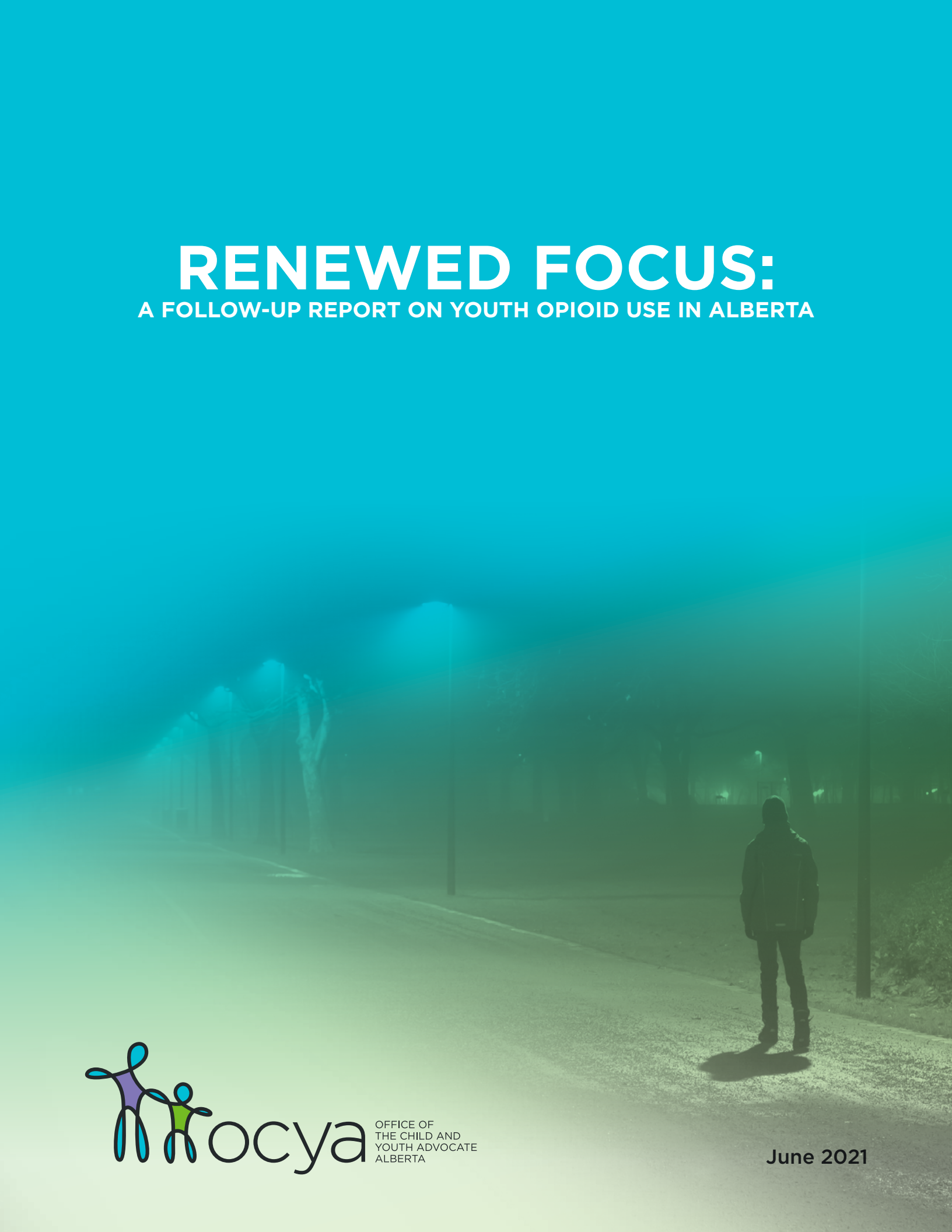
RENEWED FOCUS:

A FOLLOW-UP REPORT ON YOUTH OPIOID USE IN ALBERTA



ocya
OFFICE OF
THE CHILD AND
YOUTH ADVOCATE
ALBERTA

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Message from the Advocate

In 2018 I released Into *Focus: Calling Attention to Youth Opioid Use in Alberta*. Since the release of that report, the number of young people dying by opioid poisoning has increased. I remain committed to speaking on behalf of vulnerable young people, and felt it was necessary to write a follow-up report. Under my authority and duty as identified in the *Child and Youth Advocate Act*, I provide *Renewed Focus: A Follow-Up Report on Youth Opioid Use in Alberta*.

I first want to thank the young people who have been involved in this report. They shared their stories and experiences with the hope that things could be different for other young people, families, and communities. I would also like to thank the many stakeholders that shared their knowledge and practice wisdom with us. Knowing there are so many dedicated professionals, community members, and families across our province advocating for young people assures me that together we can create change.

The 2018 *Into Focus* report made five recommendations to the Government of Alberta. Over the last few years there has been some progress on each of these recommendations. Despite these efforts, young people continue to die by opioid poisoning at alarming rates, and it appears these numbers will continue to rise. The death of each of these young people is a tremendous loss – to their families, friends, and communities who loved them and are impacted by their death. Each loss reinforces the need for governments and communities to work together to develop youth-specific approaches to addressing this issue.

It is my belief that we can – and must – respond to this issue with urgency and determination. I sincerely hope the recommendation made in this report is quickly acted upon, so no additional lives are lost.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate

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Executive Summary

In 2018, our office released *Into Focus: Calling Attention to Youth Opioid Use in Alberta*, looking into the deaths of 12 young people who died from opioid poisoning between October 2015 and September 2017. The report brought attention to the need for a youth-specific response to the opioid crisis. Five recommendations were made to various ministries and agencies related to substance use prevention and intervention. While some progress has been made, these recommendations have not yet been met.

Renewed Focus: A Follow-Up Report on Youth Opioid Use in Alberta explores what has changed since 2018. Far from improving, the opioid crisis has worsened. An increasingly toxic and unregulated drug supply, combined with persistent gaps in prevention, intervention, and recovery supports, is endangering Alberta's young people. The grim reality is that our young people are dying in even greater numbers today than when we brought this issue into focus nearly three years ago.

