldom motivated to practise what they know, often for the reasons identified below.

- *Emotional Pain*

In almost every focus group, the first reason youth gave for using substances was *"to numb"* emotional pain caused by events in their lives, or from past trauma. Many of these youth participants had lost someone close to them due to an overdose and reported turning to substances as a way of avoiding their grief rather than confronting the loss that was too painful for them. One youth whose brother had fatally overdosed explained, *"You want to push it out of your mind. Sometimes I can't even remember his voice. It's too hard to even think about it."*

Other life experiences that youth connected to less safe substance use included experiencing abuse, being neglected and having a history of family problems.

The review of the youth files found that the vast majority of youth (86 per cent) who had a substance-related injury or death in 2017 had experienced at least one indicator related to trauma in their lifetime (see Table 2 for a breakdown). Even more telling, nearly 100 per cent of the youth who were in care had experienced select indicators related to trauma in their lifetime (see Table 3 for details).

Youth Voices

When youth use substances to manage emotional pain or to self-medicate symptoms of mental health or addiction issues, they may be more likely to use excessively, to use in riskier ways, and to ignore the strategies they know would reduce any potential harms.

Reasons for less safe substance use

- *"There's some hurt or trauma or something deep down but you might not know."*
- *"[Substance use] can be an escape from things that are going wrong."*
- *"You use [substances] to numb yourself to that negative feeling you get."*

Table 2: Select indicators of trauma experienced by 86 per cent of youth in reviewed reportable circumstance files

Trauma Indicator	Per cent
Subject of neglect	44
Subject of physical violence	42
Exposure to domestic violence	38
Subject of sexual violence	34

Table 3: Select indicators of trauma experienced by 99 per cent of youth *in care* in reviewed reportable circumstance files

Trauma Indicator	Per cent
Subject of neglect	57
Subject of physical violence	53
Exposure to domestic violence	39
Subject of sexual violence	37

Some of the select indicators of trauma the youth in the file review had experienced were other critical injuries that had previously been reported to the Representative after RCY was created in 2006. While most youth in the reviewed files had no reported previous critical injuries (59 per cent), some had experienced one previous critical injury (19 per cent), while a smaller number had experienced two (eight per cent), three (four per cent), or four or more injuries (10 per cent). The majority of previous critical injuries were substance-related (27 per cent), followed by incidents of sexual violence (26 per cent) and physical violence (23 per cent). Previous injuries also included suicide attempts (18 per cent) and emotional harm (six per cent).

It is clear from the youth files reviewed that many youth use substances to cope with past experiences. One youth in the files reviewed was documented telling hospital staff following an overdose that they were *"triggered by some memories, so [I] used crystal meth and heroin."* Another youth told a Youth Forensic Psychiatric Services clinician: *"It would be easier to be dead because then [I] would not have to think about things . . . [I use] drugs so [I do] not have to think about what is going on in [my] life."* [20]

• *Mental Health Issues*

There is no question that substance use issues are linked to mental health issues.[21] Both issues occur on a continuum and can intersect at any point. As was the case with having experienced trauma, some youth turn to substances to cope with mental health symptoms. Substance use can also cause changes in a person's life that result in serious and prolonged distress, which in turn contributes to the onset of mental health problems.[22] This was acknowledged by the youth who participated in the focus groups and was supported by the review of the youth files data. Using substances to self-medicate for specific mental health conditions was raised as a reason for substance use in each focus group, most commonly to manage symptoms of stress, anxiety or depression.

Most of the youth (73 per cent) whose critical injury or death was reported to RCY also had a confirmed or suspected mental health diagnosis (Table 4). Among that group, 91 per cent of the youth in care had a confirmed or suspected mental health diagnosis.

When the confirmed and suspected mental health diagnoses were broken down by type, depression, anxiety and attention deficit hyperactivity disorder (ADHD) were most commonly identified in the youth files. For youth in care specifically, depression was most commonly identified, followed by ADHD.

[20] Youth Forensic Psychiatric Services is a specialized provincial service with expertise in the comprehensive mental health assessment and treatment of youth involved in the Criminal Justice system.

[21] Canadian Centre on Substance Use. *When mental health and substance abuse problems collide: Understanding, preventing, identifying and addressing mental health disorders and substance abuse issues in youth* (Topic Summary), 2013.

[22] Canadian Centre on Substance Use. *When mental health and substance abuse problems collide: Understanding, preventing, identifying and addressing mental health disorders and substance abuse issues in youth* (Topic Summary), 2013.

Table 4: Percentage of youth who experienced a substance use critical injury or death who also had a confirmed or suspected mental health concern, by type

Mental Health Concerns	Percentage	
	All Youth	Youth in Care
Depression	43%	53%
Anxiety Disorder	35%	36%
Attention Deficit Hyperactivity Disorder	29%	37%
Post-Traumatic Stress Disorder	14%	18%
Psychosis	8%	7%
Personality Disorder	8%	5%
Eating Disorder	5%	7%
Bipolar Disorder	4%	3%

Of the youth in the youth files reviewed who had a confirmed or suspected mental health diagnosis, nearly half were also described as expressing some form of suicidality. For example, one social worker recounted a youth's suicidal comments made during a conversation that took place after the youth had overdosed for a third time in recent weeks. The social worker brought up that they could have died and the youth responded, *"That was the point . . . life sucks."*

RCY's 2016 report *A Review of Youth Substance Use Services* identified a need for more services that could address both mental health and substance use issues simultaneously (known as "concurrent disorders" services). Preliminary analysis of information RCY collected on services for this report indicates that there are now more of these services available than there were in 2016. For example, since the release of the 2016 report, Foundry Centres have been created with the goal of providing youth and young adults in B.C. (ages 12 to 24) with access to integrated mental health and substance use services. There are currently seven Foundry centres operating across each of the province's health authority regions that provide services to youth and their families with more centres in development (see text box on page 24).

Foundry Centres

Foundry Centres are operated by a lead agency within a community and co-locate a variety of health and social services under one roof. Although each Foundry Centre has unique features, the service delivery model for each location includes five core service types: primary care, mental health, substance use, youth and family peer support and social services.

Foundry Centres take a holistic approach by considering multiple aspects of a young person's life when providing early intervention services. This approach acknowledges that mental health and substance use challenges cannot be addressed in isolation. The holistic approach offers services that work to address the social determinants of health (e.g., vocational support, income assistance, housing, education and family and social connection). Grounded in a stepped care approach, the model recognizes that each youth may have differing needs by including multiple pathways specific to both mental health and substance use challenges. Services available at each location range from low to high intensity.

Foundry currently involves more than 120 partnerships across each of the province's health authority regions and there are currently seven centres providing services to youth and their families (Vancouver-Granville, Victoria, Kelowna, North Shore, Campbell River, Abbotsford and Prince George). The Foundry Central Office, hosted by Providence Health Care, leads the provincial initiative and supports the development of local centres. In addition to the services offered at the centres, Foundry Online (foundrybc.ca) was developed by BC Children's Hospital and launched in January 2018.

Between January 2017 and March 2018, the initial six Foundry Centres provided services to 4,783 youth, with 35,791 recorded visits. The most frequent visitors were youth ages 15 to 19 (though more recent Foundry data shows that the most frequent age range served has increased slightly to 16 to 20. The focus of current evaluative efforts is the degree and manner in which youth and their families are benefiting and how that information can be used for quality improvement.

- *Addiction*

In focus groups in every region of the province, youth named addiction as a barrier to safer use as it interferes with their ability to follow through with the choices they feel are healthiest for them. One youth stated, *"When you are too heavy into the addiction and can't control your use, you are willing to take more risks to get what you need."* Some youth spoke about using substances to avoid physical symptoms of withdrawal, and described seeking out potentially harmful substances to avoid these symptoms, even when they believe the substance they seek puts them at greater risk of overdose than other substances might:

> *"If you get your dope and you want to go somewhere safe, it doesn't matter 'cause you're sick. You're addicted. It doesn't matter where you do it or who you get it from, you just wanna get high."*

The vast majority of youth in the focus groups who described addiction as a barrier to safer use talked about feeling a lack of control over their behaviour. This fear was also found in the youth files reviewed for this report. In one case, hospital staff documented that the youth was *"struggling, noting that he was*

fearful of using drugs [and] was expressing suicidal ideation." Similarly, some youth described addiction as a pattern of behaviour that is hard to change because the steps they need to take feel out of reach.

Case File Review: Corey

Corey was removed from parental care during early childhood, following multiple reports citing concerns of domestic violence, neglect and sexual abuse. Since coming into care, Corey has been in more than 10 different placements and the Representative has received multiple critical injury reports of suicide attempts, substance-related injuries and sexual assaults.

Corey disclosed the sexual assaults to the police, resulting in criminal action against the perpetrators. However, the Crown did not proceed with any charges, saying that Corey looked and acted as more than 16-years-old and was not a credible victim. This has had a major impact on Corey's perception of fairness and justice by "the system."

In 2017, Corey's group home reported that Corey was missing from the resource. Before Corey left the home, Corey was triggered and told staff, *"If I had the chance to be hit by a car, I would take it"* and, *"If I happen to overdose, I wouldn't fight it."* Two days later, Corey was found unresponsive in a public place. Corey was transported to hospital and treated for a crystal meth and heroin overdose.

