

PRESCRIBING PAIN

Misuse of prescription
medication, heroin and other
substances among
youth in BC

A report prepared by
McCreary Centre Society's
Youth Research Academy



McCreary
Centre Society

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other substances among youth in BC

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KEY FINDINGS



Between 2008 and 2018 there was a drop in the use of most substances among BC youth. For example, the percentage who had used prescription pills without a doctor’s consent (such as Xanax, Percocet and Ritalin) dropped from 15% in 2008 to 11% in 2013 to 9%.



In 2018, 12% of youth had misused prescription medication (including 9% who had used prescription medication without a doctor’s consent and 5% who had taken more of their own medication than prescribed). Fewer youth had tried substances such as heroin, Ketamine/GHB, and crystal meth (each 1% in 2018).



There were some gender differences in substance use. For example, females were more likely than males to have drunk alcohol (45% vs. 43%) and to have misused prescription medication (13% vs. 11%), whereas males were slightly more likely to have used substances such as heroin (1% vs. <1% of females), and amphetamines (>1% vs. <1%). Non-binary youth were the most likely to have used substances. For example, 21% had misused prescription medication.



When asked about the reasons they had last used substances, youth who had exclusively misused prescription medication were over five times as likely to have last used them to manage physical pain (33%* vs. 6% who used other substances).



Students who misused prescription medication (exclusively or in combination with other substances) were more likely to experience consequences of their substance use than those who had not used prescription medication. For example, 44% had passed out (vs. 22% of those who had used other substances but had not misused prescription medication), 6% overdosed (vs. 1%) and 5% needed medical treatment (vs. 1%).



Students at greater risk of using substances and particularly of misusing prescription medication included those who had experienced physical or mental health challenges, bereavement, violence and discrimination, government care, poverty and deprivation, and housing challenges; had been seriously injured in the past year; and were involved in online or in-person bullying (as a victim or perpetrator).



Protective factors which reduced the chances that youth would use substances such as heroin or would misuse prescription medication included having a supportive family, feeling connected to school and community, having housing stability, feeling meaningfully engaged and listened to in their activities, and having friends with healthy attitudes. Many of these same protective factors also helped to increase the chances those who did use substances would report positive health and well-being.



INTRODUCTION

McCreary Centre Society's Youth Research Academy (YRA) is a group of youth aged 16 to 24 with government care experience. With support from McCreary Centre Society staff, we develop, analyze, and disseminate research projects of interest to youth with government care experience and the agencies that serve them.

British Columbia (BC) is currently experiencing a high number of overdoses linked to synthetic opioids such as fentanyl and carfentanil. These substances have also been found mixed in with other substances such as cocaine, ecstasy/MDMA, crystal meth, heroin, and in fake prescription pills such as Oxycontin and Percocet (see <https://www2.gov.bc.ca/gov/content/overdose/talking-to-youth> for more details).

The Canadian Centre on Substance Use and Addiction asked the YRA to develop a knowledge summary about how to engage youth who use substances (and particularly opioids) in decision making processes. They also asked us to analyze data from McCreary Centre Society's BC Adolescent Health Survey (BC AHS), with the aim of increasing knowledge about how to better support youth who use substances.

Informed by the knowledge summary we created (*Coping and Hoping: Meaningful youth engagement practices that target low-resourced youth who use substances*; available at www.mcs.bc.ca), this report provides an overview of substance use among BC youth with a focus on the misuse of prescription medication (such as Percocet) and heroin (an opioid used by around 1% of BC students).

With support from McCreary staff mentors, we used SPSS statistics to analyze data from the BC AHS. We looked at youth's reported reasons for using substances; possible consequences of substance use; risk factors for using substances; and protective factors which can support youth who use substances. We also reflected on our findings and have included these reflections throughout the report.

We hope you will find this report useful.

YRA REFLECTIONS

It was great to do the research for this project. As we were going through it, we learned about what risks and protective factors are, saw the numbers, and the real difference that the protective factors can make.

We think it is really important for youth to be involved in projects like this and to have them share their voice and opinions. We have different understandings of the problems that youth face, compared to many adults and can bring a new perspective.

Things to know about the report

All data in this report is from the BC AHS. The BC AHS is a province-wide survey which takes place every five years with youth in mainstream schools. This report focused mainly on the 2018 BC AHS which was completed by over 38,000 students in Grades 7 to 12, and also includes some trends back to the 2008 and 2013 BC AHS.

All graphs and tables in the report relate to youth in Grades 7 to 12 (aged 12–19) unless otherwise noted.

All comparisons between different groups of youth are statistically significant (at $p < .05$), unless noted.

A percentage that is marked with an asterisk (*) should be interpreted with caution, as the standard error was higher than expected, but is still releasable.

< means 'less than' and > means 'more than.' For example, <1% means 'less than 1%'.

Glossary

The following terms are used in this report:

Cisgender: Someone whose gender identity matches the sex they were assigned at birth.

Ideas listened to: Youth who reported that their ideas were listened to 'quite a bit' or 'a lot' in the activities they were involved in.

Meaningful activities: Activities which youth indicated were 'quite a bit' or 'very' meaningful to them.

Misused prescription medication: Youth who used prescription pills without a doctor's consent and/or used more of their own medication than prescribed.

Non-binary: Youth who did not identify as either male or female or were not yet sure of their gender identity.

Protective factors: Supports and assets in someone's life that make it more likely they will experience positive health and well-being.

Risk factors: Conditions or experiences that have been linked to a higher chance of experiencing negative health outcomes.

Students and **youth** are both used to refer to BC AHS participants in Grades 7 to 12 (aged 12–19).

Transgender: Someone whose gender identity does not match the sex they were assigned at birth.

SUBSTANCE USE AMONG BC YOUTH

Between 2008 and 2018 there was a drop in the use of most substances. For example, the percentage of BC youth who had tried alcohol dropped from 54% in 2008 to 44% in 2018.

However, for some substances these decreases happened between 2008 and 2013.

Between 2013 and 2018 there was no decrease in the use of alcohol, mushrooms or inhalants for males or females; and no decrease among females in the use of cannabis, cocaine, crystal meth, or heroin.

| BC youth who had used substances | | | |
|---|------|------|------|
| | 2008 | 2013 | 2018 |
| Alcohol | 54% | 45% | 44% |
| Cannabis | 30% | 26% | 25% |
| Prescription pills without a doctor's consent | 15% | 11% | 9% |
| Psychotropic mushrooms | 8% | 5% | 5% |
| Ecstasy/MDMA | 7% | 4% | 3% |
| Hallucinogens (excluding mushrooms, ecstasy/MDMA, and ketamine) | 5% | 4% | 3% |
| Cocaine | 4% | 3% | 3% |
| Inhalants | 4% | 2% | 2% |
| Amphetamines (excluding ecstasy/MDMA and crystal meth) | 2% | 1% | 1% |
| Ketamine, GHB | NA | 1% | 1% |
| Crystal meth | 2% | 1% | 1% |
| Heroin | 1% | 1% | 1% |

NA: Substance was not asked about on the 2008 survey.

Note: The differences between 2013 and 2018 were not statistically significant for alcohol, cannabis, mushrooms, inhalants, and crystal meth.