We met with young people, family members, professionals, and community members to find out what is working and not working to address youth opioid use, as well as what more can be done. We learned of the hard work happening within Alberta's communities to respond effectively and compassionately to youth substance use. While the suffering of young people, the heartbreak of families, and the devastation of communities is overwhelming, the problem is not insurmountable.

While the opioid crisis affects individuals and families across our province, some communities face particular challenges. It is essential to reflect these distinct realities in community-led responses to youth substance use. The Indigenous communities we spoke with showed us that we have much to learn about the realities they face as well as their innovative approaches to addressing the opioid crisis.

It is critical we take urgent action so that all young people receive timely access to a full continuum of individualized, youth-oriented, and evidence-based services that respond to their unique developmental needs. This includes effective school-based substance use education tailored to the diverse needs and circumstances of young people as well as investment in robust prevention and early intervention. Harm reduction, a spectrum of treatment options, and holistic ongoing supports to maintain recovery have to be readily accessible to all young people, including those with complex needs. Young people also need to be supported through the involvement of family and community. The actions identified in the review of *Protection of Children Abusing Drugs* (*PChAD*) should be implemented.

We are making one new recommendation. The Government of Alberta with leadership from the Ministry of Health, should establish a dedicated body such as a panel, committee, or commission to develop and support implementation of a youth opioid and substance use strategy.

These are our young people. They have the right to the supports and opportunities needed to succeed in their lives and communities.

Introduction

ARTICLE 33: "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances..."

– United Nations Convention on the Rights of the Child (UNCRC) [1]

The opioid crisis significantly impacts young people. We heard that children and youth are using substances at an earlier age – as young as 10 years old. During the COVID-19 pandemic, there has been an increase in mental health concerns and substance use for young people across Canada. The grim reality is that young people are endangered by an unregulated drug supply that is increasingly toxic. This can result in accidental opioid poisoning. Young people do not know the strength of the substance they are taking or that the substance may contain opioids. Although our report looks specifically at opioids, we are concerned about all substance use.

Young people in all communities are impacted by the opioid crisis. However, it is important to recognize some groups are disproportionately affected. For example, in Alberta, rates of apparent accidental opioid poisoning deaths were three times higher among First Nations people compared to non-First Nations people.[2] Communities are developing their own solutions to respond to the crisis. There is a wealth of innovation and traditional healing knowledge among Indigenous peoples which has long sustained and strengthened individuals and communities, and which continues to bring hope and healing to them.

During the consultations for this report, we heard from young people, families, professionals, and community members who shared their heartbreaking losses of family members and friends.[3] We heard stories of suffering and opportunities missed: accounts of young people using substances to cope with the weight of personal and intergenerational trauma; young people whose self-worth and motivation to change was limited by the burden of stigma and feelings that no one believed in them; and those who made it through the long road of detox and treatment, only to be left on the other side without the ongoing supports they needed to sustain their recovery. Tragically, we learned of overdose deaths that followed periods of being clean and sober or happened after a young person was turned away from treatment.

We've definitely seen opioid addiction. And if it's the community's experience, it's mine too because a community can feel a heartbreak – "We lost this person," *together we lost this person.*

Young Person

The problem is severe, but not insurmountable. Although there is much work to be done, it is encouraging to see the commitment and effort throughout our province to address substance use among young people through prevention, intervention, and recovery supports. While we acknowledge these frontline and policy level efforts, the ongoing crisis makes it clear that more action is necessary. It is critical that we work together to create greater safety for young people and support them in building lives they find fulfilling and hopeful. There may be different schools of thought and different approaches taken, but there is a common goal: to see young people, healthy and well, flourishing in their families and communities. By working together, being guided by evidence, drawing on the wisdom of experience, and staying rooted in compassion – that goal can be reached.

Opioids: Are a class of drugs that include heroin, synthetic opioids such as fentanyl and carfentanil, as well as prescription pain relievers such as oxycodone, codeine, and morphine.[4]

Background

In 2018 our office released *Into Focus: Calling Attention to Youth Opioid Use in Alberta*. This report identified five key areas related to the prevention and intervention of substance use, including opioid use by young people.

Into Focus examined the experiences of 12 young people who died from opioid poisoning between October 2015 and September 2017. Each of these young people was involved with Child Intervention Services when they passed away or had received services within two years of their death.

There were five recommendations made in this report:

1. Alberta Education and local school authorities should increase the level of health promotion and age-appropriate substance use education in curriculum from elementary through high school.
2. Child-serving ministries should have appropriate substance use intervention training to increase the capacity and knowledge among direct-service professionals to ensure young people get the right services at the right time. This should be part of the provincial youth strategy.
3. Alberta Health Services should strengthen their substance use related interventions for young people. Special attention needs to be given to interventions specific to youth opioid use and to services for young people with co-occurring issues of mental health problems and/or cognitive disabilities.
4. Alberta Health Services' Youth Addictions and Mental Health programs should have a more inclusive practice of involving families and significant individuals, with specific attention to substance use prevention and treatment for young people.
5. The Ministry of Health should undertake a review of the *Protection of Children Abusing Drugs* (*PChAD*) *Act* and its policies, so the related services better meet the needs of young people and their families.

Opioid Related Deaths of Young People

ARTICLE 6(1): "States Parties recognize that every child has the inherent right to life."

– UNCRC [5]

Opioid related deaths among young people, under 25, have remained high in our province over the last four years.[6] They reached a high of 84 deaths in 2017, a concerning escalation which was captured by *Into Focus*. In 2018 and 2019, deaths among young people under 25 continued to occur at an alarming rate, but the trend showed signs of hope. Fatalities among young people under 25 were starting to decrease. Sadly, 2020 showed the reverse. For young people under 25, the previous peak of 2017 was surpassed with 95 fatalities in 2020. For the first two months of 2021, the fatalities reported are 22. If they continue at this rate, we are on track to surpass 2020 numbers.