Youth Suggestion for Supporting Safer Use

Accurate and Non-Biased Information

Youth focus group participants spoke about the need for information about substance use that is non-judgmental, accessible, accurate and unbiased. Youth elsewhere have provided similar suggestions.[23, 24] Several participants stated that providing youth with education about safer substance use – as well as the physical and mental health outcomes associated with substance use – could contribute to safer use among young people. Youth recommended that this information be available to youth from a young age, and well before they enter high school.

Some youth suggested that this information be presented to them in schools and many recommended that the information be delivered by a nurse or other health care professional who would be seen as unbiased. They stressed that information provided needs to be factual and that service providers should avoid using "scare tactics." They noted that youth can tell from their own experiences if the information they receive is credible. For example, one youth suggested that if youth are told they will become addicted if they try drugs, and they do not feel this warning reflects their experience, the credibility of the person and the information they share is undermined.

Youth Voices

"They should give us honest information. Using substances doesn't always lead to addiction."

[23] Anita Krug, Mikaela Hildebrand, and Nina Sun, "'We don't need services. We have no problems': Exploring the experiences of young people who inject drugs in accessing harm reduction services," *Journal of the International AIDS Society* 18 (vol. 2): 19442.

[24] Emily Jenkins, Allie Slemon, and Rebecca Haines-Saah, "Developing harm reduction in the context of youth substance use: Insights from a multi-site qualitative analysis of young people's harm minimization strategies," *Harm Reduction Journal* 14: 53.

In addition to being given reliable information, youth said that opening a dialogue from a young age would normalize talking about substance use and related issues and make it easier for them to reach out for help if they felt they needed it. They pointed out that this open dialogue could also be helpful for older youth who have already started using, as normalizing conversations about substance use from an early age could also help reduce the stigma associated with the behaviour.

Early Interventions

For youth who experience early trauma and/or mental health and/or addiction issues, early connection to services and supports is important.[25] Participants felt that teaching youth how to cope and manage their emotions from a young age could prevent them from turning to substance use to cope later. Doing so may prevent their mental health issues from escalating and increase the likelihood of safer substance use.

> **Youth Voices**
>
> *"Kids need to learn how to know what emotions they are feeling – learn coping strategies, not just to take drugs to cope."*

As well as this general approach, youth focus group participants suggested that a targeted approach could be taken with youth who may be at risk of experiencing mental health or other challenges, to connect them to services and supports early. Among participants who had accessed substance use treatment, many noted that they had not done so until they had already experienced serious consequences because of their use. As one youth noted, *"You don't get help until it's extreme. That makes no sense."*

When reflecting on their experiences, older youth in the focus groups who identified having substance-related issues expressed that they wished someone in their life had asked them about their substance use and whether they felt it was a problem. While youth participants felt they may not have been ready to admit they had a problem, having someone ask them about it could have helped them to feel more comfortable talking about it, and may have led them to reach out for help earlier.

> **Youth Voices**
>
> *"Being asked about [substance use] by someone that you're comfortable with could help you admit you need help."*

Counselling Services and Supports

Youth focus group participants felt that relatable and non-judgmental counsellors should be available in all communities to help youth work through trauma or other root causes of substance use issues, and to support youth to cope with their experiences. LGBTQ2S+ youth participants said that counselling can support youth to work through challenges and complex emotions (e.g., rejection by family and friends due to coming out as LGBTQ2S+), which they described as often being at the root of their substance use. One youth stated, *"Counselling, it's a big thing. Like for me I was going through gender dysphoria and I attempted suicide like five times, so that's why it's helpful."*

In RCY's update of youth substance services now under way, the availability of counselling and, challenges that youth may have in accessing these services will be reviewed. Additionally, further information will be gathered to assess whether the services provided are evidence and practice informed, culturally relevant or offered over a sufficient period of time to effect change.

[25] Atle Dyregrov and Stephen Regel. "Early Interventions Following Exposure to Traumatic Events: Implications for Practice From Recent Research." *Journal of Loss & Trauma* 17, no. 3 (May 2012): 271–291.

Participants in some focus groups pointed out that, as with other substance use services, substance use counsellors are often not helpful if youth are not ready for the help, or are mandated to meet with a counsellor rather than being there voluntarily. However, these youth still felt it is important to be offered the opportunity to speak with a counsellor, adding that they may need to be presented with this opportunity more than once before they are ready to agree to an appointment. Youth suggested that if young people are resistant to counselling, it would be helpful to use different approaches to help them to open up. Some male youth in particular felt that talking with a counsellor over lunch, or while playing sports or video games, would help youth to relax and feel more comfortable talking about their challenges.

Finding: Connection to Others

Positive social connections can support youth to make better choices about risky behaviours that have an effect on health, and to have more optimism about the future. Positive relationships with family, supportive adults and peers are all found to be linked to better health, including improved mental health and reduced substance use issues.[26]

This section explores youth perspectives on their connections to key people in their social network, their family, other caregivers, and peers. It discusses ways some interpersonal relationships can contribute to less safe use as well as how such relationships can be leveraged to support youth to use more safely.

Family Influences

Being connected to family has been linked to safer substance use.[27] While other factors can influence whether or not a youth will experience substance use issues, family-related factors are crucial because they can increase or decrease the effect of these other influences.[28] For example, in adolescence, peers may influence less safe substance use patterns, but a positive family environment may mitigate those influences.

Although a positive family environment may encourage safer substance use, other family dynamics may increase risk of substance-related harm. Many youth participants described family as a significant barrier to safer use, particularly when their caregiver(s) used substances. Several youth made reference to growing up in households where substance use was common and felt normal to them: *"If your parents do it, it's either going to make you do it as soon as it's available, or you totally stay away from it."*

Youth who were trying to avoid the use of certain substances – or avoid substance use altogether – struggled to do so if they lived in an environment where others were using around them or encouraging use. A number of youth described returning home after detox, treatment or a custody centre to a household where relatives were using substances. In these circumstances, they felt it was nearly impossible for them not to use substances. One youth said, *"What keeps people from staying clean is family. If everyone is using in your family, it's impossible."*

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[26] Annie Smith, Maya Peled, Colleen Poon, and Elizabeth Marie Saewyc. *We All Have a Role: Building Social Capital among Youth in Care*. DesLibris: Documents Collection. Vancouver, British Columbia: McCreary Centre Society, 2015.

[27] Annie Smith, Maya Peled, and Stephanie Martin. *Talking about Youth Health: Young People's Response to Data from the 2013 BC Adolescent Health Survey.* DesLibris: Documents Collection. Vancouver, British Columbia: McCreary Centre Society, 2015.

[28] "Strengthening Our Skills: Canadian Guidelines for Youth Substance Abuse Prevention Family Skills Programs," 2011.

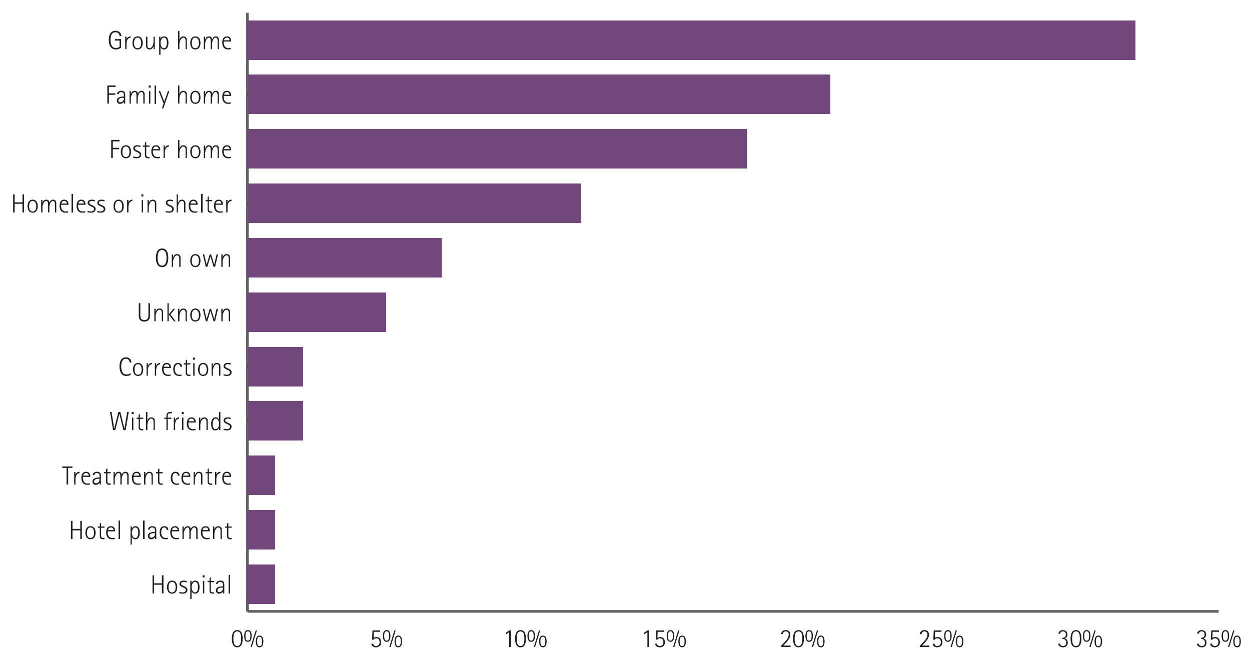
Among the youth files reviewed, 60 per cent showed that one or both biological parents were documented as having experienced or currently experiencing substance use issues. This was a more common issue for youth who were in care at the time of their critical injury or death, as parental substance use was described as a contributor to the child's placement in care in 72 per cent of the files reviewed.