Note: For cocaine, amphetamines, ketamine/GHB, and heroin, percentages were lower in 2018 than 2013 but appear similar due to rounding.



The percentage of youth who had used prescription pills without a doctor's consent (such as Xanax, Percocet or Ritalin) dropped from 15% in 2008 to 11% in 2013 to 9% in 2018.

In 2018, youth were also asked if they had taken more of their own prescription medication than had been prescribed, and 5% had done so.

Overall, 12% of youth had misused prescription medication (i.e., had used prescription pills without a doctor's consent and/or had taken more of their own medication than prescribed).

YRA REFLECTIONS

We weren't surprised that prescription pills were the most common substance youth used after alcohol and cannabis. Misusing prescription pills doesn't have the same stigma attached to it as substances that are illegal. Also, they are easier to get, as they are often in the medicine cabinet at home.

In our experience, young people misuse prescription pills because it feels a bit safer than using some other substances during the fentanyl crisis.

We don't see much information directed at youth about any harms which might be associated with prescription pill misuse. Also, when pill misuse does get mentioned in a song or on a TV show nothing really bad seems to happen and the characters who are using are portrayed positively.

Providing more youth-friendly information about misuse of prescription pills could help youth to make informed choices.

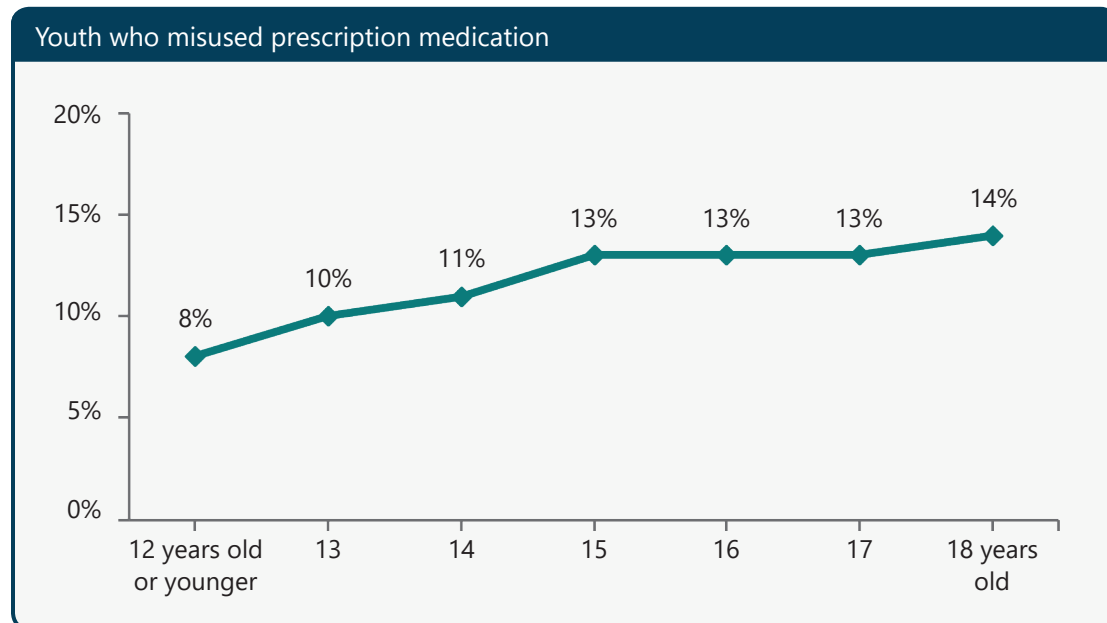


Age

Older youth were generally more likely to have used substances than younger youth. For example, 13% of youth aged 15 or older had misused prescription medication, compared to 10% of youth aged 14 or younger.

YRA REFLECTIONS

We expected older youth to be more likely to be using substances than younger ones as they are often becoming more independent, are more influenced by friends and peers, experience more stress and are more likely to want to take risks and experiment.



Note: Differences were not statistically significant between all ages.

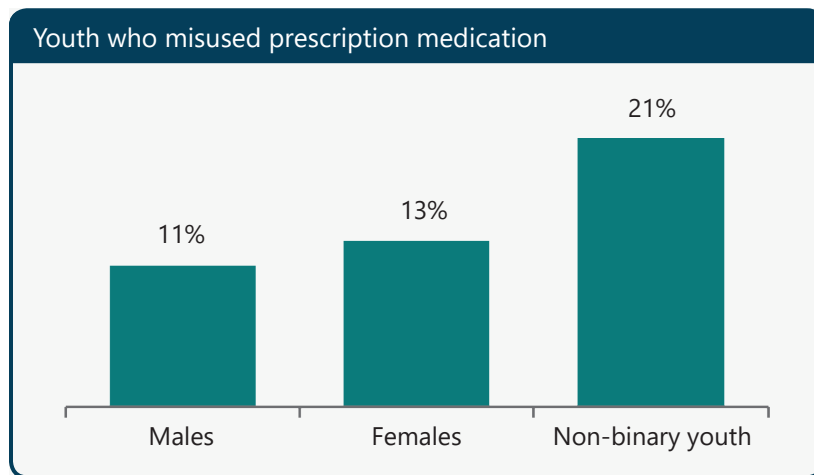
Gender identity and sexual orientation

Unlike in previous years when males were more likely than females to have used cannabis or crystal meth, there was no such gender difference in 2018. However, males were more likely than females to have used mushrooms (6% vs. 4% of females), hallucinogens (3% vs. 2%), and inhalants (2% vs. 1%). They were also slightly more likely to have used ketamine (1 vs. <1%), heroin (1% vs. <1%), and amphetamines (>1% vs. <1%).

Females were more likely than males to have drunk alcohol (45% vs. 43%) and to have misused prescription medication (13% vs. 11% of males).

Non-binary youth were more likely than males or females to have used all substances except alcohol and cannabis. For example, 4% of non-binary youth had used heroin, compared to <1% of binary youth (i.e., who identified as male or female).

Similarly, 20% of transgender youth reported misusing prescription medication, compared to 12% of cisgender youth.



YRA REFLECTIONS

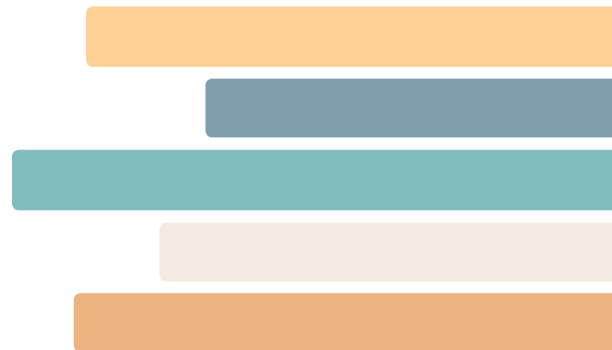
We were interested in why non-binary youth and females reported higher rates of prescription medication misuse than males. Based on our experience and other published results from the BC AHS (see https://www.mcs.bc.ca/pdf/balance_and_connection.pdf) we think it might be because:

- *Males might be less willing to go to the doctor so would be less likely to have prescription medication they could misuse.*
- *Non-binary youth and females might misuse prescription pills as a way to cope because they are more likely than males to be bullied in school and to report stress and mental health challenges.*

Sexual minority youth were more likely to use substances than their straight peers. For example, youth who identified as lesbian, gay or bisexual were twice as likely as those who identified as straight to have misused prescription medication (22% vs. 11%) and heroin (1% vs. <1%).

