



WORKING ON SHORT TIME HORIZONS CAN CONTRIBUTE TO BETTER OAT ADHERENCE AMONG YOUTH EXPERIENCING STREET ENTRENCHMENT

BACKGROUND & METHOD

- Canada's overdose crisis continues to worsen and is having devastating effects on vulnerable youth.
- While Opioid Agonist Therapy (OAT) has become a cornerstone of the public health response to the crisis, debates continue about the acceptability, appropriateness, and effectiveness of OAT for youth who use opioids, as well as for polysubstance using youth and those with concurrent substance use and psychiatric disorders.
- Between March 2017 and February 2019, 12 health care practitioners and 40 young people between the ages of 17 and 26 were interviewed to investigate perspectives on OAT for youth experiencing street entrenchment.

QUICK FACT

MANY YOUTH VIEWED LONGER-TERM ADHERENCE TO OAT AS INCOMPATIBLE WITH THE "NORMAL" FUTURES THAT THEY IMAGINED FOR THEMSELVES.

FINDINGS

- ***"[If] I get my shit together right now.... I can still have a future, right?"*** Many youth viewed longer-term adherence to OAT as incompatible with the "normal" futures they envisioned for themselves, which often included complete abstinence from all substance use, including OAT.
- ***"After that [conversation] I was just like: destruct."*** As many young people viewed complete abstinence as their ultimate goal, they tended to find it distressing when they were told that they have a "chronic, relapsing" condition.
- ***"I need that extra happiness."*** Some youth who engaged with OAT as a treatment strategy did so for a variety of reasons beyond resolving OUD: namely, to manage longstanding pain and mental health issues.
- ***"Just try this for the next month to see how your life falls into place...."*** Youth experienced better health outcomes when they were actively involved in discussing the kind and duration of pharmacotherapy that would work best for them, and when conversations about OAT initially occurred on shorter time horizons.

IMPLICATIONS

- "Chronic, relapsing disorder" messaging, while in some contexts destigmatizing, should be used with caution with youth; health care workers can instead initially work with youth on making treatment decisions in the shorter-term or on a trial basis (e.g., developing a 2-week or 1-month plan with flexibility built in as needed).
- Clinicians should open up conversations with youth about their mental and physical health, as well as their substance use, in order to identify the most appropriate interventions and OUD treatment plan.
- Many youth have well-developed ideas about what kind of treatments will work best for them, why, and on what timeline; providers should regularly elicit these understandings and involve youth in decision-making about their own care.

Giang, V., Thulien, M., McNeil, R., Sedgemore, K., Anderson, H., & Fast, D. (2020). Opioid Agonist Therapy Trajectories among street entrenched youth in the context of a public health crisis. *Population Health*, 11, 1-14. [doi:10.1016/j.ssmph.2020.100609](https://doi.org/10.1016/j.ssmph.2020.100609)