Other Caregivers

For the critical and injury and death youth files reviewed in which a youth had been removed from parental care, the average age at their time of removal was eight-years-old. A considerable number of these youth (17 per cent) were removed from their parents' care before their first birthday.

Three-quarters of the youth who experienced substance related injuries or died had multiple placements while in care. Most commonly, these youth were living in group homes at the time of their injury or death (Figure 7). While there appears to be no specific ministry guidelines for determining when to place a youth in a group home, it is clear that youth in the files reviewed were placed in these resources either due to their complex needs and/or after their foster placement broke down.

Figure 7: Proportion of youth by living situation



Youth in one focus group indicated that foster placements often break down when foster parents are unaware of a youth's substance use before the youth moves in. This leads to conflict and problems if the foster parent does not feel skilled enough to deal with the situation, or if they do not want someone using substances in their home. One youth said, *"If foster parents can't handle youth using, then youth shouldn't be placed there."*

In another group, a couple of participants described situations where their foster parents went through their personal belongings looking for substances. This damaged the relationship and trust between the foster parents and the youth. Said one youth, *"Youth who use a drug should be able to say [to their caregiver] 'I tried this' without people freaking out . . . there needs to be less fear and more family."*

Youth Voices

Participants with experience living in foster homes and group homes talked about a fear of negative reactions from foster parents or care workers as a barrier to taking steps to reduce harm from their substance use. Youth noted the importance of being able to speak with their caregivers, without judgment.

Youth felt they were unable to reach out for help or for information as they might be removed from their home if these adults found out about their substance use:

> *"If you ask your foster parent for help because you are using, they are going to kick you out."*
>
> *"If your foster parents know you used drugs they could remove you, impose consequences, change your school . . . you're going to push [the foster child] further away."*

Case File Review: Blake

Blake has had a history of attachment disruptions through multiple removals from their family, numerous extended family and foster placements. When Blake was 13, a support person asked how many homes they had lived in, and Blake replied, *"Too many to count."*

Blake was often seen as a "high-risk youth" who would "break the rules" in their placements. Due to strict policies in these placements, Blake was often kicked out for using substances. When asked about relationships in Blake's life, professionals often reported that they had *"no functioning adults [i.e., family members, mentors, community members, etc.] supporting [Blake] in their life . . . other than professional contacts."*

Among older youth in care, challenges related to entering government care and transitioning into adulthood were frequently raised as reasons that youth may either start using substances or use in riskier ways than they had previously. For instance, losing services and connections during the transition out of care led some youth to feel hopeless about the future and to be less likely to be cautious about the substances they used or how they used them. One youth said, *"Aging out and all the uncertainty about the future can lead kids to be using drugs to cope."*

Influence of Peers

Like family and caregiver relationships, peer relationships can influence a youth's substance use. At each focus group, youth spoke about the role that peers can play in substance use, particularly for youth in care who have had to change schools, who are dealing with difficult circumstances in their home life, and who may not have adults in their lives who enforce healthy boundaries. Participants explained that peers who use substances are often open and welcoming to new friends who will use with them. This situation offers youth the opportunity to fit in with a group of peers and to gain a sense of belonging and connection.

Several youth in the focus groups reported not having same-age friends. Circumstances leading to this include transferring to a new school, dropping out of school or becoming homeless. In these cases, youth

reported that they had sometimes turned to older youth for friendship and belonging. Participants said that substance use was more frequent and wide-reaching among older youth, and as a result, youth had increased their own substance use and became further isolated from their same-age peers. One youth noted, *"When I was young I didn't have friends my age. I hung out with older people, my brother's friends. Everyone was drinking, smoking and doing stuff, so I did."*

Youth Voices

"Around my area, I see a lot of kids using just to fit in with their friends. [Some youth are] just wanting to be cool."

"You want to fit in with friends – to feel accepted."

Male youth in particular reported feeling pressure to use the same substances and amounts as their friends, even when they knew their friends had more experience and tolerance to a particular substance. They described using in larger quantities than they otherwise would to avoid losing their social standing within their peer group. One youth noted, *"If you are the veteran, people will try to use the same amount you do."* Another said, *"For myself personally I think it's down to bad influence. I was doing it in one way and I saw how other people did it and I started using it in those ways."* Similarly, male and female participants in one focus group added that, in some peer groups, using in riskier ways served to increase a youth's credibility and social status.

Homeless and street-involved youth whose peers use substances felt they would be judged if they refused a substance or if they insisted on only using clean and safe supplies. These youth participants also described a lack of support from friends as a barrier to reducing or stopping their substance use. They described the importance of belonging to a peer group and feared losing friends or social status if they took steps to move away from problematic substance use.

While youth spoke about some peers influencing them to use in less safe ways, many participants also talked about the benefits of using with others. Youth agreed it is safer to have someone you can trust around you when using substances, yet many youth participants find it difficult to identify someone willing to take on that role. Further, youth noted that even if someone in their peer group agreed to stay sober, it was easy for that person to get pressured into using. As a result, youth reported that they may feel that they can take care of themselves and their friends while everyone is using substances. Comments included:

> *"Whenever we are doing stuff, everyone is doing it. We feel like we can deal with [taking care of ourselves and each other while high] but we can't."*
>
> *"It's hard to find someone to stay sober. That's a lot of responsibility to take on. If you're the sober person, you have to take responsibility for the stuff your friends are doing."*

The size of the group in which youth used substances was also seen as important, particularly for female youth who often suggested that it is safer to use with no more than two or three trusted people rather than in a larger group or at a party. Female youth in one rural community discussed the illusion of safety that some young people feel at parties. They explained that while it may feel safer having people around, being in a large group can make it difficult for friends to monitor each other's substance use and intervene if there is a problem, especially if there is no one who is sober in the group.

Youth Suggestion for Supporting Safer Use

Caring, Stable and Non-Judgmental Adult Supports

Youth focus group participants reported that young people need at least one caring individual in their life who is stable, non-judgmental and encourages them to use substances more safely.

Youth focus group participants spoke to how both prevention- and intervention-based services that focus on fostering positive relationships between practitioners and youth can play an important role in a youth's support network. These relationships are particularly important when other supports, such as positive family, adult and peer relationships, may be lacking.

> **Youth Voices**
>
> *"You need that one person who won't give up on you."*
>
> *"[Youth need] one person that actually gives a [expletive]. Who tells you that you deserve better."*

According to youth participants, positive adult supports should be available "out of hours" as substance use often occurs in the evening, at night and on weekends:

> *"On the weekend, we need someone to call if [expletive] is going down . . . they need to be accessible after office hours, even if you only see them once a month they need to be there if there is a crisis."*
>
> *"Drug use is on a really random schedule, so support should be, too."*

Mentors with Lived Experience

Focus group participants felt that younger youth should be connected to mentors who could offer guidance based on their own similar experiences. Youth noted that information provided by adults who have used substances was credible because it came from personal experience. They also said that adults who have previously used substances but are now sober can help to provide guidance to youth who use substances. Similarly, youth noted the importance of having access to support workers who have lived experience:

> *"People need to stop talking about going down that bad path, and show you how good that other path can be."*
>
> *"There should be at least a certain amount of youth workers who have the same experiences as the youth they work with. If you've had a rough childhood . . . if you have a criminal record you should be able to work with kids, if they have overcome that and made a good life."*

> **Youth Voices**
>
> *"Youth should learn from an adult who has dealt with substance use first-hand."*
>
> *"The best way to improve someone's chances of going to treatment is to talk to others who have gone through it and stayed sober."*

One example given that reflected the discussion in several focus groups was a situation in which a focus group participant had been using substances with an adult who advised them to stay away from specific drugs. The young person took this information seriously – not only because it came from someone who had experience with the substance, but also because the young person knew the adult was not trying to stop them from using all substances. That youth noted, *"I got a lot of information from someone older than me who had been using substances for a long time. His input has made me stay away from heroin."*

Foster Parent Training

In May 2017, MCFD issued *Practice Guidelines: Responding to and Supporting Youth at Risk and/or Parent(s) known to be using Illegal Opioids*, along with supporting materials on overdose awareness, naloxone kit training and access. MCFD now offers no-charge naloxone kits and training to foster parents, community partners and ministry staff in communities in the Lower Mainland and southern Vancouver Island. While this initiative appears to be a move in the right direction, youth in the focus groups who had lived in foster care recommended even more comprehensive training for foster parents to encourage safer substance use.

Youth suggested this training could include information sessions where foster parents learn about substance use and get support from other foster parents and professionals. Training objectives could include recognizing substance use issues, learning the signs of withdrawal, and understanding that youth might be using substances as a way to cope. One youth stated, *"[Foster parents] should supply the youth with naloxone and those sorts of things instead of just kicking the youth out right away."* Youth also emphasized the importance of teaching foster parents how to react calmly if they discover that a youth in their care is using substances. Overall, youth spoke about the importance of patience and acceptance within foster homes.

Youth Voices

"If you're in foster care, [foster parents] should know about substances. There's zero tolerance in lots of [homes] but it should be like your family. You should be able to talk without anger or getting kicked out."