YRA REFLECTIONS

Other studies with the BC AHS have shown that LGB youth suffer from depression, anxiety, and other mental health challenges at higher rates than straight youth do, and are more likely to experience abuse and discrimination, and be kicked out by their parents. These things can make it difficult for them to access mental health services or proper treatment for pain management, and might make them prone to self-medicating with substances.



Regional differences in substance use

For substances such as heroin which few youth used, the sample size was often not big enough to detect regional differences. However, for more popular substances, use was generally higher in the North, Island and Interior of the province and lower in the Fraser and Vancouver Coastal regions.

The differences between the five regions were also seen at the sub-regional level. For example, the percentages of youth who had misused prescription medication ranged from 10% in Vancouver (part of Vancouver Coastal) and Fraser North (part of Fraser) to 15% in East Kootenay (part of Interior).

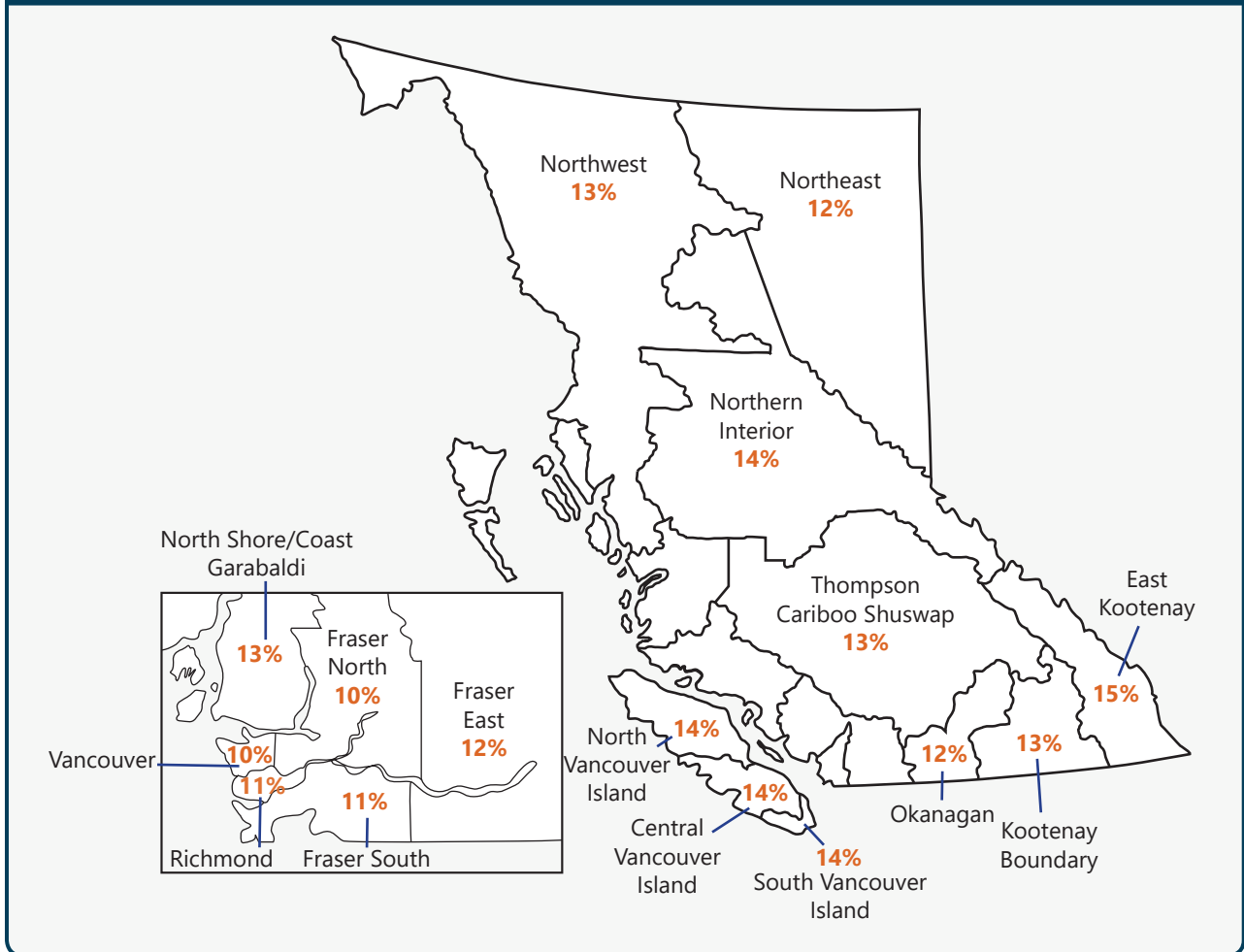
There were no urban-rural differences in the use of cocaine, amphetamines, crystal meth, heroin, and ketamine. However, youth in rural areas were more likely to have used alcohol (53% vs. 43% in urban areas), cannabis (33% vs. 25%), mushrooms (8% vs. 5%), hallucinogens (4% vs. 3%), ecstasy (4% vs. 3%), and inhalants (3% vs. 2%). They were also slightly more likely to have misused prescription medication (13% vs. 12%).

| Substance use by region | | | | | | |
|---|-------|----------|------------------|-------------------|--------|--|
| | North | Interior | Vancouver Island | Vancouver Coastal | Fraser | |
| Alcohol | 56% | 55% | 51% | 39% | 38% | |
| Cannabis | 32% | 34% | 32% | 20% | 21% | |
| Prescription medication | 14% | 13% | 14% | 11% | 11% | |
| Psychotropic mushrooms | 6% | 7% | 7% | 4% | 4% | |
| Ecstasy/MDMA | 3% | 4% | 4% | 3% | 2% | |
| Hallucinogens (excluding mushrooms, ecstasy/MDMA, and ketamine) | 3% | 4% | 4% | 2% | 2% | |
| Cocaine | 2% | 3% | 3% | 2% | 2% | |
| Inhalants | 2% | 2% | 2% | 2% | 1% | |
| Amphetamines (excluding ecstasy/MDMA, and crystal meth) | 1% | 1% | 1% | 1% | 1% | |
| Ketamine, GHB | <1% | 1% | 1% | 1% | 1% | |
| Crystal meth | 1% | 1% | 1% | 1% | 1% | |
| Heroin | <1% | 1% | 1% | 1% | 1% | |

Note: Not all differences between regions were statistically significant.

Note: Prescription medication includes youth who used prescription pills without a doctor’s consent and/or used more of their own medication than prescribed.

Youth who misused prescription medication



(Health Service Delivery Areas Map, from BC Stats)
 Note: Not all differences between HSDAs were statistically significant.

YRA REFLECTIONS

It might be that there are a lot more activities and events to do in urban areas like Vancouver, and therefore urban youth are less likely than rural ones to be using to have fun (which was the most common reason youth said they used substances).

It can be exciting to use substances and try new things. If there's nothing around in our communities, like accessible activities or events, then we'll find something else to try.

