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Advancing youth-centred models of care for reducing opioid-related harms in British Columbia, Canada: Findings from a multi-methods program of research

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Background

- In British Columbia (BC), Canada, harms attributed to non-medical opioid use have increased among youth (aged 12-24) and fatal opioid-related overdoses are now the leading cause of unnatural death among those younger than 19 years of age.[1]
- To curb these harms, it is imperative that youth receive timely access to mental health and substance use services.
- The **overall objective** of this program of research was to advance youth-centred models of care for reducing opioid-related harms.

Study 1: Focus on Early Intervention

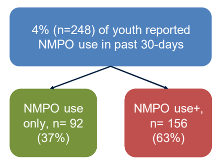
Study 1 Aim: Identify opportunities for earlier intervention of non-medical opioid use among youth[2]

Quantitative Methods

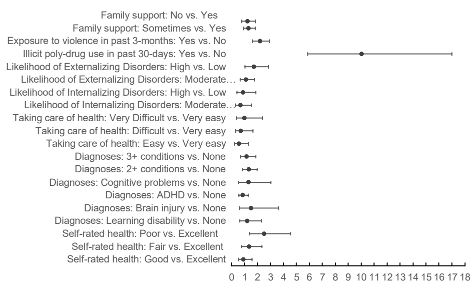
- **Design:** Secondary analysis of data collected from youth (n=6181) accessing a novel network of Integrated Youth Services (IYS) in BC between May 1, 2018, and January 31, 2022.
- **Measures:** Clinical and patient reported outcome (PROs) measures, voluntarily completed by a self-selected group of youth at intake. Youth could opt out of the survey without it impacting their care and questions could also be skipped.
- **Analysis:**
  - **Multivariable logistic regression** determined the social-ecological factors[3] associated with past 30-day non-medical prescription opioid (NMPO) use.
  - **Multivariable Poisson regression** tested the relationship between NMPO use and rate of service visits.

Study 1: Key Findings

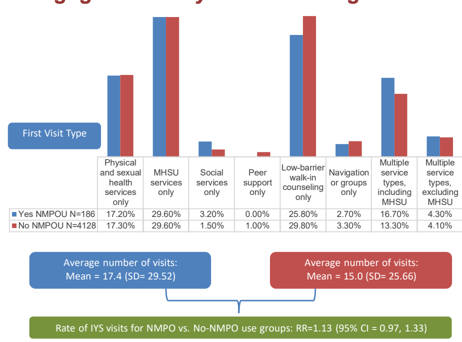
Among youth who reported NMPO use, 63% reported NMPO use alongside other substance use.



Youth using NMPOs present to IYS with complex health and social needs.



Youth using NMPOs have similar patterns of IYS engagement as youth not using NMPOs.



	Physical and sexual health services only	MHSU services only	Social services only	Peer support only	Low-barrier walk-in counseling only	Navigation or groups only	Multiple service types, including MHSU	Multiple service types, excluding MHSU
Yes NMPOU N=186	17.20%	29.60%	3.20%	0.00%	25.80%	2.70%	16.70%	4.30%
No NMPOU N=4128	17.30%	29.60%	1.50%	1.00%	29.80%	3.30%	13.30%	4.10%

Study 2: Focus on Opioid Agonist Treatment

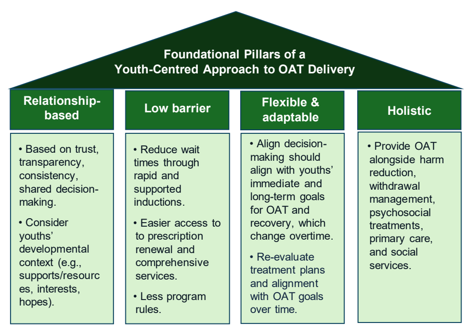
Study 2 Aim: Inform development of a youth-centred model of care for opioid agonist treatment (OAT).

Qualitative Methods

- **Design:** A multi-phase project (April 2022-March 2025).
  - **Phase 1:** Scoping review of evidence-based interventions for youth using non-medical opioids[4].
  - **Phase 2:** Expert interviews[5] with individuals in BC who have experience accessing or delivering OAT to youth, including youth (n=5), caregivers (n=4), service providers (n=5), and decision-makers (n=2).
  - **Phase 3:** Validation of draft model of care for youth-centred OAT (ongoing).

Study 2: Key Findings

There are four foundational pillars of a youth-centred model of care for OAT delivery.



There are eight attributes of a youth-centred model of care for OAT delivery.

Attribute of OAT Delivery	Recommendations for a Youth-centred Approach to OAT Delivery
Monitoring OAT quality and success in research, practice, and policy	Regularly check in with youth about their OAT goals and the benefits and challenges of engaging in OAT over time
Service providers' characteristics and skills	Establish and maintain a trusting, supportive, and collaborative relationship with youth
Medication decision-making	Present youth with a menu of medication options and discuss the risks, benefits, and alternatives
The OAT induction process	The induction process should be youth led, rapid, and supported
Comprehensive care and services	Deliver OAT as part of a comprehensive care approach to non-medical opioid use
The OAT tapering process	The tapering process should be collaborative, supported, and flexible to avoid discomfort, pain, and non-medical opioid use
OAT delivery settings	OAT should be delivered in settings that are low barrier, non-judgmental and that create a sense of community and connection
Considerations for Caregivers/Family Members	Empower and support caregivers when they are supporting youths' engagement with OAT

Conclusions

- Youth-centred models of early intervention and treatment must respond to the underlying socio-structural and health factors that affect youths' non-medical opioid use initiation and progression.
- Comprehensive care models, such as primary care-based opioid use services or Integrated Youth Services, may present an opportunity for screening, early intervention, and continuity of care.
- Further research is needed to monitor implementation and effectiveness of comprehensive care models for youth.

References

(1) BC Coroners Service. Youth Unregulated Drug Toxicity Deaths in British Columbia 2019-2023. Victoria, BC: BC Coroners Service; 2024.
(2) Guarino H, et al. 2018; DOI: 10.1016/j.addbeh.2018.04.017.
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(4) Marchand K, et al. 2024; DOI: 10.1016/j.jadohealth.2024.07.013.
(5) Döringer S. 2020; DOI: 10.1080/13645579.2020.1766777.

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This research takes place on the stolen, traditional, and ancestral lands of the Coast Salish Peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səl̓ílwitulh (Tsleil-waututh) Nations.

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