THE STAKES OF STIMULANT USE, PSYCHOSIS, AND ANTIPSYCHOTIC TREATMENT AMONG YOUTH WHO USE DRUGS

a longitudinal qualitative and ethnographic study

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Introduction

- There are gaps in knowledge about how socio-material inequity and other forms of structural oppression intersect with young people's lived experiences of stimulant and other substance use, psychosis, and related interventions.
- Addressing these gaps may support efforts to transform the youth mental health and substance use treatment landscape so that it is more aligned with these young people's needs, priorities, and desires.
- In this paper, we look for, evoke, and unpack what can be gained and lost through substance use and antipsychotic treatment, to better understand psychosis witihin its socio-material contexts, including intersections of entrenched poverty, homelessness and unstable housing.

Methods

This study draws on longitudinal fieldwork and in-depth qualitative interviews with 116 youth who used drugs in the context of homelessness and unstable housing in Metro Vancouver, Canada. Youth were recruited from drop-in, treatment, and clinical settings across the city, where our team maintains a research presence and ongoing relationships with providers and youth. These were also sites of both qualitative interviews and ongoing fieldwork across the study period.

Results

"Slipping away"
Psychosis in the context of intensive stimulant use was routinely described by youth as a feeling of "slipping away" from more stable senses of reality. Youth also recalled "slipping away" as a diminished ability to form and maintain relationships, meet commitments (e.g., appointments), and keep social housing. These experiences could be deeply saddening and shocking, yet stimulant use that took youth to the very edge of "slipping away" was also often experienced positively in terms of social functioning (e.g., pursuing romantic relationships) and material survival (e.g., generating income). Youth attempted to balance the shifting demands and possibilities of stimulant use and mental health under the weight of structural pressures such as poverty and homelessness.

The psychopolitical landscape
Youth described navigating a care landscape where, in the context of a drug toxicity crisis and unprecedent deaths, they are frequently swept up in a nexus of mental health certification and antipsychotic treatment alongside other everyday forms of surveillance and control (e.g., regular appointments). Donotha, a 21-year-old transgender woman (ethnicity not disclosed), commented on the stakes of becoming drawn into this care landscape:

"The antipsychotic, [aripiprazole], is, like, a heavy tranquilizer. I need to be the opposite of that, to be able to get by, honestly. My stimulants [use] went up after [experiencing] the crash [from the aripiprazole injection]. But [my physician] is the only one who could change my mental health medication. I can't say no, or the cops will like come and drag me to the hospital to give me an [antipsychotic] injection, so..."

Youth sometimes welcomed and pursued mental health intervention as opportunities to sleep, stabilize emotions, quiet troubling thoughts, take a break from intensive substance use, and get a few days of respite from the everyday emergencies of poverty, homelessness, unstable housing, and addiction. However, for many, the negative impacts (e.g., feeling "tranquillized") meant that treatment could be highly contested and involve active modes of refusal and evasion.

Refusals
Young people's stimulant use, psychosis, and care trajectories were marked by moments of refusal. This included a refusal to stop using simulants and other drugs, take antipsychotic medications (or take them as prescribed), stay in the hospital, and attend appointments. Youth resisted losses of autonomy and self-determination – that is, the right to fully participate in healthcare and governance decisions that concern them – that could occur as they were swept up in the care landscape. They described a desire to work on their stimulant use and psychic stability on their own terms, beyond engagement with psychopharmaceutical treatment and hospitalizations. As Josephine, an 18-year-old Indigenous cisgender woman, put it: "I feel like there's so much more to life than just having to take medication." Youth's goals regarding experiences of psychosis and mania were not always focused on a "cure" or complete reprieve from symptoms, but on the palliation and reduction of symptoms. One participant expressed this as a desire to "just try to help put a lid on the mania, like, simmer it down a little bit."

Performing sanity under the gaze of systems
Youth described "playing along" and showing - often only transiently - that they could follow normative scripts of psychiatric treatment compliance and subjectivity, including care providers' expectations with regards to medication adherence and abstinence from or reduced substance use. Junior, a 19-year-old white cisgender man, shared: "I realized after a long time, it's about giving [care providers] the right answer." He reflected that if he had responded to providers' questions truthfully about his substance use and mental health, "I don't think I ever would have got out of there."

Conclusions

Providers should continually open up conversations with youth about their lived realities of substance use and psychosis alongside their broader desires for their lives and futures, working with youth both within and beyond the context of treatment.

Providers should work with youth to address immediate needs and safety concerns related to stimulant use and psychosis while at the same time asking about and meaningfully considering the social, structural, and material contexts that shape youths' substance use and medication adherence.