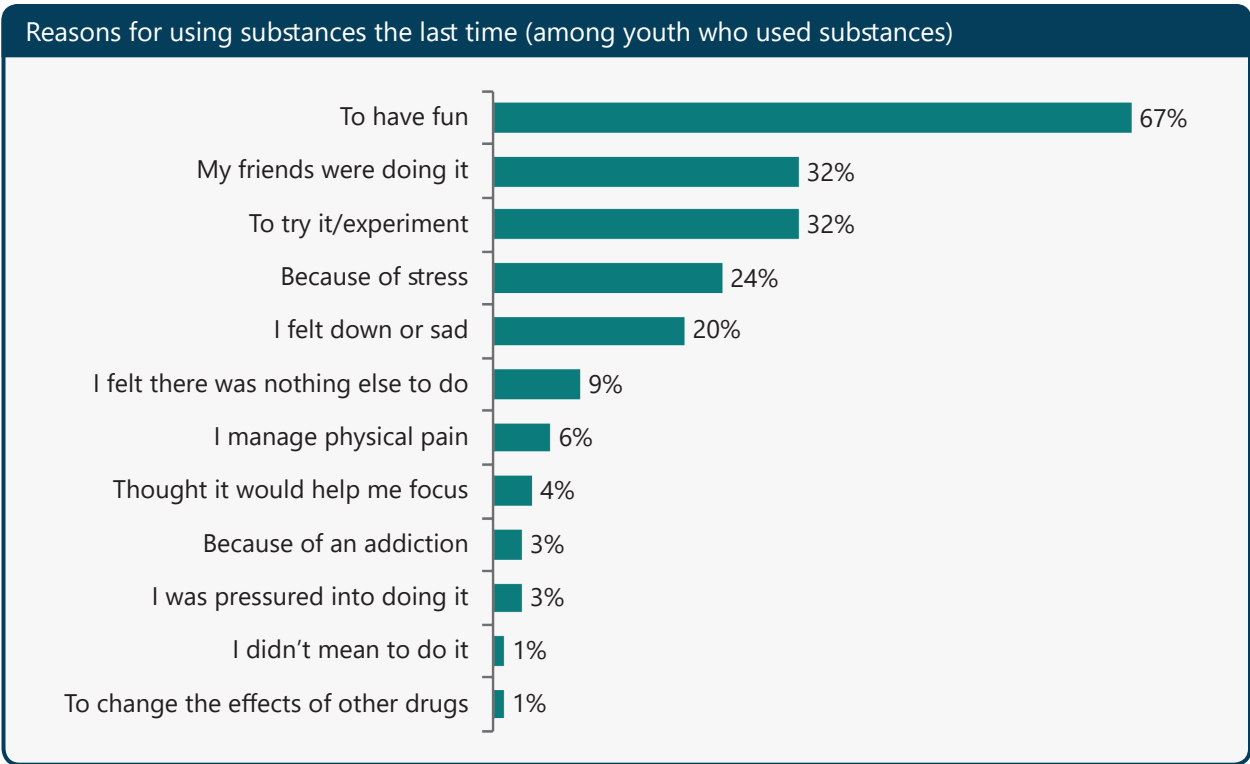


REASONS YOUTH USE SUBSTANCES

Youth who used substances most commonly reported doing so to have fun. However, some youth used substances to manage their feelings, such as stress or sadness.

YRA REFLECTIONS

In our experience, a deeper reason behind substance use is often trauma. So, although youth most often reported fun as the reason they last used, some of them might not yet realize there is more going on. It might be too painful for them to process the trauma they experienced, or they might not be in a safe space to do so.



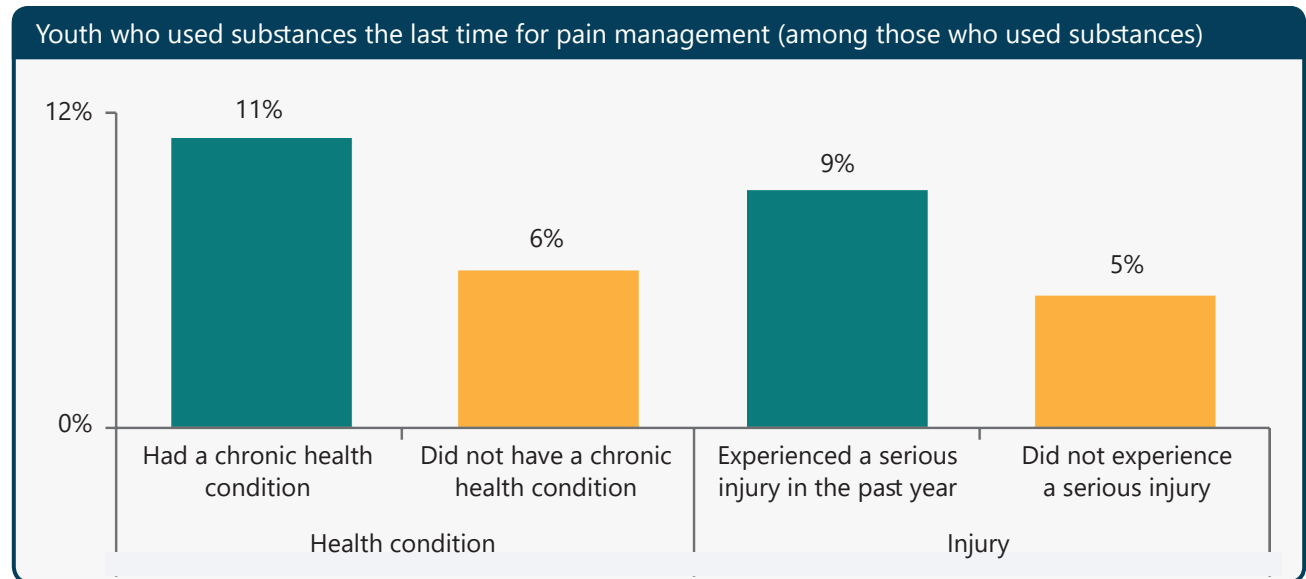
Note: Youth could choose more than one response.



Youth who were experiencing challenges in their lives were more likely to be using substances as a way to deal with their pain and to help them manage unpleasant feelings. For example, youth who had experienced a serious injury in the past year or had a chronic health condition were more likely to have last used substances for pain management.

Youth with Attention Deficit Hyperactivity Disorder (ADHD) were more likely than those without this condition to report they last used substances because they thought it would help them focus (8% vs. 3%; among those who had used substances).

Youth who experienced mental health challenges were more likely to have used substances to manage their emotions. For example, around half (49%) of youth who had experienced extreme stress in the past month reported last using substances as a way to manage stress, compared to 17% who had been somewhat stressed in the past month, and 5% who had not felt stressed during this time.



A similar pattern was found for experiencing extreme despair and using substances due to feeling down or sad.

Youth who were experiencing problems at home were also more likely to have used substances to help them cope with their feelings. For example, youth who had been kicked out in the past year were more likely than those who had not been kicked out to have last used substances because of stress (46% vs. 22%), and because they felt down or sad (40% vs. 18%; among those who used substances).

Lesbian, gay and bisexual youth were less likely than straight youth to have last used substances to have fun (61% vs. 69%) or because their friends were doing it (28% vs. 33%), and were more likely to have used for other reasons including because they felt down or sad (40% vs. 17%), were stressed (40% vs. 22%), had nothing else to do (13% vs. 8%), or because of an addiction (5% vs. 2%; among those who used substances).