Figure 1. Total number of deaths related to accidental opioid poisoning among 0–24 years old in Alberta from 2016 to 2020[7]

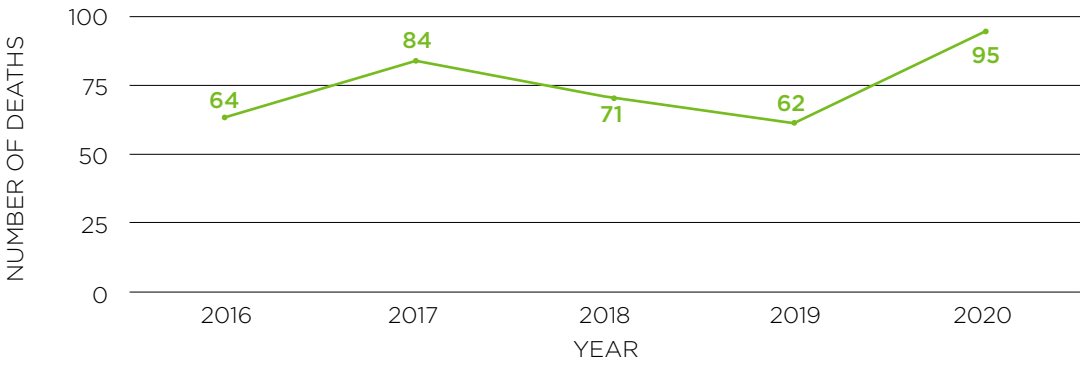
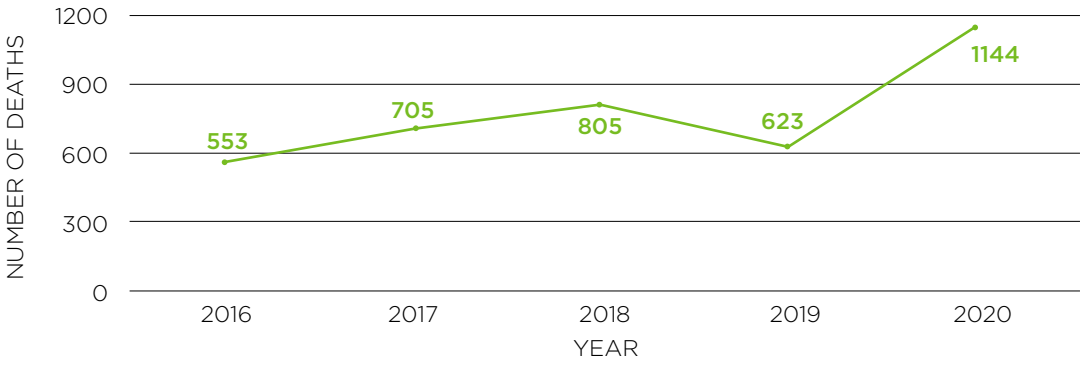


Figure 2. Total number of deaths related to accidental opioid poisoning for all ages in Alberta from 2016 to 2020[8]



Opioid Related Deaths of Young People Within Child Intervention Services

Our office receives mandatory notifications of deaths of young people who were receiving child intervention services when they passed away or had received services within two years of their death. Since the release of *Into Focus*, 22 notifications were received for opioid-related deaths.

Table 1. Demographics and child intervention status at time of passing from June 26, 2018 to March 31, 2021

	NUMBER OF NOTIFICATIONS (N = 22)	PERCENTAGE
Sex		
Male	**7**	**32%**
Female	**14**	**64%**
Transgender Female	**1**	**4%**
Age		
12–17 years	**5**	**23%**
18+ years	**17**	**77%**
Ethnicity		
Indigenous	**12**	**55%**
Non-Indigenous	**10**	**45%**
Child Intervention Status		
Custody Order	**1**	**4%**
Previous Involvement	**10**	**46%**
Support and Financial Assistance Agreement (SFAA)	**11**	**50%**

Ninety-six per cent of these young people were under a Support and Financial Assistance Agreement (SFAA) or did not have current involvement with Child Intervention Services. Seventy-seven per cent of young people were eighteen years and older, suggesting that fatalities are occurring mostly among young adults. This highlights the importance of providing supports specifically for young adults.

About This Report

We started this follow-up report with blessings from Elders in Treaties 6, 7, and 8. It was important that we started this process in a good way, and we are thankful for their guidance, support, and prayers. We also engaged with young people who shared their direct and indirect experience with opioid use. We engaged community stakeholders across Alberta, including staff from non-profit and youth-serving agencies, and provincial government ministries and agencies (i.e. The Ministries of Health, Education, Children's Services, and Justice and Solicitor General, as well as Alberta Health Services).

Table 2. Number of participants in interviews, focus groups, and surveys

PARTICIPANTS	NUMBER OF PARTICIPANTS
One-on-one Interviews	
Young people	**7**
Community stakeholders	**23**
Total	**30**
Community Engagement (17 Focus Groups)	
Young people	**5**
First Nations and Métis communities	**33**
Community agencies	**11**
Provincial government ministries	**13**
Alberta Health Services	**16**
Total	**78**
Surveys	
Young people	**8**
Stakeholders	**60**
Total	**68**
Grand Total	**176**

"The youth want to be listened to. To be given choices instead of rules and regulations. They should be able to play a big part in their life plan. Giving them the responsibility to own themselves and their life and choices that they make. Praise and encouragement goes a long way."

Métis Elder

"Ancestral connections are so important for our youth. Their connection to their past is rightfully theirs. This connection helps our young people survive today's adversarial challenges and environments, and will help them survive their current experiences they are in."

Treaty 7 Elder

Indigenous communities showed significant interest and concern in how opioid and substance use are impacting their young people. They shared the unique challenges affecting their particular communities as well as their visions for the path forward. We have much to learn from Indigenous communities about the distinct realities they face as well as their innovative approaches to addressing the opioid crisis.

What We Heard

Health Promotion

***Into Focus* Recommendation 1**: Alberta Education and local school authorities should increase the level of health promotion and age-appropriate substance use education in curriculum from elementary through high school.

OCYA Public Evaluation (as of September 2020): Significant progress

ARTICLE 23: "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions."

– United Declaration on the Rights of Indigenous Peoples[9]

Consistent with recommendation 1 from *Into Focus*, it is still necessary for substance use education to be part of school curriculum at an early age. Young people and stakeholders talked about the important role of education in reducing stigma and increasing public awareness. There needs to be age-appropriate curriculum from elementary through high school. This is essential to help young people make informed decisions about substance use.

