



Commentary

Young people and injection drug use: Is there a need to expand harm reduction services and support?



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ABSTRACT

A complex array of intersecting social contextual factors are known to influence safer and/or unsafe practices among people who inject drugs. However, less is known about the social contextual factors that may specifically influence injection practices for young people who inject drugs. In this qualitative study, we explored with young people, ages 18–29, living in an urban centre in Nova Scotia, Canada, their perceptions and experiences of the social contextual factors that influence their safer and/or unsafe injection practices. We found that many of the social contextual factors the young people reported as influencing unsafe practices are at the micro-environmental level, and a number of these factors also affect adults (as per the literature). Methadone maintenance treatment was identified by a number of the participants as an important factor influencing safer practices. An expansion of harm reduction services and supports may help to address many of the social contextual factors identified by young people who inject drugs and should be considered given their important role in reducing the harms associated with injection drug use.

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Introduction

Research conducted within Canada suggests that although drug use among young people is fairly common, *injection* drug use is not (Adlaf, Gliksman, Demers, & Newton-Taylor, 2003; Asbridge & Langille, 2013; Boak, Hamilton, Adlaf, & Mann, 2013). However, injection drug use is prevalent among young people who are marginalized within Canada, and more specifically those who are street-involved (with ‘young’ being defined variably in different studies, but as young as 12 and as old as 29) (Brands, Leslie, Catz-Biro, & Li, 2005; Kerr et al., 2009). Research also indicates that many young people who inject drugs (YPWID) are at high risk of contracting HIV and the Hepatitis C virus (HCV) because of the sharing of needles and other drug paraphernalia (Lloyd-Smith, Kerr, Zhang, Montaner, & Wood, 2008; Patten, 2006; Public Health Agency of Canada [PHAC], 2007). Within Canada, rates of HIV and HCV among YPWID living in Vancouver, British Columbia were reported at 16 and 57 percent respectively (Miller, Kerr, Strathdee, Li, & Wood, 2007), suggesting that in this centre, sharing of needles and drug paraphernalia may be a significant problem. Studies of

needle sharing among young people in Vancouver report varied rates of needle sharing (Lloyd-Smith et al., 2008; Miller et al., 2002), with one study reporting that among young people (ages 14–26) who had injected in the previous 6 months, 29% had shared a needle (Lloyd-Smith et al., 2008), suggesting that sharing is a significant problem among young people. Rates of paraphernalia sharing (e.g., sharing drug cookers, cotton/filters, rinse) also vary from study to study in Canada and the United States (Brands et al., 2005; Kipke, Unger, Palmer, & Edgington, 1996; PHAC, 2006; Thiede et al., 2007), with one multi-site United States-based study indicating that paraphernalia sharing may be as high as 96% among young people (ages 15–30) who also report needle sharing (Thiede et al., 2007).

Sharing needles and other drug paraphernalia is shaped by a variety of social contextual forces (Rhodes, 2002, 2009; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005). Such forces include macro-environment level structural factors such as stigma and discrimination and various national policies (Rhodes, 2009; Simmonds & Coomber, 2009). At a micro-environment level, there are also various factors that play a role in unsafe practices, such as local policing practices and crackdowns (Rhodes, 2009). This is well illustrated by a study of adults who inject drugs (PWID) in New York City where sharing was associated with a neighbourhood police crackdown on illicit drug use because fears of arrest made it difficult for PWID to access clean supplies (Cooper, Moore,

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Gruskin, & Krieger, 2005). At a micro-environment level, social and peer group influences also shape unsafe practices (Rhodes, 2009). For example, sharing has been reported among injection drug users who are in an intimate sexual relationship (Evans et al., 2003; Unger et al., 2006). A qualitative study of PWID suggests that such sharing may be due to the belief that one can trust one's partner to be 'clean' from infectious diseases (Jackson et al., 2002).

Although there are many factors at both macro- and micro-environment levels that can shape unsafe practices, there are also factors that shape safer practices. For example, at a macro level, political support for drug consumption rooms can support safer practices (Houborg & Frank, 2014). At a micro level, community needle exchange programmes that are tailored specifically to the needs of PWID in the community can also support safer practices; for example, in one study, an increase in the number of sites for needles distribution resulted in reduced sharing (Kerr et al., 2010). Peers educating one another about the risks of sharing and/or "peer helpers" who informally distribute clean needles can also help to ensure safer practices (Jackson, Parker, Dykeman, Gahagan, & Karabanow, 2009; Parker, Jackson, Dykeman, Gahagan, & Karabanow, 2012).