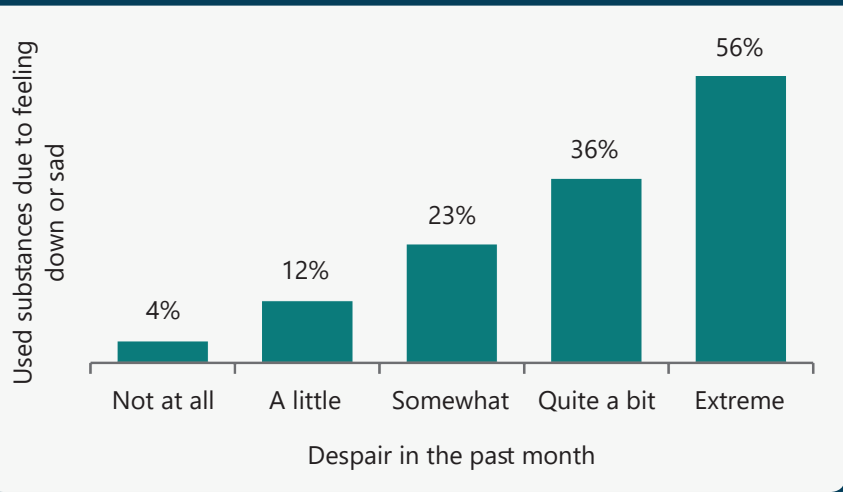
YRA REFLECTIONS

Youth manage stress and other feelings in the best way they know how, so if they can't or don't want to access services or don't like the meds they are given they might self-medicate.

Stress and coping skills should be part of school curriculum, starting in elementary school when there's not as much stress and pressure. Some schools sometimes have yoga classes and teach mindfulness, but coping and learning how to manage stress are important for all youth.

How to use prescription medication properly should be one of the first things youth learn when they get a prescription, so they don't take too much or use too frequently when they are stressed.

Youth who used substances the last time because they felt down or sad in relation to how much despair they experienced in the past month (among those who used substances)



Reasons youth misused prescription medications

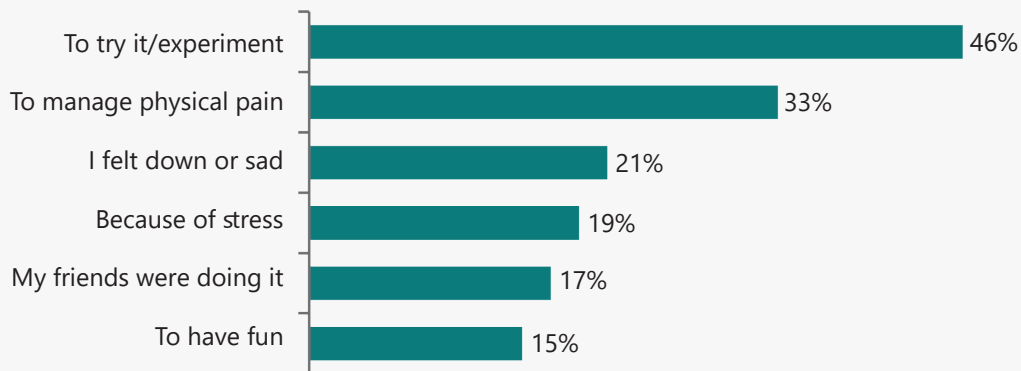
We were interested in specific reasons youth might misuse prescription medication so we looked at the 3% of youth who had misused prescription medication and had not used any other substance (had misused prescription medication exclusively) so that we could be sure this was the substance they were reporting about. We wanted to do the same for heroin but the sample was not big enough.

Youth who misused prescription medication (and had not used any other substance) were more likely than their peers who used other substances to report that the last time they used substances was to manage physical pain (33%* vs. 6%). Meanwhile, they were less likely to have last used because they wanted to have fun (15% vs. 69% who used other substances) or because their friends were doing it (17% vs. 32%).

YRA REFLECTIONS

Youth who were misusing prescription medication were five times more likely to have last used them to manage physical pain than youth who used other substances!!!! This shows we need to be better at supporting youth with their pain management and access to needed health care.

Youth's most common reasons for misusing prescription medication the last time (among youth who misused prescription medication exclusively)



Note: Youth could choose more than one response.

CONSEQUENCES OF SUBSTANCE USE

Youth who used substances were asked if anything had happened to them in the past year as a result of their substance use. A little over half (52%) reported experiencing at least one negative consequence, and the most common consequence was being told they did something they could not remember.

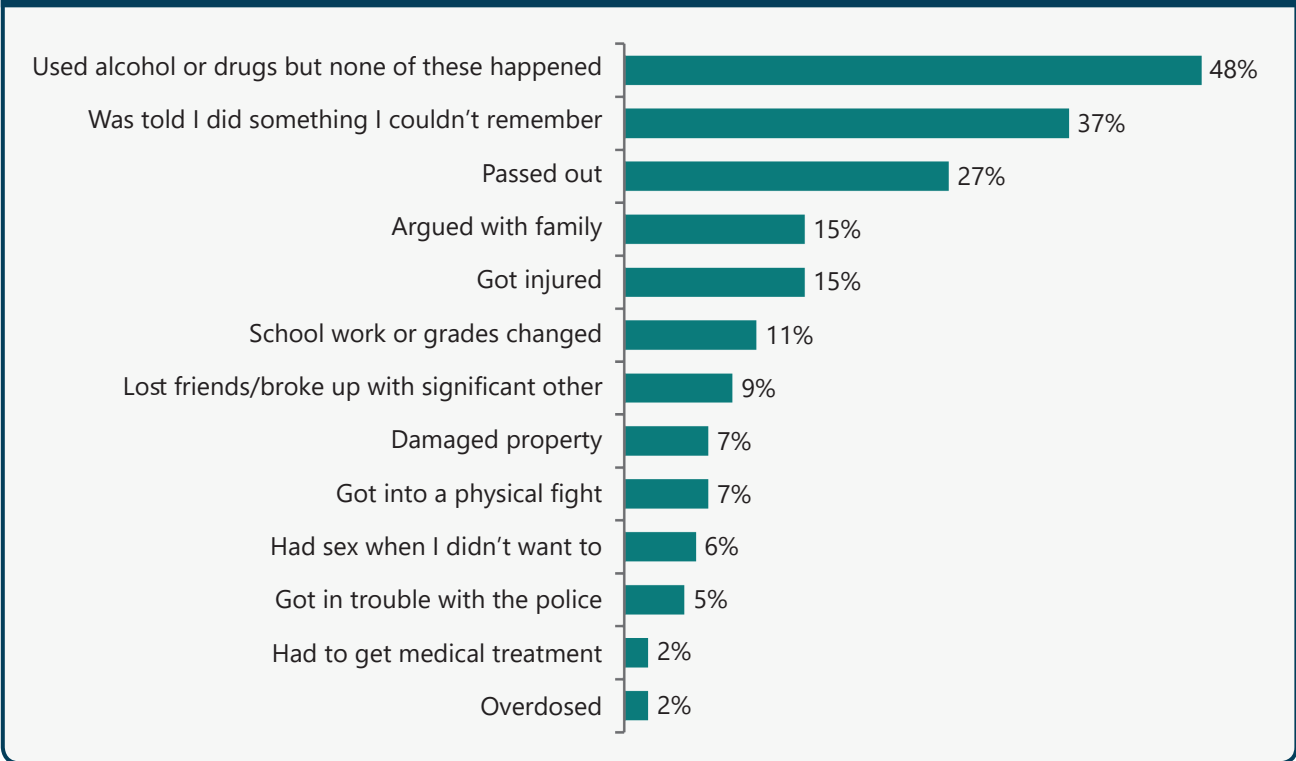
Youth who misused prescription medication (exclusively or in combination with other substances) were more likely to experience consequences of their substance use than those who had not used prescription medication. For example, 44% had passed out, compared to 22% of those who had used other substances but had not misused prescription medication.