"...there's a lot of education out there in the schools about drug use and I think that's going really well. I think they really did a nice job about the posters, the workshops, the information, the support line. That doesn't stop kids in Children's Services. One because they're not in school in the same way. So those kids that are always under Children's Services, they don't reap the benefits in this way."

Stakeholder

We heard that while current substance use education can be appropriate for some young people, it is not as effective for those who are high-risk or have complex needs. This education should be tailored to the needs of these young people and include efforts to support their participation in school. The importance of culturally based approaches was also raised. It is vital communities be involved in identifying their own needs and how to meet them. For example, in many instances, children may need this education earlier because exposure to substance use and addiction may be part of their daily reality.

Obtaining guardian consent was identified as a barrier to receiving substance use education in school, emphasizing the need for this to be part of curriculum. Several young people and stakeholders stated this education needs to be more than teaching "Just say no." It needs to include the realities and impacts of drug use through individuals sharing their lived experience.

In addition to the importance of substance use education, we heard that the education system plays an important role in identifying and addressing the issues faced by young people. School-based resources are an essential pathway to connect young people to supports around complex needs, mental health and addictions, and basic needs. Furthermore, schools provide opportunities for social and recreational activities that contribute to healthy development. It is critical that these resources within the education system are maintained and expanded.

"Often the kids that need that information the most, are not the kids who are listening and in school that day.... The way the message is sent out is for the most skilled kids, not the least skilled kids, in learning or in coping...Really what you need is individual responses to people's behaviour...That are easy to implement, small steps, recognizing that a bunch of these same kids have [fetal alcohol spectrum disorder] ..."

Stakeholder

Taking groups of teens to see firsthand what drug use can turn into. You don't think it's going to happen to you. The hands-on experience shows you "Wow, I don't want to be there."

Young Person

"Another thing that is working is the presentations that they have at school. [Not the ones that say] 'This is going to happen, don't do it.' But the one we went to .... showed us the reality of how it slowly creeps up on you and how it affects families and not just one person."

Young Person

Intervening Early

***Into Focus* Recommendation 2**: Child-serving ministries should have appropriate substance use intervention training to increase the capacity and knowledge among direct-service professionals to ensure young people get the right services at the right time. This should be part of the provincial youth strategy.

OCYA Public Evaluation (as of September 2020): Significant progress

ARTICLE 25(1): "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services…"

– Universal Declaration of Human Rights[10]

Since the release of the report in 2018, training related to substance use, mental health, or trauma has been developed or implemented by the Ministries of Children's Services, Education, Health, and Justice and Solicitor General, as well as Alberta Health Services. Awareness, education, and training for child-serving professionals has come a long way. Several stakeholders indicated they received training on substance use as well as on **naloxone**. Even though some stakeholders received this training, we also heard from some stakeholders who are not allowed to administer naloxone. They expressed this is a barrier to providing life-saving care for young people. In early 2021, Children's Services implemented training for staff on opioid use. Although education and training on opioid use and harm reduction is in place, more is still needed.

Naloxone (also known as Narcan®): A medication that temporarily reverses or blocks the effects of an opioid poisoning or overdose.[11]

It is equally important for youth-serving staff to share their knowledge by educating young people about supports available in the community as part of safety planning, which includes accessing addiction and mental health services and teaching them how to access and use naloxone.

"Our program also has the ability to administer Narcan® and teach our young people how to use that…we're now able to train young people and their peers how to use this effectively…"

Stakeholder

Young people and stakeholders talked about the importance of addressing root issues and risk factors (e.g. homelessness and mental health) in the prevention and early intervention of substance use.

Many recognized the link between trauma and substance use, as well as the negative impact of intergenerational trauma on connection with self, family, community, and culture. Young people and stakeholders shared adverse experiences that led to substance use, such as poverty, homelessness, domestic violence, deaths of loved ones, sexual exploitation, and gang involvement. Although there is greater awareness about the impacts of trauma, full implementation of trauma-informed care that is reflected in practice is critical for creating safe healing environments for young people.

Young people transitioning out of care were identified as an especially vulnerable group. They often reach legal adulthood without having had the opportunity to learn key life skills and may be abruptly cut off from essential financial and social supports. We heard that these supports need to continue post-18 to help ensure young people's stability and well-being. Young people need to know that these services are available and how they can access them.

"When I think about these young people and I think about their disconnect and I think about the environment in which they find themselves in….Knowing that these adverse childhood events are what get them to the opioid addictions, to the long-term street, to the human trafficking…and then maybe going through those child welfare systems and not feeling the love that they're looking for and then disconnecting from their self…to survive those environments. And the trauma, loss – loss of family, loss of connection, loss of hearing the language…this reconnection journey that needs to occur….We're missing the boat on it."

Stakeholder

"It's still quite disheartening to see especially when I think of two kids I have in mind who I worked with from 16–18…. [They were] never addicted. [They] never had such significant mental health concerns. And just the change in them. Both are now 25+, very addicted to substances, their mental health has not been addressed. And so I often think – if more was done when they had those resources in Children's Services to address their mental health and look at that from a harm reduction lens, not just close their file because they aren't engaging or whatever reason, would we still be here today at 25 with those kids?"

Stakeholder

As part of prevention and early intervention, some emerging practices include providing key supports (e.g. housing, income, and employment) to address risk factors. For example, there are youth-specific programs in Alberta that provide housing and supports to prevent young people from becoming entrenched into homelessness and street life. We heard about the benefit of culturally based programming for young people that focuses on employment and life skills. Connections to natural and cultural supports were highlighted as essential. Elders, Knowledge Keepers, and other cultural leaders who provide compassionate mentorship were also identified as critically important.

"Working upstream should be our core practice but it's hard to get funding for prevention…That upstream piece is such an important part of preventing opioid deaths later on."

Stakeholder

Spectrum of Interventions

***Into Focus* Recommendation 3**: Alberta Health Services should strengthen their substance use related interventions for young people. Special attention needs to be given to interventions specific to youth opioid use and to services for young people with co-occurring issues of mental health problems and/or cognitive disabilities.