Finding: Connection to Community

Access to, and involvement with, community services and supports is commonly identified as an important protective factor for youth who use substances.[29] More broadly, studies have also shown that having a strong sense of community is associated with lower rates of substance use among youth.[30] This section explores youth perspectives on their connections to community services related to substance use, including some of the types of services that are accessed and how these services can better support youth who use substances.

School

The protective effects of school connectedness on youth substance use issues have been demonstrated in studies of early, middle, and late adolescence.[31] Research focusing on connectedness to school emphasizes the importance of the quality of relationships youth have with their peers and teachers, not only on

[29] M. Leyton and S. Stewart, *Childhood and Adolescent Pathways to Substance Use Disorders* (Ottawa: Canadian Centre on Substance Abuse, 2014).

[30] Megan Mayberry, Dorothy Espelage, and Brian Koenig. "Multilevel modeling of direct effects and interactions of peers, parents, school, and community influences on adolescent substance use." *Journal of Youth and Adolescence* 38, no. 8 (September 2009): 1038-1049.

[31] Samuel Meisel and Craig Colder, "Social goals impact adolescent substance use through influencing adolescents' connectedness to their schools," *Journal of Youth and Adolescence* 46, no. 9 (September 2017): 2015-2027.

engagement in learning, but also on health and well-being.[32] Students who feel connected to their school are less likely to experience subsequent mental health and substance use issues.[33]

Among the survey respondents, youth currently in school (including post-secondary) were more likely than those not in school to have received the substance use help they needed (79 per cent vs. 43 per cent). While schools can be a solid source of support for youth experiencing substance use issues and other challenges, youth participants expressed concern that schools are not equipped to effectively support youth who use substances. One youth noted: *"I've gone to so many school counsellors who know nothing about substance use."*

School Enrolment

The majority of the survey respondents aged 13 to 18 were currently enrolled in school – 85 per cent. Conversely, among the youth files reviewed, most of the youth were not attending school – 62 per cent.

Of the survey respondents who were in school, most were attending an alternative high school program (53 per cent), while 28 per cent were attending a mainstream high school and others were involved in another type of education program (e.g., online learning).

The fear of a negative reaction or consequences from teachers and other school personnel was reported as a barrier to accessing supports and resources at school. Some youth reported that they had experienced consequences at school as a result of their substance use, including being removed from class or being expelled. For example, one youth said, *"I started to use weed and I got kicked out of school 12 times."* Youth noted these experiences made it difficult for them to be open about their substance use and the challenges they were experiencing, even when school staff were trying to help. One youth noted, *"Teachers look at me like I'm some wack job addicted failure because I've come to class high. I've just skipped out because people judge me."* This fear led youth to hide their use, and increased the likelihood they would not seek help when they felt they needed it.

Youth who had been removed from a mainstream public school because of their substance use reported that this experience exacerbated their use. This was either because they were no longer enrolled in class and therefore had more time to spend with others who were using substances, or because they were transferred to an alternative school where they met peers who introduced them to new illicit substances or to new methods of using. One youth explained that dealers used to visit *"hang out spots"* near their alternative school at lunch time, which made drugs more accessible to students who attended that school: *"Drug dealers used to go to that school themselves so they know where to go to access youth who will be more likely to buy from them."*

While some youth argued that moving youth who are experiencing substance use issues to an alternative school can be detrimental if they lose their connections to a pro-social peer group, others felt that having the opportunity to attend an alternative school program is important for those who are struggling in a mainstream school setting. These youth spoke positively about having the opportunity to continue their education in a supportive and flexible environment which caters to different learning styles: *"[The*

[32] Karen Osterman, "Students' Need for Belonging in the School Community," *Review of Educational Research* 70, no. 3 (September 2000): 323-367.

[33] Lyndal Bond, Helen Butler, Lyndal Thomas, John Carlin, Sara Glover, Glenn Bowes, and George Patton. "Social and School Connectedness in Early Secondary School as Predictors of Late Teenage Substance Use, Mental Health, and Academic Outcomes." *The Journal Of Adolescent Health: Official Publication Of The Society For Adolescent Medicine* 40, no. 4 (April 2007): 357.

teachers] learned with us, too – we weren't doing it alone. You get more help than in a regular school." Some youth also noted that their alternative schools offered specific substance use programming.

Case File Review: Avery

Avery was an Indigenous youth who struggled with mental health and substance use concerns. Avery was connected to Child and Youth Mental Health, but experienced significant barriers to accessing the services, including long wait lists, minimal outreach support and a lack of culturally safe and relevant supports.

When Avery started at a new school, they connected with the school's Indigenous youth mentorship program. Avery's mentor was an incredible support, often advocating for Avery and connecting them to extra-curricular programs and services. They graduated from high school with hopes to begin a law-enforcement career.

Following graduation, however, Avery expressed a great deal of fear about losing supports and spoke about using substances daily to cope with emotional pain. The following winter, Avery died from an unintentional overdose.

Law Enforcement

For some youth, a lack of meaningful engagement in school can contribute to increased exposure to law enforcement.[34] Among survey respondents who used substances, 61 per cent reported that they had spent time in police cells as a result of their substance use. In the focus groups, one youth spoke about contact with police: *"I hadn't noticed that [my substance use] had an impact on me. But as it got worse, I saw myself going down that path – getting arrested all the time."*

Participants described their mistrust of *"the system"* as a barrier to safer substance use. In particular, many youth did not feel they could trust police or health care professionals, and noted their lack of trust was a barrier to getting help in emergency situations such as a suspected overdose. For instance, several participants reported they had been in situations where people were afraid to call 9-1-1 after someone had overdosed because they did not want to get into trouble for having substances. Such delays in seeking medical treatment is a major contributor to overdose fatalities.[35]

Youth Voices

Fear of negative consequences, including getting arrested or having drugs taken away, can make youth less likely to seek and accept help from professionals.

[34] Kimberly Henry, Kelly Knight, and Terence Thornberry. "School Disengagement as a Predictor of Dropout, Delinquency, and Problem Substance Use During Adolescence and Early Adulthood." *Journal of Youth & Adolescence* 41, no. 2 (February 2012): 156–66.

[35] Coroners Service of British Columbia Child Death Review Panel. *Preventing death after overdose: a review of overdose deaths in youth and young adults 2009 2013*. 2016.

Reviewable Services

While all of the youth in the critical injury and death files reviewed had involvement with reviewable service(s) within 12 months of their critical injury or death, more than half (55 per cent) of these youth were described as not engaging with services, as noted in their files:

> *"Currently [they have] become entrenched in substance misuse and been refusing to engage in pro-social supports and services."*

> *"[They] would not engage further than accepting food vouchers and offers of medical coverage."*

> *"[They] refuse to attend any counselling to address the concerns around mental health. [They] refuse to attend residential treatment to address concerns around addictions. [They] refuse to engage with the MCFD social worker at this time to discuss planning."*

While high-risk or vulnerable youth are often labeled as being resistant to services, findings from youth-centred research suggest that if a youth does not want to engage with a service, it may be because that service is not meeting needs.[36] In one file reviewed, the social worker documented: *"At this time of her life, she's tired of professional help and wants to be empowered about who she allows into her life."*

Service Availability and Accessibility

Youth were asked in the focus groups and on the survey about their experiences accessing services and supports for their substance use. They were also asked specifically about any barriers to accessing these services and about the helpfulness of the services they had accessed (Table 5).

Most youth who accessed services generally found them helpful. For example, more than eight in 10 felt that services specifically geared toward youth are helpful (e.g., youth clinics, youth drop-in centres). While females were far more likely than males to find youth clinics helpful (92 per cent vs. 58 per cent), there were no other differences based on gender or age.

[36] New South Wales Ministry of Health. *Substance Use and Young People Framework.* North Sidney: Australia, 2014. Accessed October 16, 2018. https://www.health.nsw.gov.au/aod/professionals/Publications/substance-use-young-framework.pdf

Table 5: Service accessibility and effectiveness among survey respondents

Service type	Accessed service	Found service to be helpful
Hospital emergency	71%	62%
Youth drop-in centre	65%	88%
Youth clinic	52%	82%
Employment program	43%	69%
Peer support group	41%	74%
Aboriginal friendship centre*	36%	69%
Crisis services (e.g., suicide hotline, sexual assault centre)	27%	55%
Aboriginal-specific mental health service**	20%	67%
Web-based mental health support/counselling	19%	64%
LGBTQ2S service	17%	85%
Aboriginal-specific substance use service**	17%	63%
Needle exchange/safe consumption site	16%	92%
Telephone mental health counselling (not crisis line)	13%	70%
Web-based substance use support/counselling	13%	60%
Telephone substance-use counselling (not crisis line)	12%	67%

* **Note:** This sample is limited to those respondents who indicated that they had accessed this service.

** **Note:** This sample is limited to Indigenous youth who completed the survey.

More than half of survey respondents who used substances (58 per cent) felt they needed help for their substance use in the past year. Among youth who felt they needed help, 67 per cent reported that they got the help they needed, while the remaining one-third noted that they did not get the needed help. There were no gender differences, but youth ages 13 to 18 were more likely than those 19 or older to have received the help they needed for their substance use in the past year.

The most commonly reported reasons for not getting the support they needed included not knowing where to go, not having anyone they felt comfortable talking to, and thinking the support would not help them (Table 6).