YRA REFLECTIONS

Youth don't always realize that you can overdose on prescription medication. They think that it is safer because it is medicine, but they don't have all the information and don't know how addictive it can be.

Also, there's so much misinformation out there and lots of youth are afraid to intervene in an overdose for fear of doing the wrong thing.

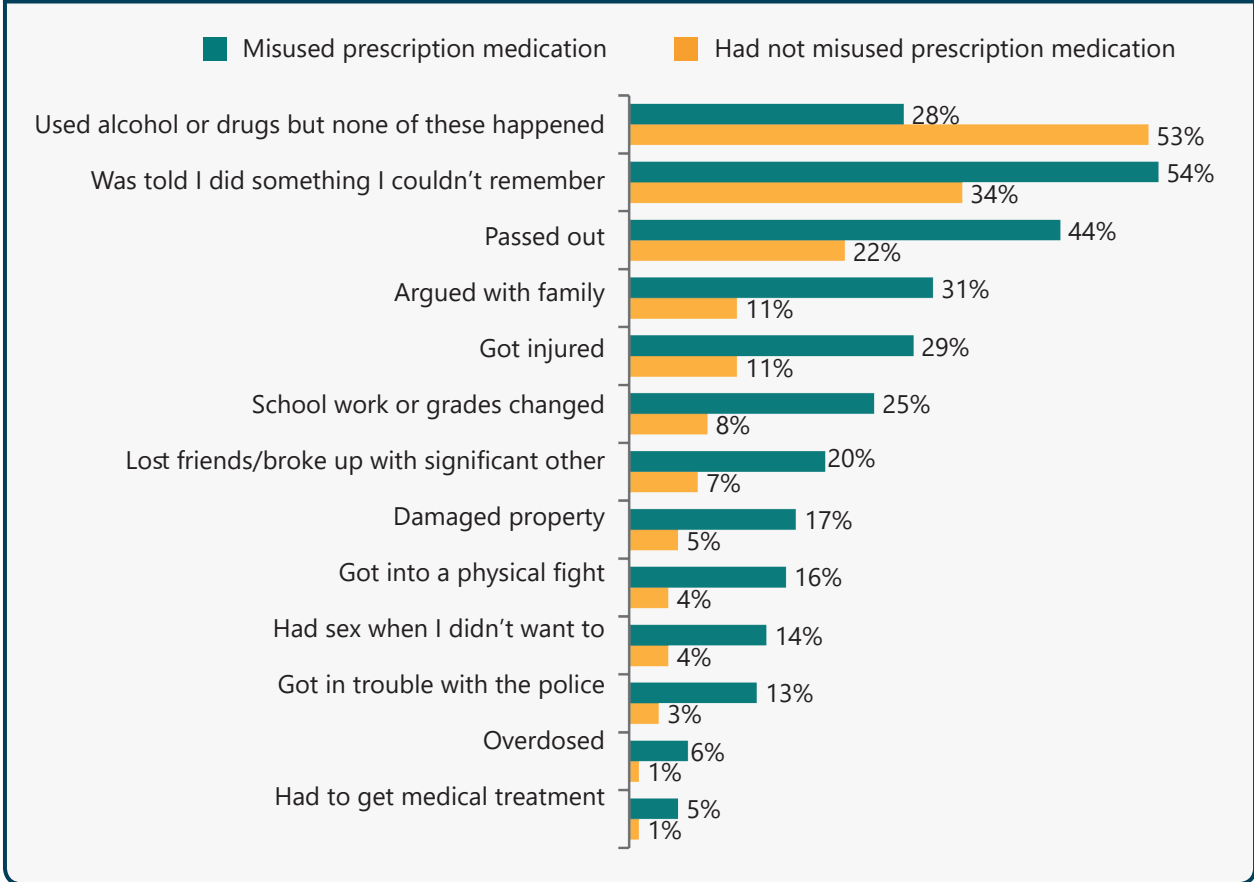
Consequences of substance use (among youth who used substances in the past year)



Note: Youth could choose more than one response.



Consequences of substance use in the past year in relation to misusing prescription medication (among youth who used alcohol or other substances during that time)



Note: Youth could choose more than one response.

Youth experiencing poverty and deprivation were at greater risk of experiencing negative consequences of their substance use. For example, youth who often or always went to bed hungry because there was not enough money for food at home were more

likely to have passed out (43% vs. 27% youth who sometimes or never went to bed hungry for this reason), to have experienced an overdose (8% vs. 2%), and to have needed medical treatment as a result of their substance use (7% vs. 2%).

The 2018 BC AHS included a Youth Deprivation Index developed with the input of over 800 BC youth. The Index highlights the 10 items BC youth felt were most important for them to have to feel like they belonged, and which if they did not have, could make them feel like they were missing out on things their peers had. The survey asked youth if they had each of the 10 items, and if not if they wished they had them.

In total, 38% of youth who were deprived of three or more items on the Youth Deprivation Index had passed out in the past year (vs. 25% who did not experience this level of deprivation), 7% had overdosed (vs. 1%), and 5% had to receive medical treatment (vs. 2%).

Youth who did not get enough sleep were also more likely to report negative consequences of their substance use. For example, 41% of youth who got less than five hours sleep on the night before they took the survey passed out (vs. 23% who got at least eight hours sleep), 6% overdosed (vs. 1%) and 5% needed medical treatment (vs. 2%) as a result of their substance use.

YRA REFLECTIONS

People living in poverty are often not able to access supports and services as easily as wealthier people, and might be more likely to be targeted by police. This could explain why they might be more likely to experience negative consequences such as getting into trouble with the police.

YRA REFLECTIONS

It can be a vicious cycle of using substances to help you sleep but then not sleeping because of what you have taken. Sleep deprivation can also affect your judgement and decision making.



RISK FACTORS FOR SUBSTANCE USE

This report is a response to the current opioid crisis. Therefore in this section, we identified experiences and factors that might increase the risk of youth misusing prescription medication and/or heroin. Many of these risk factors also predicted the use of other substances.

Physical health challenges

Youth who rated their health as poor or fair were more likely than those who rated it as good or excellent to have misused prescription medication (22% vs. 9%) and heroin (1% vs. <1%).

In addition, youth who had a long-term or chronic medical condition such as asthma or diabetes were more likely to have misused prescription medication (19% vs. 11% who did not have such a condition).