OCYA Public Evaluation (as of September 2020): Significant progress

ARTICLE 24: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

– UNCRC[12]

We heard about factors that facilitate access to treatment interventions. What is working are youth-serving programs that "walk alongside" and "meet young people where they are." For example, transporting and accompanying young people to residential addiction treatment centres and providing youth-oriented programming, drop-in groups, and outreach services (e.g. mobile addiction counsellors). These are effective ways of connecting young people to services and supports. Increased conversations with young people about substance use are helping reduce stigma, encouraging safer use, and helping young people access appropriate services when they are ready. Furthermore, youth-serving agencies and staff who are caring, compassionate, and non-judgmental can develop positive relationships with young people that help them access appropriate treatment services and supports.

"I'm really proud of myself from where I've come and that I could share that.... There is life afterwards. ...It can be done with the right people and the right things...It's just a long journey, but it can be done."

Young Person

Overall, community consultations expressed that flexible and creative approaches are imperative to respond to the unique needs and circumstances of young people. Discussions highlighted that the most effective interventions are longer in duration, offer a continuum of services, integrate culturally based and trauma-informed care approaches, and are individualized to the needs of young

people. Moreover, interventions should be evidence-based and informed by the voices of those with lived experience. Kinship networks and community were also recognized as integral to nurturing a positive sense of personal identity and belonging needed to address root causes of substance use. Young people and stakeholders emphasized that connection to culture helped in the recovery and healing journey.

> "Culture. Reaching out to Elders. Listening to their stories.... I listen to all these stories. One of the reasons why I'm glad I'm sober now is I remember one of the Elders tell me "You've got to listen" ...So I had to have the mindset to keep moving forward."
>
> **Young Person**

We learned of community-led innovative responses to address the opioid crisis. For instance, approaches that are comprehensive, offer a spectrum of services, and integrate Indigenous teachings and culture are particularly beneficial (see Appendix B for "Bringing the Spirit Home").

In 2018, our *Into Focus* report identified serious gaps and barriers in substance use related interventions. Despite identifying these issues three years ago, we continue to lose young people because their needs are still not being met. Young people and stakeholders discussed limited availability of **detox** and **treatment** spaces. Because of limited space, it is often only young people in dire need who can access detox. In addition, young people who want treatment may face wait times of over three months. We heard that all too often, by the time a treatment space is available, young people may no longer be ready and the window of opportunity has been missed. There needs to be immediate access to both detox and treatment space.

Detox (detoxification): A facility that provides withdrawal management to ensure a person safely removes a substance 'out of their system.' Detox facilities may include the support from medical interventions and typically provides discharge planning.[13]

Treatment: It is intended to help individuals with substance use disorder (SUD) to stop compulsive substance seeking and use. There is a variety of evidence-based approaches to treat SUD including behavioural therapy (e.g. cognitive-behavioural therapy), medications, or their combination. Treatment can be delivered in the community or residential setting and offered as group or individual therapy.[14]

Substance use disorder (SUD): A chronic condition in which a person regularly uses drugs and/or alcohol despite continued negative consequences such as issues with physical and mental health, finances, work, and relationships.[15]

Other barriers for accessing treatment include requirements for abstinence, "readiness" for treatment, stigma around youth substance use, meeting program criteria, and non-compliance with program rules. We heard of young people being left without urgently needed services, such as detox, treatment, or housing, after they were excluded from programs because of their complex needs, such as having cognitive impairment (e.g. fetal alcohol spectrum disorder) or a history of violence.

Further, young people frequently struggle to access treatment within their home communities, sometimes having to travel across and even outside the province, highlighting the need for community-based services. There is also a shortage of stable housing to support young people through detox, addiction treatment, and recovery. We heard that insufficient aftercare supports can compromise young people's recovery. Intervention and recovery services have to be available for all young people across the continuum of care, including young people whose high-risk circumstances and complex needs require more intensive supports.

"...a lot of times when our young people leave treatment, they don't go door-to-door from treatment to housing... A lot of our young people return to the streets, shelters, and don't have the ability to then continue on their treatment...it's hard to get into treatment and it's hard to come out without having a stable home."

Stakeholder

A gap in services continues to exist for young people with co-occurring addiction and mental health issues. We often heard of circumstances where young people were denied mental health services because of their substance use, and yet they were unable to access addiction treatment because their mental health was not stable. Therefore, there is a need for intervention services that can deal with addiction and mental health issues at the same time. Another gap is that youth-specific services and supports are limited. There needs to be more services directed towards young people under the age of 18, as well as young adults (e.g. 18–24 years). The unique developmental needs of each age group has to be recognized.

ARTICLE 25: "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation."

– Convention on the Rights of Persons with Disabilities [16]

MEDICAL TREATMENT

We learned that medical treatment is an essential part of the continuum of care. This includes interventions such as **opioid agonist treatment** (e.g. **Suboxone®**) and **injectable opioid agonist treatment**. We heard that these medications minimize harm, save lives, and create stability for young people. It is imperative that decisions about medical treatment be based upon scientific evidence and best medical practices. For example, the *Treatment of Opioid Use Disorder for Youth Guideline Supplement*[17] outlines best practices. Availability of medical treatment must continue and be expanded.

> "I got into opioids in 2018, I was super depressed and coming off of meth … I'm now 41 days sober and on Suboxone®. It saved my life. I was sad for so long and became [addicted] at 21, I'm 23 and on Suboxone® hoping I stay sober forever."
>
> **Young Person**

Opioid use disorder (OUD): Chronic use of opioids that is associated with increased levels of morbidity and mortality rates.[18]

Opioid agonist treatment (OAT): Safe and effective long-term treatment by prescribing oral medication such as Suboxone® for people who have OUD to prevent opioid withdrawal and reduce cravings. Treatment works best when provided together with other supports such as counselling.[19] [20]

Suboxone®: Long-acting medication that can relieve opioid withdrawal symptoms and cravings for 24 hours or longer.[21]

Injectable opioid agonist treatment (iOAT): Safe and effective long-term treatment for people with serious OUD who inject opioids who may not benefit from OAT.[22] iOAT requires a multidisciplinary care approach in which a person receives appropriate primary care, addiction treatment, mental health, counselling, and other supports (e.g. housing).[23]

HARM REDUCTION

Harm reduction refers to policies, programs, and practices that aim to reduce risks and harm that can be associated with the use of psychoactive substances. It acknowledges that abstinence is not always a realistic goal for some people. It is about meeting people where they are and identifying the goals they wish to achieve based on their individual needs and circumstances.[24]

There is overwhelming support for **harm reduction**. It is widely understood to be an essential part of the continuum of care required to meet young people at varying stages of substance use. Harm reduction aims to minimize the negative effects of substance use. It helps young people stay safe until they can access treatment and ensure that if, and when, a relapse happens after treatment, it is less likely to be fatal. Specifically, naloxone is widely recognized as an essential life-saving intervention. **Supervised consumption sites** (SCSs) are seen as an important service but are currently designed for adults. We heard that often young people do not access SCSs because they find them intimidating and adult focused. There is a need to create SCSs that provide a range of supports that are flexible enough to accommodate the needs of young people, such as youth friendly spaces and mobile sites.