Table 6: Most commonly reported reasons for not getting substance use services, among youth who felt they needed services but did not receive them*

Barrier to accessing services	Per cent
Didn't know where to go	68
There was no one I felt comfortable talking to	68
Didn't think it would help	60
I wasn't ready to access services	56
Thought or hoped the problem would go away	52
Too busy to go	52
Afraid of what I would be told	48
Afraid that it would make things worse	44
Afraid someone I knew might see me	40
Didn't want people to know	40
Had no transportation to get there	36
I was put on a waiting list	36
Didn't think I could afford it	32
The service was not available in my community	28
I wasn't treated with respect there	24
Parent/guardian would not take me	20
I was denied services	20
The service was not welcoming to young people	20
The service was not culturally sensitive	20

***Note:** Youth were able to select more than one reason that applied.

More than one-quarter of survey respondents indicated that not having substance use services in their community is a barrier to accessing needed support. Similarly, many focus group participants, especially those from rural areas, were not aware of substance use supports or services in their community. In some cases, youth were aware of the types of resources available in the province but reported that these were not available in their community or were not accessible to youth. One youth said, *"There's nothing in [my small town]. There is no help. There's no shelters, no treatment, no anything. There's no help."*

For some youth interested in attending a substance use treatment centre, the fact that the centre was located outside of their home community created access challenges, including being disconnected from family and friends. They also noted that beds may not be available when youth feel ready to attend:

"Sometimes you just want to give up and aren't interested in getting help. One month later, I want to be [in treatment] but I can't get in."

- ## *Wait Times*

When RCY staff inquired about wait times when gathering preliminary information for the youth substance service update, health authorities were unable to provide wait times for the majority of services. Wait times that were reported for some services ranged from 24 hours to eight months. The most commonly reported wait times were less than one week.

Among the youth files reviewed, six youth were placed on detox wait lists and 18 were placed on wait lists for a residential treatment program. One social worker documented: *"It could take upwards to three months for [the youth] to be accepted into [the residential treatment program] because of the wait list times and that he isn't from the Lower Mainland so is put to the bottom of their wait list."*

When services were available in a youth's home community, participants identified logistical barriers to accessing the services such as having an address that put them outside the catchment area for local services or having no fixed address, not having transportation and being too young. Youth reported that services that were primarily aimed at adults did not feel welcoming to young people, and often did not fit with youths' schedule (for example, if a service only offered appointments during school hours, youth were left having to decide which they should prioritize): *"Supports should be available whenever you're ready to access them."*

Preliminary analysis of information gathered for RCY's update of youth substance use services across the province found that hours of operation for many services were only Monday through Friday, with the most common hours of service being between 8 a.m. and 5 p.m.

Youth Voices

"I had to get permission from my social worker to access [a safe injection site]. All safe injection sites are for adults."

"I was turned away from a needle exchange because I was too young."

- ## *Harm Reduction*

Youth across the province talked about the difficulty in obtaining clean syringes and pipes, saying that, at locations where these were offered, supplies were often limited. Youth felt that limiting access to harm reduction supplies puts youth at risk of sharing equipment with others, even when the youth are aware of the increased health risks associated with sharing equipment.

At focus groups in the Fraser Valley and Vancouver Coastal regions, participants talked about the value of supervised consumption sites, but noted that these services are largely inaccessible to youth due to their age.

Some female youth also expressed concerns about their safety as a barrier to accessing services that served adults, were accessed by older males, or were in neighbourhoods with high rates of substance use. Supervised consumption sites were mentioned specifically in two focus groups as services that youth might not feel safe accessing if they were primarily used by adults: *"It's not safe to go to safe injection sites that are filled with creepy old men."*

Other harm reduction services were also mentioned as difficult to access for some youth. Some of the youth participants had received naloxone training and reported that kits are accessible to them, but others

mentioned that naloxone kits are difficult for youth to access because they are often available only through adult services. The cost of the kit, or the limit on the number of kits available for free, prevented some youth from carrying one. Youth participants also voiced concern that even when young people can access these kits, they would not know how to administer naloxone properly if they have not received training.

Service Effectiveness

Youth reported that when substance use services are available to them, these services often do not fully meet their needs. For instance, participants in some focus groups said that there was a detox in their community, but the amount of time youth are able to stay is not long enough to be effective. Similarly, several youth who had been through detox expressed frustration that when they were discharged no further treatment was available. They felt this had contributed to them relapsing, because detox alone was not enough to help them to deal with their substance use issues: *"When you leave detox, there is nothing lined up . . . you can't put off that problem for a week."* In one of the youth files reviewed for this report, the youth had attended detox five days prior to overdosing. The critical injury report received noted that the youth *"requires a longer term residential program to address the underlying issues she is facing."*

Youth Voices

"If you are in an environment where everyone is doing injection drugs, you will do injection drugs."

"You're trying to stay away from [substances] but you have nowhere else to go—the only place you have to go is the one place that's causing your problems."

For youth who accessed supports and resources, the environment in which these services are offered is sometimes seen as a barrier to avoiding substance use. This situation is also seen as a challenge at youth drop-in centres and shelters, when youth who are trying to avoid exposure to substance use access the same space as youth who are actively using. For example, one young person was living in a youth shelter located close to spaces where youth were regularly using substances. The participant felt that being so close to people using substances made it harder to stay away from substances, as these young people encouraged the participant to use substances with them.

Youth Suggestion for Supporting Safer Use

Supports in Schools

At every focus group, youth spoke about the importance of supporting youth to engage in education.

Youth participants suggested working with students who are struggling with their substance use rather than suspending or removing them from the school. As one youth poignantly said, *"Stop exiling youth that are using."*

Youth Voices

"Schools should have youth workers, counsellors at them. Schools are too full to give one-to-one support. There needs to be a better ratio of students to youth workers so students know who the worker in their school is."

In nearly every focus group, participants recognized the diverse needs of youth who use substances. In this sense, youth included both mainstream and alternative schools in the community designs they were given the opportunity to complete. Youth described their ideal schools as offering one-to-one support to students who struggle in class, as well as offering trained counsellors and youth workers to support youth who are facing challenges.

Additionally, several focus groups included targeted substance use supports in the ideal schools of their community designs. Youth felt that offering substance use programs in schools could help to reduce stigma, encourage youth to attend school and reduce transportation barriers. Several youth also spoke about the need to incorporate more physical activity and outdoor education into schools, as these activities had helped them to stay engaged in school, to have an outlet for their frustrations, and to feel good about themselves – all of which had supported them to use substances in safer ways.

Accessible Substance Use Services

Many youth in both rural and larger urban areas reported that they are not aware of where substance use services are located or what they offer. They suggested creating maps of youth resources in town with up-to-date and accurate information about opening times, services offered and eligibility criteria. One youth noted, *"There should be more information on how to use safely, specific youth substance use places, more communication between services and youth."* Similarly, survey responses indicated that youth may find it helpful to have more information about the types of services available in their community that support safer substance use among youth.

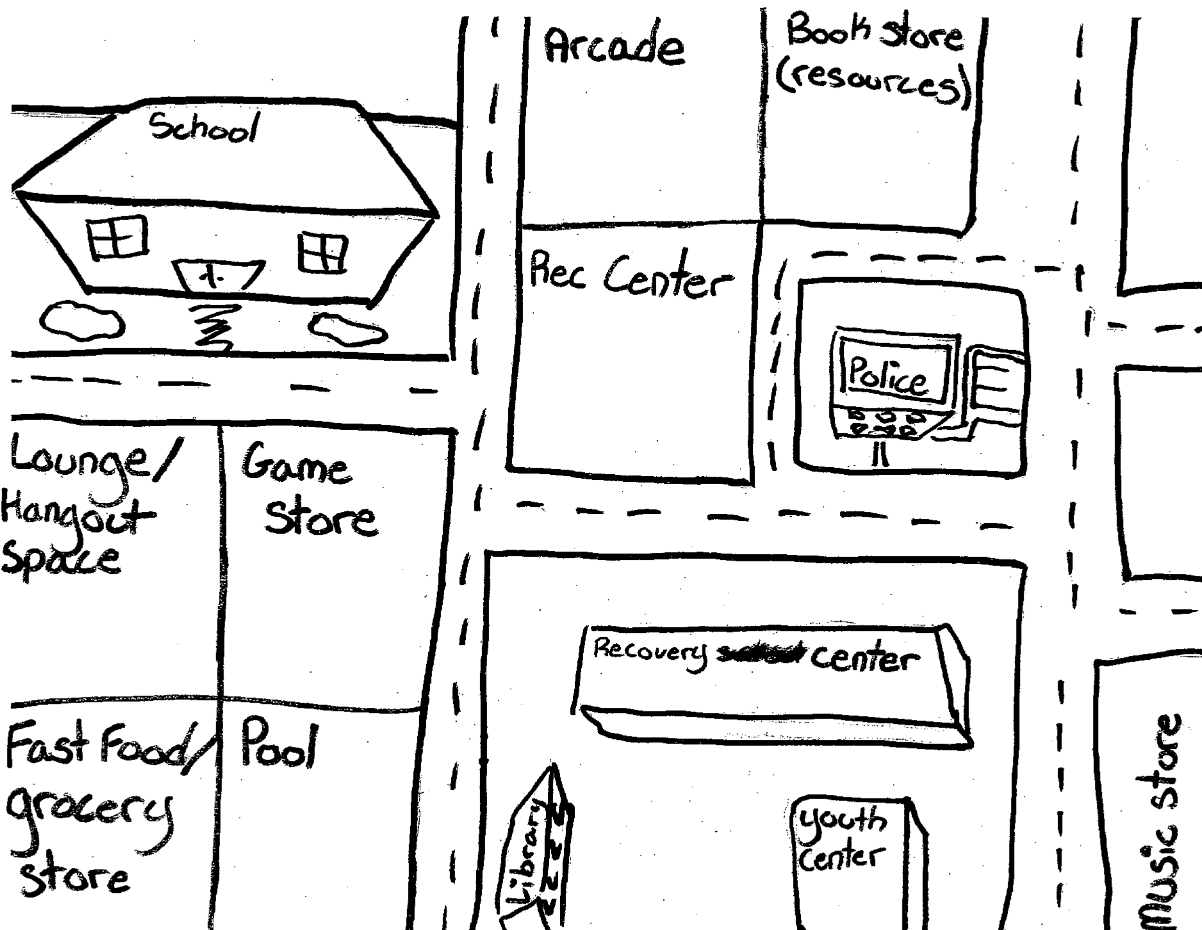
The need for an increased awareness of what services are available both within communities and across the province was echoed by health authorities when RCY staff were gathering information for the youth substance use service update now underway. There is currently no single point of information where youth can find what substance use services are available and how to access them. As mentioned, following the release of this report, the Representative plans to produce a comprehensive baseline of available services, to be used to inform an understanding of where service gaps exist across the province.