Serious injury

Youth who had been injured seriously enough to require medical attention were more likely to have misused prescription medication than youth who had not been seriously injured, and this risk of misuse increased the more often youth had been injured in the past year.

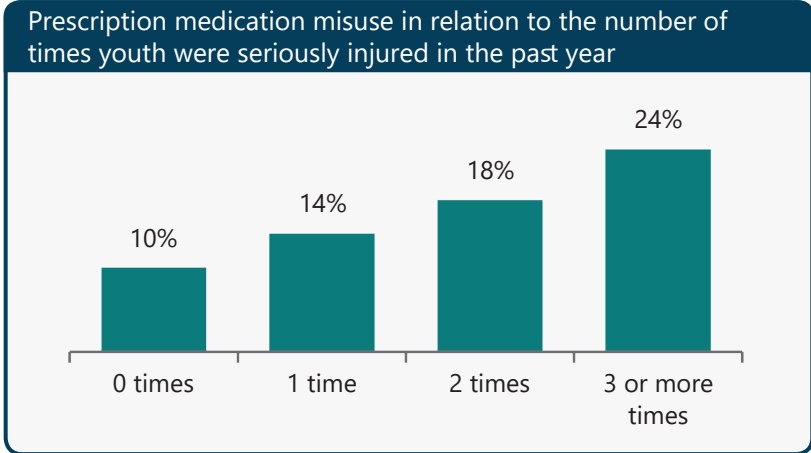
Youth who had been seriously injured were also slightly more likely to have used heroin (1% vs. <1% who had not been injured in the past year).

Youth who missed out on needed medical help in the past year were more likely to have misused prescription medication than youth who got the help they needed (27% vs. 13%).

YRA REFLECTIONS

It makes sense that if youth cannot access the medical care they need they will find alternative ways to manage their pain. This shows the importance of supporting youth to access care when they need it.

The link between serious injuries and the misuse of prescription medication suggests that there is a need to ensure youth are supported to effectively manage the pain from their injuries so they do not become addicted to pain killers.



Sleep deprivation

The fewer hours youth slept, the more likely they were to misuse prescription medication. For example, 15% of youth who slept for seven hours or less on the night before they completed the BC AHS had misused prescription medication, compared to 9% who slept for eight or more hours.

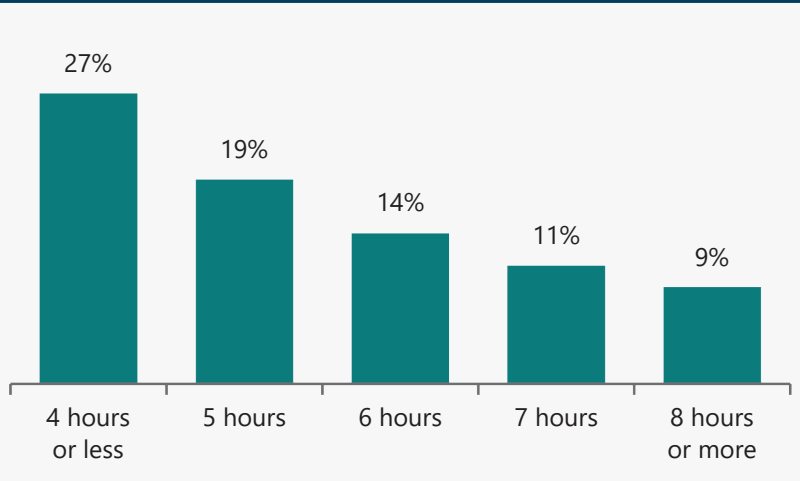
Similarly, 2% of youth who slept for four hours or less on the night before they completed the survey had used heroin, compared to <1% who slept for at least eight hours.

YRA REFLECTIONS

Physical pain can lead to a lack of sleep, and lots of youth were misusing prescription medication to manage pain.

Lack of sleep can really mess you up. If you can't sleep properly for a long enough period of time, eventually you might become desperate enough to try pretty much anything to be able to sleep.

Prescription medication misuse in relation to the number of hours youth slept the previous night



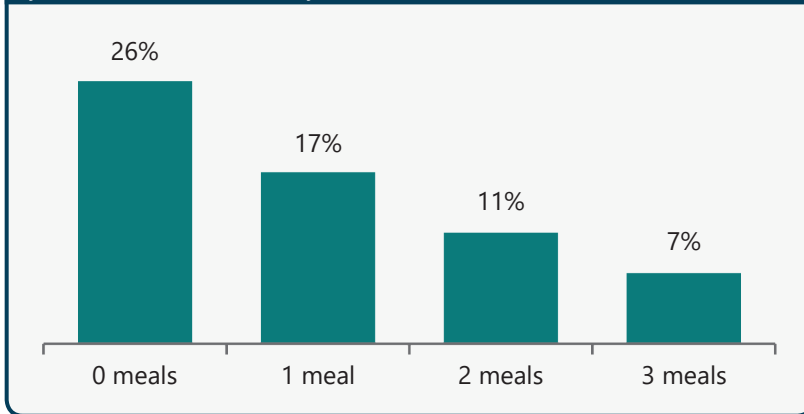
Missing meals

Youth who missed meals were more likely to have used substances. For example, 2% of those who did not eat meals on school days had used heroin, compared to <1% who ate three meals a day. This was also the case for those who had misused prescription medication.

YRA REFLECTIONS

Using opioids and some other substances can make you lose your appetite so when young people are hungry they might turn to these substances if they can't get a meal.

Prescription medication misuse in relation to the number of meals youth had on school days

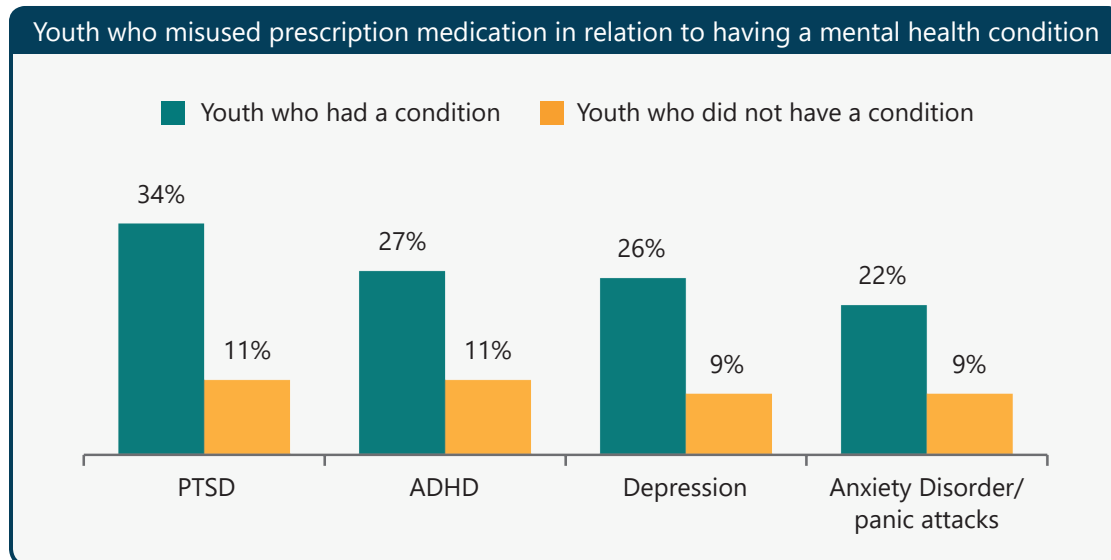


Mental health challenges

Youth who reported they had a mental health condition (such as Depression or an Anxiety Disorder) were more likely than youth without such a condition to have used substances, including misusing prescription medication and heroin. For example, youth were more likely to use heroin if they had Post-Traumatic Stress Disorder (PTSD; 4% vs. <1% of those without the condition), ADHD (2% vs. <1%), Depression (1% vs. <1%), and Anxiety Disorder or panic attacks (1% vs. <1%).

