

Keeping Up with the Evidence: Issue 3

Background

Highlights and references of recent publications related to HIV and other STBBIs, harm reduction, and other related work.

Youth, substance use and harm reduction

In this most recent issue of *Keeping Up with the Evidence*, we look at recent literature focusing on youth. Three of the four articles provided here are about studies conducted in British Columbia while the last one is from an American study. All articles highlight the highly complex nature of the issues that young people deal with and therefore, the necessity of developing adapted and flexible harm reduction strategies in providing them services.

Risk factors for hospitalization of street-involved youth (Chang et al., 2018)

Summary: A research team in Vancouver, BC, conducted a study named the At-Risk Youth Study (ARYS), which began in 2005. It was seeking to correct a lack of knowledge in relations to risk factors specifically associated with street-involved youth, acknowledging existing research regarding adult populations. As expected, the study finds results consistent with previous literature in that homelessness is associated with increased hospital use, and that longer hospital stays were also associated with increase in housing instability. A more specific finding is that similar associations are significant between mental illness and hospitalization, and substance use.

Implications: This study makes a case for the importance of considering housing situations and mental illness within harm reduction strategies. This provides further evidence to support initiatives taking a holistic approach which includes reducing barriers related to housing and access to youth-friendly mental health programming.

Link: <https://doi.org/10.1186/s12954-018-0223-0>

Reference: Chang, D. C., Rieb, L., Nosova, E., Liu, Y., Kerr, T., & DeBeck, K. (2018). Hospitalization among street-involved youth who use illicit drugs in Vancouver, Canada: a longitudinal analysis. *Harm Reduction Journal*, 15(1), 14. doi:10.1186/s12954-018-0223-0

Knowledge and possession of naloxone kits among street-involved youth (Goldman-Hasbun et al., 2017)

Summary: This article is another output from the ARYS project studying street-involved youth in Vancouver. It discusses the uptake of youth into the Take Home Naloxone program, as well as knowledge and possession of naloxone kits, noting that there exists evidence that younger people who use drugs are

less likely to access harm reduction services than older ones. The study found that there is a gap between the level of knowledge about THN and the actual possession of a kit, suggesting that while the programs are well received by youth (which is consistent with other studies), there remains obstacles as to youth obtaining the kits. In particular, non-Caucasian/white males and users of crack or cocaine were less likely to have kits.

Implications: Organizations participating in Naloxone kit distribution should be aware that further outreach may be necessary to take youth from being aware of the program to actually carrying a kit. Furthermore, that some at risk population may require further outreach efforts.

Link: <https://doi.org/10.1186/s12954-017-0206-6>

Reference: Goldman-Hasbun, J., DeBeck, K., Buxton, J. A., Nosova, E., Wood, E., & Kerr, T. (2017). Knowledge and possession of take-home naloxone kits among street-involved youth in a Canadian setting: a cohort study. *Harm Reduction Journal*, 14(1), 79. doi:10.1186/s12954-017-0206-6

Harm reduction strategies and youth substance use (Jenkins, Slemon, & Haines-Saah, 2017)

Summary: This article reports on yet another study conducted in the British Columbia lower mainland, titled Researching Adolescent Distress and Resilience (RADAR). It is a multi-site qualitative study providing youth perspectives on issues relevant to harm reduction. It provides a rich and nuanced portrait of the various reasons why the one-size fits all prevention strategies, often focused on abstinence, does not have the desired impact.

Implications: Not only does this article support the need to consciously adapt harm reduction strategies to youth and challenge abstinence-based strategies, it also highlights the fact that not all youth population are the same and that each site must seek to understand the perspective of its local youth in order to create adapted programming.

Link: <https://doi.org/10.1186/s12954-017-0180-z>

Reference: Jenkins, E. K., Slemon, A., & Haines-Saah, R. J. (2017). 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(1), 53. doi:10.1186/s12954-017-0180-z

Harm reduction and youth who use opioids (Marshall, Green, Yedinak, & Hadland, 2016)

Summary: Stepping away from the British Columbian and Canadian context, the last article is a comment from a group of American researchers regarding harm reduction strategies aimed at youth in the context of extra-medical prescription opioid use. It provides an overview of evidence supporting harm reduction in the context of the opioid crisis, of obstacles facing youth in regard to harm reduction, and provides suggestions towards better adapting harm reduction for youth. These include increase youth engagement, the recognition of youth-specific risk factors, the use of social networks, increased access to naloxone, and addressing stigma in schools, families and communities.



Implications: This article provides an overview of relevant literature as well as an articulate demonstration of the need to adapt services for youth. It also contributes with suggestions as to how strategies could be adapted, while leaving ample space for population and site-specific realities.

Link: <http://www.sciencedirect.com/science/article/pii/S0955395916000542>

Reference: Marshall, B. D. L., Green, T. C., Yedinak, J. L., & Hadland, S. E. (2016). Harm reduction for young people who use prescription opioids extra-medically: Obstacles and opportunities. *International Journal of Drug Policy*, 31, 25-31. doi:<http://dx.doi.org/10.1016/j.drugpo.2016.01.022>