Supervised consumption sites (SCS): A place where people can use drugs in a monitored, clean, and safe environment to reduce harm from substance use while offering important health and social services such as counselling, social work, and opioid-dependency treatment.[25]

We learned that service providers can build vital relationships with young people by using a harm reduction approach. These caring and compassionate relationships are life sustaining. They build bridges that connect young people to treatment and other services that can help them towards recovery. Harm reduction provides second chances to meet the needs of young people who have slipped through the cracks. Simply put, harm reduction is a lifeline. Not only can it provide the immediate, lifesaving measures that are urgently needed in this time of crisis, harm reduction also opens a door into **recovery**.

We also heard clearly that harm reduction alone is not sufficient, and that young people deserve to have their needs met with a robust range of services, including mental health care, treatment, and supportive housing. We heard concerns that the solution to youth opioid use cannot depend only upon harm reduction, because it is unable to address the underlying causes that create addiction. We recognize the truth of this. These perspectives bring to the forefront that addressing youth opioid use requires a full range of strategies. We undermine our capacity to respond to this crisis when harm reduction is pitted against treatment and recovery. This need not be a matter of either/or, it is a matter of both. Harm reduction is not an approach to be used in isolation. Rather, it is an essential tool of a recovery-oriented response.

Recovery

Recovery in mental health and substance use:

> ...refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health or substance use disorder. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments. Recovery principles, including hope, dignity, self-determination, and responsibility, can be adapted to the realities of different life stages, and to the full range of mental health or substance use disorders.
>
> It is important for both the person using substances and anyone supporting them to recognize recovery as an achievable goal. For this to be possible, people should be provided with opportunities and supports to achieve recovery. Although recovery may include abstinence, one does not need to be abstinent to be in recovery. If abstinence is not part of an individual's journey, that does not lessen their recovery. Recovery is achievable through different pathways and is defined by the individual.[26]

We are inspired by the remarkable stories of recovery shared by young people who are living full lives, giving back to their communities, and nurturing their own families. These young people recounted that harm reduction and compassionate non-judgmental care were an integral part of their healing journey. Relationships built upon understanding and respect kindled hope for the future and helped them connect to treatment and other services. These experiences of recovery remind us of the successes that are possible when young people struggling with substance use are met with compassion and the right supports for their individual needs.

ARTICLE 12: "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

– UNCRC [27]

In summary, we heard that the provincial response to addressing youth opioid and/or substance use needs to be evidence-based and offer a spectrum of services that includes harm reduction, medical treatment, and different treatment modalities. Interventions need to "meet young people where they are at" and "walk alongside" them. As well, interventions need to be youth-specific and individualized to their needs. Furthermore, developing, implementing, and improving interventions needs to include the voice of young people with lived and living experience of opioid or substance use – "Nothing about us, without us." We recognize that this can be challenging, but the inclusion of young people's voices makes a huge difference in tailoring intervention services to better meet their needs.

"It's important for youth to be considered important stakeholders in this [opioid] crisis and in addictions in general.... I would drastically increase the amount of involvement that youth have at the decision-making table."

Young Person

One project that engages young people with lived and living experience is the Improving Treatment Together (ITT).[28] The goal of ITT is to improve opioid treatment for youth. ITT has been working with four communities across Alberta and is in the process of developing tools/resources tailored for each community's needs (see Appendix B).

Family Involvement

***Into Focus* Recommendation 4**: Alberta Health Services Youth Addictions and Mental Health programs should have a more inclusive practice of involving families and significant individuals, with specific attention to substance use prevention and treatment for young people.

OCYA Public Evaluation (as of September 2020): Some progress

Into Focus identified the importance of involving families when responding to youth substance use. This included the need for guidance and education on how to help young people, sensitive and supportive information sharing processes, and family focused treatment and involvement in recovery.

Young people and stakeholders continue to raise concerns that these crucial aspects of family involvement remain absent. Families are desperate to keep their children safe and find help for them, but are often unable to connect with, and receive support from, appropriate services. Indigenous

"It's frustrating because you hit wall after wall exploring all different avenues – you are the parent, it's your child, you are responsible – and you want to get [them] help, but no one will help you ..."

Family Member

community members highlighted that family involvement and cultural supports are essential in any youth treatment program to address the root causes of addiction, such as colonialism and intergenerational trauma.

We were told about the necessity of ensuring families have additional forms of support, are connected to resources, and are assisted to navigate the addictions and mental health systems.

Moreover, supporting families in creating nurturing home and family environments for young people was viewed as essential for both prevention and recovery. Overall, we heard that there are far too few supports for families in terms of preventing and addressing their child's struggles with substance use.

> "You're in a community where it's the family unit that needs that healing. They need to recover together."
>
> **Stakeholder**

> "...we needed to remind ourselves that, much if not all of this substance abuse disorder is preventable, if we provide children, babies, pregnant women with the fundamentals of a healthy start and healthy supports throughout the first six years, in particular."
>
> **Stakeholder**

Protection of Children Abusing Drug Act (PChAD)

***Into Focus* Recommendation 5**: The Ministry of Health should undertake a review of the Protection of Children Abusing Drugs (PChAD) Act and its policies, so the related services better meet the needs of young people and their families.