Youth at every focus group talked about the need to have services and supports available to youth when youth are ready to access them, and that they should be free, easy to access and not require a referral. Even without requiring a referral, some youth will be wait listed for services. Youth suggested that if they do have to be wait listed for a service, they should be given regular updates about where they are on the list and receive regular check-ins from that service, so that they know that they have not been forgotten and whether they can get some support while they are waiting.

Youth-Specific Services and Spaces

At every focus group, youth talked about the importance of services and supports specifically aimed at youth. The most common resources that youth across the province included in their community designs to promote safer substance use were youth drop-in centres, substance use treatment programs, supervised consumption sites, youth shelters, affordable housing for youth and recreation centres and gyms. One youth stated, *"Have more detox centres, youth shelters, more mental health hospitals, government facilities for counselling, drug harm reduction."* Youth in all focus groups designed services to be youth-oriented, centrally located and free or low-cost.

Figure 8: A safer substance use community created by youth in the Fraser region



Most of the communities that youth designed to promote safer substance use included a substance use treatment program tailored specifically to youth, as well as positive, healthy spaces they could be part of, such as a cat cafe, hang out areas and art spaces. In several of the communities, youth-specific treatment programs were connected to youth drop-in centres to ensure the treatment programs were accessible and youth were aware of them. Participants also felt that having these services visible to the public and centrally located would help to normalize seeking help to address substance use issues.

Many of the communities that participants designed also included a youth-oriented supervised consumption site, with several of these co-located with a youth drop-in centre. One youth noted, *"Youth like having a space where they can hang out, where they can feel safe and be safe."*

Most youth felt that drop-in centres should be centrally located, offer low-barrier spaces for youth to hang out, and include access to food and free activities. However, some focus group participants who did not have a safe and reliable place to live and spend time suggested that youth spaces (e.g., drop-ins) should be substance-free so that those who want to stay away from substances are not exposed to the influence of those who are using: *"You can't be around other people who are using when you are trying to get clean. You need a space where you can get away from all that."* In this way, there was a consensus across groups that it is necessary to have both types of spaces available to youth, so those who use substances can

stay safe, and those who do not want to be around substances and the influences of those who are using also have somewhere to go. One youth said, *"You're going there and getting involved in something positive because you feel like you belong."*

Figure 9: A safer substance use community created by youth on Vancouver Island

Additionally, in nearly every community that youth designed, there were a variety of housing options such as a youth shelter that youth could access 24 hours a day, and affordable apartments for youth under 19 and for young people up to age 24. Participants also included affordable housing for families to ensure that all community members had a place to live. Housing was also identified by some health authorities as a key gap in services for youth.

Harm Reduction Services

Making naloxone kits available and training youth to use them effectively was seen to play an important role in keeping youth safe when they are using opioids or substances that may have been laced with fentanyl.

Youth across the province suggested that harm reduction supplies and related training should be available free of charge in spaces where youth spend time and where they can access them without

Youth Voices

Youth also felt that "testing kits" should be made available to young people who want to test their substances for contaminants such as fentanyl. One youth suggested: *"You have your bowl of condoms, and then next to it you could have your bowl of fentanyl testing strips."*

judgment: *"I used to go to [a drop-in centre] and my A&D counsellor, social worker, PO would all give me harm-reduction kits every time I was there, even if I didn't want it. It was helpful."*

Youth in the focus groups commonly spoke about the need for safe places for youth to go if they choose to use substances so that someone reliable can monitor their use and help them if needed. Youth also suggested that these places should be open 24/7 and that there should be more youth shelters where youth can stay if they are using substances.

Some participants also discussed accessing mobile needle exchanges and felt these played an important role in offering youth access to clean and safe supplies. The mobile nature of these services presented challenges for some youth as they found it difficult to remember where the van would be located on different days, and sometimes it was in distant neighbourhoods.

Legalization

Youth participants discussed the importance of obtaining substances from a trusted source:

> *". . . Even when you know people, you can never know where it's coming from."*
>
> *"You never know what you're getting even if it's from your family, your uncle or your friends."*
>
> *"There's no such thing as safe drugs anymore."*

Youth in several focus groups felt that the only way to ensure that people know what is in the substances they are using is to legalize and regulate illegal substances: *"Making certain drugs legal would help to control things better."*

They suggested that policy makers should consider what other governments internationally have done to reduce substance-related critical injuries and gave Portugal's decriminalized substance use policies as an example. Said one youth, *"The war on drugs is going to be a battle forever, so why not just make it all okay and make it easy to get clean?"*

Considering what youth shared about their mistrust of law enforcement, legalizing substance use may also improve relationships between youth and law enforcement, among other statutory agencies, and lead to safer use.

Finding: Connection to Culture

Youths' decisions around substance use are shaped by their connection to their culture, including their ability to participate in their culture. Prior to contact with European settlers, Indigenous communities were healthy and robust. As a result of colonial policies and practices within the child welfare system, many Indigenous children and youth have been removed from their families and communities, and disconnected from their culture.[37] This section explores Indigenous youth perspectives on the importance of cultural connectedness in supporting youth wellness. Given the unique needs of Indigenous children and youth in government care, a focus is also placed on cultural planning for Indigenous youth, through the review of Care Plans.

[37] Alison J. Gerlach, Annette J. Browne, Vandna Sinha, and Diana Elliott, "Navigating Structural Violence with Indigenous Families: The Contested Terrain of Early Childhood Intervention and the Child Welfare System in Canada. *The International Indigenous Policy Journal* 8, no. 2 (2017): 1.

Facilitating Cultural Connectedness

Culture has continually been seen as a critical component for healing, and as a protective factor that may influence Indigenous peoples' decisions around substance use.[38, 39] Throughout the focus groups, culture was described as healing, with one youth stating, *"Connecting to culture fills that void so they don't have to try to numb it."* Other youth noted the importance of culture in fostering identity.

Youth Voices

"Culture helps you to have a sense of belonging, a sense of identity."

However, Indigenous youth often spoke about the challenges they face in being disconnected from their culture and community. Colonialism and intergenerational trauma were consistently noted as factors that affect their mental and emotional health, and that dealing with the consequences of these experiences in their families and communities may lead youth to turn to substances in order to cope.

Cultural Planning

Of the 57 Indigenous youth in the files reviewed, 37 were in government care. It appears that many of the youth were not being supported to meaningfully connect with their culture and community. As illustrated in Table 7, the Care Plans that were reviewed for Indigenous youth in care largely reflected missed opportunities for youth for substantive and meaningful cultural planning.

Table 7: Evidence of cultural planning components in youth care plans, among Indigenous youth

Component of cultural planning	Per cent
Opportunities for youth to visit their home community/territory	34
Opportunities for youth to participate in cultural activities and ceremonies	26
Evidence that MCFD is working to identify youths' nation(s)	24
Evidence that youth have been connected to their community	11
Evidence that youth understand their cultural identity	8
Evidence that youths' communities have participated in care planning	5
Opportunities for youth to learn or practice their language	0

For youth in care, an understanding of where they come from is an essential and rudimentary step in helping them to reconnect with their communities and cultures. The Care Plans reviewed for this report indicate that this component is often so minimal that a youth's nation remains unknown. Too often, Care Plans for Indigenous youth included statements such as: *"It is believed [the youth's] Aboriginal heritage is Cree. The band itself is unknown."*

[38] Cheryl L. Currie, T. Cameron Wild, Donald P. Schopflocher, Lory Laing, and Paul Veugelers. "Illicit and prescription drug problems among urban Aboriginal adults in Canada: The Role of Traditional Culture in Protection and Resilience." *Social Science & Medicine* 88, (2013): 1-2.