The body of literature documenting various social contextual forces that can influence both safer and/or unsafe practices is largely based on research with adults who use injection drugs (Dolan & Niven, 2005; Kipke et al., 1996). Some of these same social contextual forces may also shape the practices of YPWID. However, given that young people are at a different development stage than adults, and may be relatively new to the use of injection drugs, there may also be factors specific to young people that shape unsafe and safer practices. Indeed, a qualitative study of young people (ages 16–24) involved with problematic drugs use (e.g., crack cocaine, crystal methamphetamine, and/or heroin), found that participants avoided a particular area of the city (the Downtown Eastside of Vancouver, British Columbia), as they believed that being in the space would accelerate "addictions, sexual exploitation, disease and extreme violence" (Fast, Shoveller, Shannon, & Kerr, 2010, p. 55). As the authors note, the participants indicated that they preferred to stay in the Downtown South area where the vast majority of services for young people are located, and where they are known. This suggests that there may be particular social contextual factors specific to young people that shape their unsafe and safer drug using practices, as where young drug users go or live may be different from adult drug users. Understanding such contextual factors specific to young drug users is needed to ensure appropriate services and supports for young people. If, for example, services are in an area where young people do not go, or an area that is avoided by young people, then the uptake by young people will be limited. In order to help fill this gap in our knowledge about potentially contextual forces specific to young people who inject drugs, we spoke with YPWID to gain their perspective on key social-contextual factors that they perceive as influencing their safer and/or unsafe injection drug use practices. We wanted to give 'voice' to YPWID given that there is relatively little research specifically focused on young people and as such, a small-scale exploratory study was conducted with 10 YPWID in Halifax, Nova Scotia to understand their unique perspectives.

Research setting

The research study was conducted in Halifax, which is the largest urban area in Nova Scotia, Canada with an estimated population of 390,328 (Statistics Canada, 2011). Nova Scotia is one of four Atlantic Provinces on the eastern coast of Canada, and is an

economically depressed province within Canada (Statistics Canada, 2013a). High rates of chronic diseases (e.g., diabetes, cancer) characterize this province relative to many other provinces in the country (Statistics Canada, 2013b), and Nova Scotia has the worst overall health profile and the highest rates of disability of the Atlantic provinces (Hayward & Colman, 2003). In addition, in 2004, Nova Scotia had the highest number of PWID in Atlantic Canada, with an estimated minimum number of 1064 (Patten, 2006). In New Brunswick, the minimum estimate was 827 PWID, the minimum estimate in Newfoundland and Labrador was 140, and no data were available for Prince Edward Island (Patten, 2006). In a small 2005 community-based study of 35 street-involved young people (ages 16–25) in Halifax, over half reported that they had injected at least one drug (Loiselle, MacKenzie, Patterson, Tota, & Koeller, 2006), pointing to the prevalence of injection drug use among street-involved young people in Halifax.

Methods

Population, recruitment and interview guide

Young people 16–29 years of age who were living in Halifax were invited to participate in this study. Research with young people varies significantly in the age ranges used, with many reporting the upper age as 29 (Cronquist, Edwards, Galea, Latka, & Vlahov, 2001; Evans, Hahn, Lumm, Stein, & Page, 2009; Miller et al., 2007; Nova Scotia Advisory Commission on AIDS, 2003; PHAC, 2014; Roy, Nonn, Haley, & Cox, 2007), hence this study used 29 as the upper age limit. Sixteen was used as the lower age limit given that Health Canada defines this as the lowest age for independent consent (e.g., not requiring parental consent) (Health Canada, 2009). No one under the age of 18 volunteered. Ten, one-on-one, semi-structured interviews were conducted with YPWID, 18–29 years of age. The lead author of this paper conducted all of the interviews. Ethics approval for this study was obtained from the Dalhousie University Health Research Ethics Review Board, and interviews took place during the fall of 2012.

Purposeful sampling techniques (Patton, 2002) were used in order to recruit young people who use injection drugs. Two community organizations assisted with recruitment. One organization provides harm reduction services to PWID, and the other provides a drop-in service for young people who are street-involved. The inclusion criteria for this study were: young people 16–29 years of age who had injected illicit drugs, or licit drugs used in ways other than as medically directed, in the past 30 days, and who were available to be interviewed in Halifax, NS. The 30 day period was chosen as this is a common time-frame utilized in research on young people who inject drugs (Kipke et al., 1996; Kipke, Unger, Palmer, & Edgington, 1997; Miller et al., 2007).

There were very few challenges with recruitment, which may be because the community organizations that assisted with recruitment are highly respected and well known within the community of PWID in Halifax, NS. It is not known if any individuals approached declined to participate, as this information was not collected by the community organizations, but recruitment was completed in a very timely fashion.

The interviews were conducted by the lead author of the paper in a quiet, private room at the community organization from which the participant was recruited. Participants seemed very comfortable speaking about their experiences and no participant declined to answer any question. On average, the interviews lasted between 30 and 60 min, with two very short interviews (10–15 min). A semi-structured interview guide was developed based on the literature

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