OCYA Public Evaluation (as of September 2020): Significant progress

Into Focus identified the limitations of *PChAD*. Parents often found accessing *PChAD* difficult, intimidating, and emotionally damaging to their relationships with their children. Furthermore, once it was accessed, there was little time for anything other than physical withdrawal. Information sharing with guardians, timelines, and levels of

The *Protection of Children Abusing Drugs* (*PChAD*) *Act* allows a legal guardian to ask the court for a *PChAD* Protection Order for their child, under the age of 18, whose substance use is likely to cause significant harm. A child may be taken involuntarily to a Protective Safe House for detoxification, stabilization, and assessment. The *PChAD* program is 10 days with a possible extension of 5 days.[29]

services frequently fell short of meeting the needs of young people. Concerns were also raised that *PChAD* does not adequately address the distinct challenges of opioid use around withdrawal, relapse, and the increased risk of overdose following a period of abstention.

These challenges remain ongoing, causing distress to families and young people. Difficulties accessing *PChAD* persist: there are not enough spaces available, the 10-day confinement period remains too short, and the treatment services available during that time continue to be insufficient. We heard that *PChAD* needs the capacity to either provide treatment to young people or connect them effectively to treatment services in their community.

We heard that the level of medical care in *PChAD* facilities is insufficient for managing opioid withdrawal. The involvement of health care professionals, such as nurses and psychiatrists, needs to be expanded. While it was recognized as positive that *PChAD* nurses can initiate Suboxone® for young people, there are barriers with maintenance after being released. It was acknowledged that *PChAD* can be a helpful tool to keep young people safe in the short term, but it was also noted that it is not available for young adults 18 and over.

Alberta Health has completed the *PChAD* review, and the findings were consistent with what we heard. We are optimistic about the actions for change that are outlined in the review and once they are implemented, they will go a long way towards better serving young people.

Youth Opioid and Substance Use Strategy

Into Focus called on ministries to work together to create a youth opioid strategy, with planning and implementation to be operational by the end of 2019. This strategy was to involve senior leadership from Alberta Health Services and the Ministries of Health, Justice and Solicitor General, Education, Children's Services, and Community and Social Services. This opioid strategy was not developed.

A general lack of overarching coordination between ministries and services continues to hinder prevention and intervention efforts around youth opioid use. We heard clearly that integrated and wrap around services are crucial. However, the reality is there are many gaps within and between the youth-serving systems of health, justice, education, community and social services, child welfare, and housing. All too often, the safety, well-being, and recovery of young people is endangered when they are left without connection to programs that meets their needs.

System navigation is an ongoing challenge and young people, especially those with complex needs, are often lost between various systems. Inter-ministerial coordination is essential to ensure that the right supports are provided at the right time. Community conversations identified that accurate data is needed to inform decision-making. In the context of Indigenous communities, we heard about the importance of having data inform program development and funding to help prevent young people from falling through the cracks. This includes prioritizing appropriate data sharing agreements between Indigenous communities and data holders (e.g. governments and agencies).

The development of a coordinated response was repeatedly emphasized as a crucial part of providing the holistic, individualized, and comprehensive care required to address youth opioid use. There is widespread recognition that collaboration is vital. One of the emerging practices for enhancing system navigation, coordination, and collaboration is the integrated service delivery hubs for youth. We are hopeful that these integrated service delivery hubs will continue to be rolled out across the province and will facilitate young people's timely access to appropriate substance use and mental health resources (see Appendix B).

NEW RECOMMENDATION

The Advocate is making one new recommendation to address the overarching issues of service coordination and collaboration.

New recommendation:

The Government of Alberta, with leadership from the Ministry of Health, should establish a dedicated body such as a panel, committee, or commission to develop and support implementation of a youth opioid and substance use strategy.

EXPECTED OUTCOMES:

- A public body such as a panel, committee or commission is formed of diverse stakeholders, including young people.
- A youth opioid and substance use strategy is developed.
- Agreements/memorandums of understanding are established.
- Youth receive a more comprehensive and coordinated range of services to address opioid and substance use.

We are encouraged by the avid interest in improving communication, building bridges, and ensuring seamless transitions between services to meet the needs of young people. This requires establishing a dedicated body such as panel, committee, or commission to develop and support implementation of a youth opioid and substance use strategy. This

body should include impacted stakeholders such as young people, families, community members, frontline providers, experts (e.g. researchers), and other champions. We know that government and community service providers can achieve great things with participation from people with lived experience. The collective wisdom of diverse people will lead to an approach based in evidence that is tailored to meet the needs of young people.

There have been previous bodies (a commission and a council) tasked to address the opioid crisis in Alberta. More recently, the Mental Health and Addiction Advisory Council was appointed in 2019 to guide a new mental health and addiction strategy that improves access to recovery-oriented services. Recommendations from the council are intended to create a mental health strategy that supports Albertans in "recovery, hope, and to live healthy productive lives." [30] This council was concluded on December 31, 2020 and they have submitted their final report to the Minister of Health and the Associate Minister of Mental Health and Addictions. One of the key commitments of the Associate Minister is "to address the opioid epidemic in Alberta." [31] It is essential that this work to be continued by a new body that focuses on young people.

Change for young people will happen when concerned stakeholders work together to create a strategy for moving forward. This strategy ought to encompass a continuum of services spanning primary prevention, early intervention, harm reduction, treatment, and aftercare. Agreements or memorandums of understanding around how the strategy will inform the policies and practices of youth-serving ministries and agencies should be established.

A key part of this youth strategy must include a clear focus on Indigenous young people. This has to involve partnerships with Indigenous communities built upon respectful relationships and consideration of their unique histories and circumstances. It is crucial that the cumulative impacts of colonialism, intergenerational trauma, and the opioid crisis be recognized. We believe the best approaches and solutions are those that government develops in collaboration with communities.

Closing Remarks

The information and perspectives shared with us by young people and stakeholders confirmed the ongoing importance of a provincial response to youth opioid use. The urgency of the situation we are confronting, and the need to take decisive and concerted action, has never been greater. As we heard in 2018, this response has to be multifaceted and include health promotion, early intervention, a full spectrum of interventions, family involvement, and improvements to *PChAD*. To date, the response has not been sufficient.