[39] Onawa McIvor, "Language and Culture as Protective Factors for At-Risk Communities," *Journal of Aboriginal Health* 5, no. 1, (2009): 6-25.

It appears that social workers often conceptualize band identification and membership, and even status cards, as a sufficient form of cultural planning. One Care Plan indicated that the social worker would be completing and submitting a *"First Nations application for [the youth's] nation"* as the sole way of increasing the youth's connection to her First Nations ancestry.

Many of the Care Plans often documented youth resistance to culture, which may be used as a reason for not pursuing cultural opportunities for the youth. Examples of documented "resistance" include: *"[The youth] is aware of her Aboriginal heritage and is encouraged to participate in community cultural events and activities when they're available . . . but has not shown an interest in cultural activities at this time."* However, in a few cases, the youth's interest and pride in their culture and identity is documented, as one plan notes: *"[The youth] has expressed that she would like to understand her cultural heritage more."* One youth, in particular, was a strong self-advocate for having opportunities for cultural connection, requesting opportunities for cultural events and visits to their community.

Case File Review: Taylor

Taylor, an Indigenous youth from a Northern B.C. community, was brought into care at a young age. At first, Taylor was placed with extended family, but they did not appear to receive adequate training or resourcing from MCFD to support their role as caregivers. Following this, Taylor was moved to numerous foster homes, followed by staffed group homes. Taylor's placements were consistently far from Taylor's home community in Northern B.C., often more than 1,000 kilometres away.

During this time, Taylor had increasing issues with self-harm, substance use and suicidality. These issues were often brought up in conversations around cultural planning – or lack thereof – for Taylor. Taylor's social worker has noted that, *"Because of [Taylor's] current lifestyle, [Taylor] is not community involved,"* and, *"[Taylor] has missed significant cultural events and sibling visits because of [Taylor's] lifestyle."*

Culturally Relevant Services

Culturally relevant substance use services were cited as important by Indigenous youth in several focus groups, but were something most youth had not experienced.[40] Most of the Indigenous youth who spoke about the services they had received said they were not reflective of their culture. Indigenous youth who had experienced culturally relevant supports said this had helped them connect with their culture and that such supports can contribute to the healing process.

Indigenous youth reported that having a variety of ways for youth to engage with their culture and learn more about their identity would help to strengthen their sense of belonging and support safer substance use. Several participants spoke of the need for traditional approaches to healing to make them feel like they are part of something bigger, help to foster their cultural identity and ensure they do not feel isolated and alone when dealing with their substance use issues.

[40] Culturally relevant services are those that reflect the social and cultural realities of the group they are intended to serve.

Culture and Harm Reduction

Culturally relevant and safe harm reduction programs and services are often not available to Indigenous youth who use substances. Challenges to harm reduction services in particular include widespread support for abstinence-based models of care and the belief that harm reduction does not align with cultural practices.[41] It is also important to honour that, for some Elders and traditional knowledge-holders, cultural practices and ceremonies are seen as *"incompatible with the use of mood-altering substances."*[42] While this perspective does not suggest that individuals who use substances should be isolated or excluded from their communities, it inherently limits options for participating in traditional healing opportunities. However it should be noted that some communities are developing ways to integrate traditional healing practices into youth-specific approaches for substance use response.

One youth's Care Plan represented similar beliefs, with a negative view of culture rooted in his father's issues with substance use:

> *"[The youth] does not want to participate in cultural activities at this time. He states he has participated lots in the past, especially with his dad. He attributes cultural activities with his dad being a 'Fake Indian' as dad only uses culture when he is sober. Social worker continues to have conversations about his culture and activities he can do."*

In two of the Care Plans reviewed for this report, the social workers took a deficit-based approach when discussing youths' cultural connections, noting that substance use may act as a barrier to their participation in cultural events:

> *"[The youth] wants to participate in cultural events and visit her siblings. Both of these are motivators for her to live a happy healthy life. [She] has missed significant cultural events and sibling visits because of her lifestyle."*

> *"Although [he] is connected to his Aboriginal community, he has been led and has chosen to follow the path of community members [aunts, cousins, uncles etc.] who engage in alcohol/substance misuse. [The youth] struggles with utilizing his community for cultural identity and benefit."*

Culturally Safe Services

For some Indigenous focus group participants, the services they accessed were neither culturally relevant nor culturally safe.[43] Some Indigenous youth spoke about specific experiences of racism that made them feel unsafe when accessing services and this made them hesitant to engage not only with that service but with other services for fear of a similar, unsafe experience. Focus group participants also spoke about non-Indigenous staff not having knowledge of Indigenous peoples' history and cultural practices in their community – or Canada as a whole – and how this lack of knowledge affected youths' sense of safety and ability to feel supported.

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[41] Colleen Anne Dell, Tara Lyons, and Kathleen Cayer, "The Role of 'Kijigabandan' and 'Manadjitowin' in Understanding Harm Reduction Policies and Program for Aboriginal Peoples," *Native Social Work Journal* 7 (2010): 127.

[42] Colleen Anne Dell, Tara Lyons, and Kathleen Cayer, "The Role of 'Kijigabandan' and 'Manadjitowin' in Understanding Harm Reduction Policies and Program for Aboriginal Peoples," *Native Social Work Journal* 7 (2010): 127.

[43] Cultural safety means that services are provided in the absence of racism and discrimination. Within an Indigenous context, cultural safety requires that practitioners not only have the competence for delivering services in a safe way, but also the ability and desire to critically analyze power imbalances and structural inequities that are inherent within the relationships between Indigenous peoples and service providers.

Indigenous youth in focus groups across B.C. felt that discrimination and trauma resulting from colonialism created barriers for many youth who might want help for their substance use. Some Indigenous youth participants at one focus group, who had experienced discrimination when accessing emergency and psychiatric services, reported that these experiences made them reluctant to access health care services again:

> *"Doctors and nurses can be really racist; I've been judged based on the colour of my skin. They need cultural sensitivity training for hospital staff, they make assumptions and have no idea what it's like to be from another culture."*

Indigenous youth who had experienced culturally safe supports said this had helped them connect with their culture and that such supports can contribute to the healing process. An example given in one of the focus groups was of staff acknowledging that an Indigenous youth's experiences and worldviews may be different from those of a non-Indigenous youth, and subsequently making an effort to adjust the way they interacted with the youth as they learned more about the Indigenous youth's perspective.

> The First Nations Health Authority has called for culturally safe, accessible services, with an emphasis on the importance of traditional healing and connection to land. The organization also speaks to the importance of reducing risk associated with substance use, and the need to destigmatize alternatives to abstinence-based approaches.[44]

Youth Suggestion for Supporting Safer Use

Opportunity for Cultural Connection

Most of the Indigenous youth in the focus groups spoke about the importance of being connected to their culture, noting that culture can help foster a stronger sense of identity and belonging. Many Indigenous youth highlighted the importance of cultural connectedness in reducing substance-related harm among Indigenous youth, and the need for Indigenous youth to be offered opportunities to strengthen relationships in their communities and engage in cultural practices. As the review of the Care Plans indicate, these opportunities do not appear to be accessible for all Indigenous youth.

Indigenous youth in the focus groups felt that having a supportive adult reach out and offer them opportunities to connect with their culture and support them to engage in cultural practices would help to make them feel more connected. For youth in care, social workers can play important roles in facilitating cultural connectedness. All Indigenous youth should be provided with substantive and meaningful ways to (re)connect with their cultures and communities. Especially for youth in care, opportunities for Indigenous youth to understand who they are and where they come from need to be prioritized.[45]

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[44] First Nations Health Authority. (2017). *Overdose data and First Nations in BC: Preliminary findings*. Retrieved October 16, 2017 from https://www2.gov.bc.ca/assets/gov/overdose-awareness/fnha_overdosedataandfirstnationsinbc_preliminaryfindings_finalweb_july20.pdf

[45] Sandrina de Finney and Lara di Tomasso. "Creating Places of Belonging: Expanding Notions of Permanency with Indigenous Youth in Care." *First Peoples Child & Family Review* 10, no. 1 (2015): 71.

Culturally Relevant and Safe Services

Nearly all Indigenous youth who participated in the focus groups talked about a desire to have access to culturally relevant and safe substance use services. Indigenous youth suggested that substance use services should incorporate Indigenous culture and spirituality, and should involve community members who can introduce youth to their cultural practices and history.

In one focus group in an urban centre, Indigenous youth spoke about the importance of services having Indigenous staff, and of having non-Indigenous staff trained to work with Indigenous youth. Specifically, focus group participants suggested that if treatment centre staff did not share the same cultural background as youth in the program, it would be helpful for staff to ask the young person about their background, and find ways to incorporate traditional cultural practices into their treatment. Said one youth, *"It's preferred if staff have knowledge and background of where the kids came from so they're not generalizing, and having someone there who is First Nations so they're more comfortable."*

Preliminary analysis of information gathered for the update of youth substance use services that is underway found that the majority of service providers require staff to complete Indigenous cultural safety training; however, information on the content and extent of training received needs further exploration. Some services that do not require training are reported to be largely operated by Indigenous staff, while others do not require the training but recommend it to their staff.

Conclusion

This report highlights that substance use issues are not just rooted in individual mental health, knowledge and skills, but are influenced by multi-level risk and protective factors. It is difficult to change behaviour without influencing the environment in which the behaviour is taking place. Youth suggestions indicate that to reduce the magnitude of substance-related critical injuries and deaths, changes need to be made at interpersonal, community and cultural levels in order to support positive connections for youth who use substances.