The conversations we facilitated identified many different aspects needed to address this crisis. From these discussions, key elements came clearly into focus. Effective school-based substance use education is necessary and should be tailored to meet the diverse needs and circumstances of Alberta's young people. Investment in robust prevention and early intervention efforts must be strengthened. A full range of timely, individualized, and youth-specific harm reduction strategies, treatment interventions, and recovery supports needs to be readily accessible to all young people, including those with complex needs. Young people should be supported through the involvement of family and community. Finally, it is imperative that the actions identified in the review of *PChAD* be implemented along with a provincial youth opioid strategy.

I am encouraged that there are so many committed and engaged community members. It is inspiring to learn about the tireless and compassionate work happening every day to lessen the harms of the opioid crisis, address root causes of substance use, and provide the supports young people need for healing and recovery.

We also know that families play a tremendous role in the lives of their children. They are essential to the health, safety, and well-being of the young people they love and care for. Families provide care and compassion, and advocate for services that better support their children. Moving forward, it is crucial we draw upon the experiences of families, the knowledge of stakeholders and the wisdom of young people who are willing to share their own lived and living experience in order to help others.

I hope by working together we can meet young people where they are at and provide the services they need. We must recognize that harm reduction is part of a recovery approach – it is lifesaving and must be there to keep young people as safe and healthy as possible. For those who are ready to take the next step towards recovery, we must ensure they have immediate access to detox and treatment that meets their individual needs. When young people have reached a place of recovery, they should be fully supported to maintain it. These are our young people and with the right supports, they will succeed in their lives and their communities.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate

Appendices

APPENDIX A: GUIDING QUESTIONS

Youth Opioid Use in Alberta: Young People

Introduction: We want to know more about you…

1. What's your name and your age?
2. Can you tell us about your experience with opioids?

Young People's Experiences with Youth Opioid Use

3. In your experience with opioids:
   a) What helped you? What worked well?
   b) Can you tell us about places, organizations or people who helped keep you safe and supported you? Can you give an example?
   c) How did you find this help/support?

4. In your experience with opioids:
   a) What did not help you? What did not work well?
   b) Were there times you tried to get help and couldn't? Can you give an example?
   c) What barriers did you face getting help and support?

5. If you had a magic wand, what would you change to make your community a safer and more caring and supportive place for young people during the opioid crisis?

Final Thoughts

6. Do you have any questions for us?

7. Check in: How are you feeling after talking to us? Do you feel that there are any other concerns that have come up as a result of doing this interview? We have a list of resources, if you need additional support.

If you know any young people who have experience with opioid use that may want to speak with us, please provide our contact information to them.

Youth Opioid Use in Alberta: Stakeholders

Introduction

1. Tell us more about you. Who are you? What is your current role? For example, are you a parent/foster parent/guardian/caregiver, caseworker, or staff member at a youth-serving agency?

Perspectives on Youth Opioid Use

2. What is your experience with youth opioid use?

3. What is working to address youth opioid use?

Prompts

a) What is working to keep young people safe and supported during the opioid crisis? For example, programs, services, information, and/or resources.

b) What is working with prevention? For example, family-based programs and/or community-based educational programs.

c) What is working with treatment? For example, residential addiction treatment program and/or counselling.

d) What is working with harm reduction? For example, supervised consumption sites and/or access to naloxone kits.

4. What is not working to address the youth opioid use?

Prompts

a) What is not working to keep young people safe and supported during the opioid crisis?

b) What is not working with prevention? For example, family-based programs and/or community-based educational programs.

c) What is not working with treatment? For example, residential addiction treatment program and/or counselling.

d) What is not working with harm reduction? For example, supervised consumption sites and/or access to naloxone kits.

5. What needs to be done to improve the provincial response to youth opioid use?

Final Thoughts

6. Who else should we talk to about how the opioid crisis is impacting communities and young people?

a) Stakeholders?

b) Young person?

7. Check in: How are you feeling after talking to us? Do you feel there are any other concerns that have come up as a result of talking to us? We have a list of resources, if you need additional support.

APPENDIX B: PROMISING PRACTICES

Bringing the Spirit Home provides safe withdrawal from substances for people seeking help with addictions.[32]

Kottakinoona Awaahkapiiyaawa or "Bringing the Spirits Home" Blood Tribe Addiction Framework is "committed to inviting the spirits of those living with addiction back to the community and back to the person." [33] The Blood Tribe Community has developed a comprehensive addiction framework through "listening to the voices of individuals and the community as a whole" along with evidence and "based on the Siksikaitsitapi (Blackfoot) teachings and culture." [34]

The following is an excerpt from *Kottakinoona Awaahkapiiyaawa "Bringing the Spirits Home:" The Blood Tribe Addiction Framework*:[35]

> This framework is unique to the Blackfoot culture and Blood Tribe people, and includes four pillars:
>
> - Prevention and Harm Reduction
> - Detox
> - Treatment
> - Aftercare
>
> These are represented as the poles of the Tipi. The strength of the Tipi comes from:
>
> - Community
> - Healing
> - Wellness
> - Blackfoot Culture
>
> Moving around the base of the Tipi are eight key supports to ensure that all needs related to addiction are considered:
>
> - Addressing the needs of the person
> - Providing the full range of services required
> - Including the family's role
> - Care providers include traditional and non-traditional disciplines
> - Engagement is ongoing
> - Services are integrated
> - Infrastructure needs are continually addressed
> - Implementation is supported

Improving Treatment Together (**ITT**) project emerged as a response to the youth opioid-related deaths among youth in Alberta. "ITT project works directly with families, youth, and service providers to improve youth opioid use disorder treatment. The goal is to build solutions that fit the needs of youth with opioid use disorder. This approach provides a greater impact when creating products and tools that will help improve youth opioid use disorder treatment." [36]

Integrated service delivery hubs for youth are "a service delivery entity that connects multiple, cross-sectoral community partners to increase access to mental health supports for youth ages 11-24." [37] Goal for the integrated service delivery hubs is to:

- Enhance youth empowerment and engagement.
- Promote timely identification of mental health concerns and early intervention.
- Improve the coordination and integration of services.[38]

ENDNOTES

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RENEWED FOCUS:

A FOLLOW-UP REPORT ON YOUTH OPIOID USE IN ALBERTA

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