To support youth to use coping mechanisms that promote their health and wellness, youth participants in this report frequently spoke about the importance of access to mental health supports at early ages. They noted that receiving services and support prior to adolescence would potentially help to alleviate issues, and address trauma, which they identified as a barrier to safer use.

In focus groups, youth highlighted the need for interpersonal connections, including both formal and informal supports. They spoke about the need for mentorship connections with caring adults who have lived experience with substance use. They also spoke to the importance of connections to relatable and non-judgmental counsellors to help them work through trauma or other root causes of substance use issues and cope with their experiences. Youth said that prevention and intervention services and supports that focus on fostering positive relationships can play an important role within their support network and lead to safer substance use.

Youth participants spoke to the importance of education and reported that enhanced substance services and supports in B.C. schools are needed to effectively support youth who use substances. Youth were clear about the need for schools to work with students who are struggling with their substance use, rather than suspending or expelling them. This may include increased one-to-one supports in the classroom and available youth mentors. They also believe that school-based substance use programming with accurate information about the spectrum of substances would help reduce stigma in schools and lead to safer substance use.

A key finding of this report is the need for foster care and group care that is attuned and responsive to the needs of youth who are using substances. In addition to this significant need, youth talked about the importance of youth-specific services and supports; this included youth shelters and affordable youth housing, supervised consumption sites, drop-in centres and recreation buildings, and substance use treatment programs. Youth also noted that these services should generally be readily available in the evenings, at night and on weekends. However, it is important to note that, even with increased availability, many youth reported that the only way to ensure that people can truly use substances safely is to legalize and regulate illegal substances.

Many Indigenous youth who participated in the focus groups spoke about a desire to have access to culturally relevant and safe substance use services. Practitioners and services can and should integrate Indigenous perspectives and ways of knowing, enhance cultural relevance through understanding diverse cultural practices and work towards becoming culturally safer. All staff working with Indigenous youth should have the knowledge, competence and self-awareness to provide services that are inclusive, safe and engaging for Indigenous youth. Further, culturally relevant substance use services need to be accessible to Indigenous youth to support their cultural connectedness and healing.

The barriers to safer substance use that youth identified are not unique to this report, as other studies and reports support the gaps that youth identified with respect to substance use services and supports. Youth who took part in the focus groups were eager to see how the feedback they provided might be used to inform policies, programs and services that impact youth who use substances. This interest, along with their honest and thoughtful feedback, underscores the need to ensure that young people, and specifically those in government care receiving other reviewable services, are included in any discussions relating to how to prevent substance-related critical injuries and deaths.

Recommendations

Early indications from information gathered on publicly funded youth substance use services currently available in the province suggest that there has been some modest improvement in services since the release of the Representative's 2016 report *A Review of Youth Substance Services in B.C.* For example, the expansion of community based and integrated services provided by Foundry program to additional sites is a heartening initiative. The re-establishment of the residential substance use treatment program, for young people ages 17 to 24, in Keremeos (Ashnola at the Crossing) – which had been closed for a few years – is positive, although most of the clients are young adults, not youth under 19. As well, the establishment of the inpatient Carlile Youth Concurrent Disorders Centre in North Vancouver is welcome.

However, a great deal more remains to be done to establish a comprehensive and truly responsive system of substance use services for youth. MMHA is committed to such a system, with the development and implementation of a Mental Health and Addictions Strategy. Given that the development of this strategy is well underway, the still outstanding recommendations made in RCY's 2016 report *A Review of Youth Substance use Services in B.C.* are not reiterated here. The Representative will be monitoring the implementation of the MMHA strategy and will use the updated inventory of currently available services included here as a baseline for assessing progress.

In developing its Mental Health and Addictions Strategy, MMHA must consider the perspectives of youth, as highlighted in this report. Youth clearly emphasized the need for a transparent, responsive, accessible and comprehensive mental health and substance use system. These values must underscore both the development and implementation of a transformed system to meet the diverse wellness needs of youth in B.C.

All of the youths' suggestions included in this report are valuable and worthy of consideration in any strategy to address substance-related harms. The Representative has decided to make recommendations to three of the ministries that hold a collective responsibility for supporting the health and wellness of youth who use substances. The recommendations listed below are unique to this report, are driven by youth voice, and will be monitored by the Representative.

Recommendation 1

While the Ministry of Mental Health and Addictions has consulted with youth in the development of its Mental Health and Addictions Strategy, working with youth to meaningfully shape the design and delivery of services must continue beyond the strategic planning phase. Youth must have an active role in shaping the operationalization of the Strategy and the evaluation of mental health and substance use services. The Ministry of Mental Health and Addictions must consider the diversity of youth who use substances (e.g., abilities, age, culture, gender, sexual orientation, income, housing status, geographic location, educational engagement and patterns of substance use), and ensure this diversity is represented among the youth providing input.

Recommendation:

That the Ministry of Mental Health and Addictions ensure that a commitment to youth engagement is embedded in its Mental Health and Addictions Strategy, that the engagement accounts for the diversity of youth who use substances, and that youth feedback informs the implementation and evaluation of all substance use services.

Recommendation 2

Youth focus group participants spoke to the challenges of finding information about available mental health and substance use services. RCY experienced similar challenges when gathering information on publicly available services for this report. To increase awareness of available mental health and substance use services across B.C., youth who use substances should be consulted about what service information they need and the best ways of presenting and sharing this information. Following the establishment of a central source for this information (e.g., an app or website), the information must be updated on an annual basis, at minimum.

Recommendation:

That the Ministry of Mental Health and Addictions, in partnership with the Ministry of Health, lead the creation of an accessible and youth friendly single source of information about all publicly funded substance use services available in the province.

The information source to be available by March 31, 2020, and updated annually, at minimum.

Recommendation 3

The intent of this recommendation is to build on previous RCY recommendations on mental health and substance use services.[46] While common themes emerged from the focus groups and surveys, there was also substantial diversity in responses that was reflective of the diverse needs of youth who use substances. In the design, implementation, and evaluation of all substance use services and supports, this diversity must be represented so that the system of services can meet the needs of all youth. In particular, the needs of all Indigenous youth must be represented. This includes ensuring that Indigenous youth have access to culturally relevant and safe substance use services that support their cultural connectedness and healing.

Recommendation:

That the Ministry of Mental Health and Addictions and the Ministry of Health – in association with other relevant partners – lead the development of, and ensure funding of, a comprehensive system of substance use services capable of consistently meeting the diverse needs of all youth in the context of the broader multi-sectoral continuum of care, with specific attention given to the development of culturally relevant and culturally safe services and supports for First Nations, Indigenous, Métis and Inuit youth and their families.

The health authorities have a comprehensive system of substance use services for youth in place by April 2022.

Recommendation 4

Youth focus group participants were clear that barriers to accessing harm reduction services increased their risk of substance-related harm. Youth who use substances need a full spectrum of services that support them to feel accepted and respected, regardless of their pattern of use. In the evidence gathered to inform this report, it is clear that for many youth this requires a commitment to increasing the availability of evidence-based harm reduction services. In particular, the Representative was struck by the need for accessible safe consumption sites for youth and how the absence of these spaces compromised their safety. In addition to making harm reduction supplies and training increasingly available, youth who use substances need access to spaces where they can use more safely. Youth who use substances in ways that would benefit from safe consumption sites should be engaged in consultations about how to design and implement these spaces in safe and accessible ways.

Recommendation:

That the Ministry of Mental Health and Addictions and the Ministry of Health lead the development of and implementation of a full spectrum of youth-specific harm reduction services, including the creation of youth-specific spaces for supervised consumption that is embedded within a system of wraparound services and supports.

The full spectrum of youth harm reduction services be in place by March 31, 2020.

[46] *A Review of Youth Substance Use Services in B.C.* (May 2016). *Missing Pieces: Joshua's Story* (October 2017).

Recommendation 5

Building from available materials on overdose awareness and naloxone kit training and access, the Ministry of Children and Family Development must provide more comprehensive training to foster parents around safer substance use. This training should be required for all foster parents working for the Ministry of Children and Family Development and Delegated Aboriginal Agencies who provide direct care to youth. Training objectives should include understanding the importance of cultivating empathy, patience and acceptance when caring for youth who use substances, while providing foster parents with the skills needed to have open and safe dialogue about substance use with youth. The training should consider the impact on youth from trauma and inter-generational trauma that resulted from colonial policies. To support the application of the training, the Ministry of Children and Family Development needs to ensure that the ministry's policies and practices support foster parents to implement the learning.

In addition, many of the youth who experienced substance-related injuries or deaths in 2017 were living in staffed residential resources at the time of the injury or death. MCFD is currently overhauling its system of contracted residential services. At this time, the following recommendation is focused on foster parents, however, RCY will continue to monitor the ministry's actions in the residential resource sector, ensuring appropriate training for staff in these agencies.

Recommendation:

That the Ministry of Children and Family Development, in partnership with the Ministry of Health and other relevant youth-serving organizations, develop a comprehensive training program for foster parents that addresses the context in which youth use substances and supports the development of skills to cultivate open and safe dialogue about substance use with youth.

The training program be finalized by October 1, 2019, with training for all foster parents to begin immediately thereafter.

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