As was seen with overall health, youth who rated their mental health as poor or fair were over twice as likely as youth who rated it as good or excellent to have misused prescription medication (21% vs. 8%), and were also slightly more likely to have used heroin (1% vs. <1%).

Similarly, youth who did not feel they managed stress well were more likely to have used substances. For example, 16% of youth who did not feel they managed their stress well misused prescription medication, compared to 9% who managed their stress well or very well. This was also the case for heroin use (1% vs. <1% of those who managed their stress well or very well).



Bullying

Being involved in bullying either as the victim or the perpetrator was associated with higher rates of substance use. For example, 15% of youth who had been teased, excluded, and/or physically assaulted at school or on the way to or from school in the past year had misused prescription medication, compared to 8% who had not been bullied. Also, the more times youth were bullied, the more likely they were to have misused prescription medication.

Online bullying was also linked to an increased risk of substance use. For example, 22% of youth who had been cyberbullied in the past year had misused prescription medication, compared to 10% of youth who had not been cyberbullied.

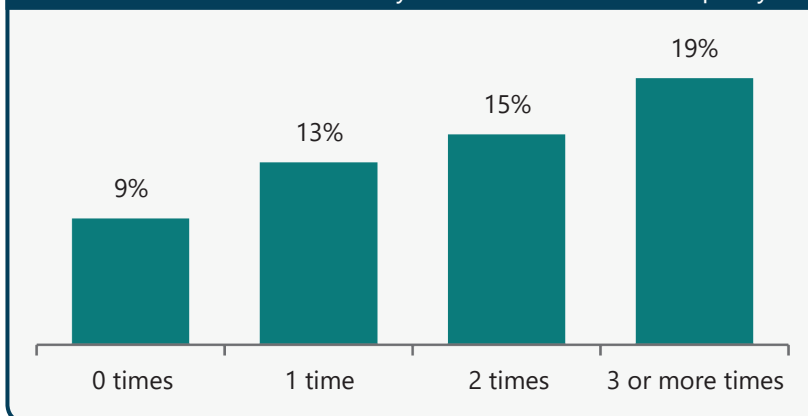
Youth who had bullied another youth in person or online were also more likely to have misused prescription medication, heroin and other substances. For example, youth were more likely to have used heroin if they had victimized someone else in person (2% vs. <1% who had not victimized someone in this way) or online (3% vs. <1%) in the past year.

YRA REFLECTIONS

People bully because they've been hurt themselves. Sometimes all you have to take your pain out on is other people, or drugs, or both. When you've been bullied you don't always know how to help that pain. You might steal pills from your medicine cabinet to deal with it.

Caregivers and teachers can be good role models in how they deal with children and youth without bullying them, and by addressing bullying when they see it.

Prescription medication misuse in relation to being purposely excluded at school or on the way to or from school in the past year



Discrimination

Youth who had experienced discrimination in the past year were more likely to have used substances than those who had not experienced discrimination, including the misuse of prescription medication (17% vs. 9%) and heroin (1% vs. <1%).

YRA REFLECTIONS

It doesn't surprise us that youth who are discriminated against are more likely to misuse prescription medications and other substances than youth who haven't experienced things like racism, homophobia or ableism. When you're discriminated against for things you have no control over, it can make you feel really bad. Taking pills or other substances can take that feeling away for a little bit.

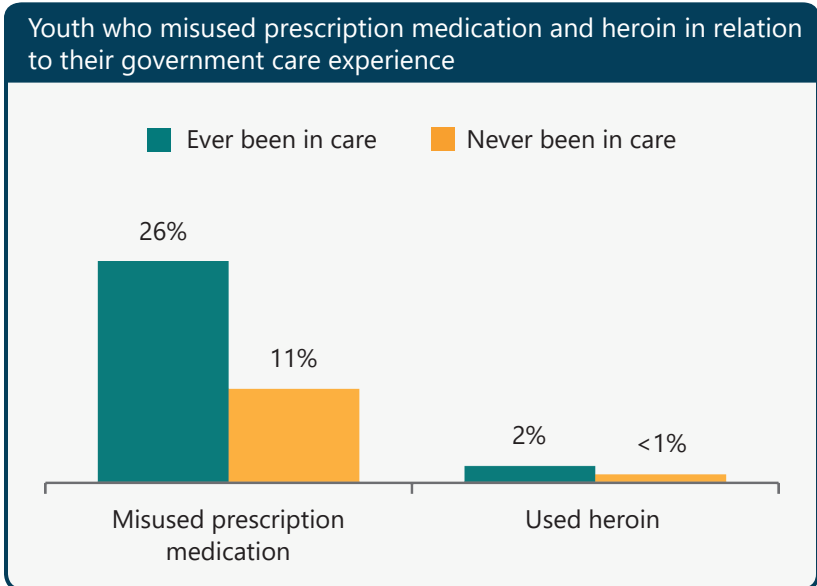
Prescription medication misuse in relation to types of discrimination experienced by youth

| | Discriminated against for this reason | Not discriminated against for this reason |
|---------------------------------|---------------------------------------|---|
| A disability | 27% | 11% |
| Sexual orientation | 24% | 11% |
| Income or family income | 24% | 11% |
| Gender/sex | 21% | 11% |
| Physical appearance | 19% | 10% |
| Weight | 19% | 10% |
| Race, ethnicity, or skin colour | 16% | 11% |

Experience in government care

Youth who had been in government care or an alternative to government care (e.g., stayed in foster care, a group home, or custody centre; or been on a Kith and Kin Agreement or Youth Agreement), were at least twice as likely as their peers who had never been in care to have misused prescription medication and to have used heroin.

Among youth who had been in a foster home, 23% had misused prescription medication (vs. 12% who had never been in a foster home), and 3% had used heroin (vs. <1%). Similarly, among youth who had lived in a group home, 27% had misused prescription medication (vs. 12% who had never been in a group home), and 6% had used heroin (vs. <1%).



YRA REFLECTIONS

It is understandable that youth in care are using substances at higher rates because they have experienced trauma. Substances can be a way to forget your problems and feel better for a while, especially if you lack good role models and maybe have parents who use substances.

Youth with group home experience might be at greater risk for heroin use because group homes don't have the one-on-one parental relationship that other types of living situations have, and have staff rotating in and out. This can make it harder to build trusting relationships and for staff to monitor youth's substance use.

Supporting youth in care to connect to other youth and supportive adults who do not use substances might help to narrow the gap in substance use between youth with and without care experience. Also, ensuring staff and foster parents learn about trauma and how it affects people could help them to be more understanding of youth's behaviour and the reasons they use substances.

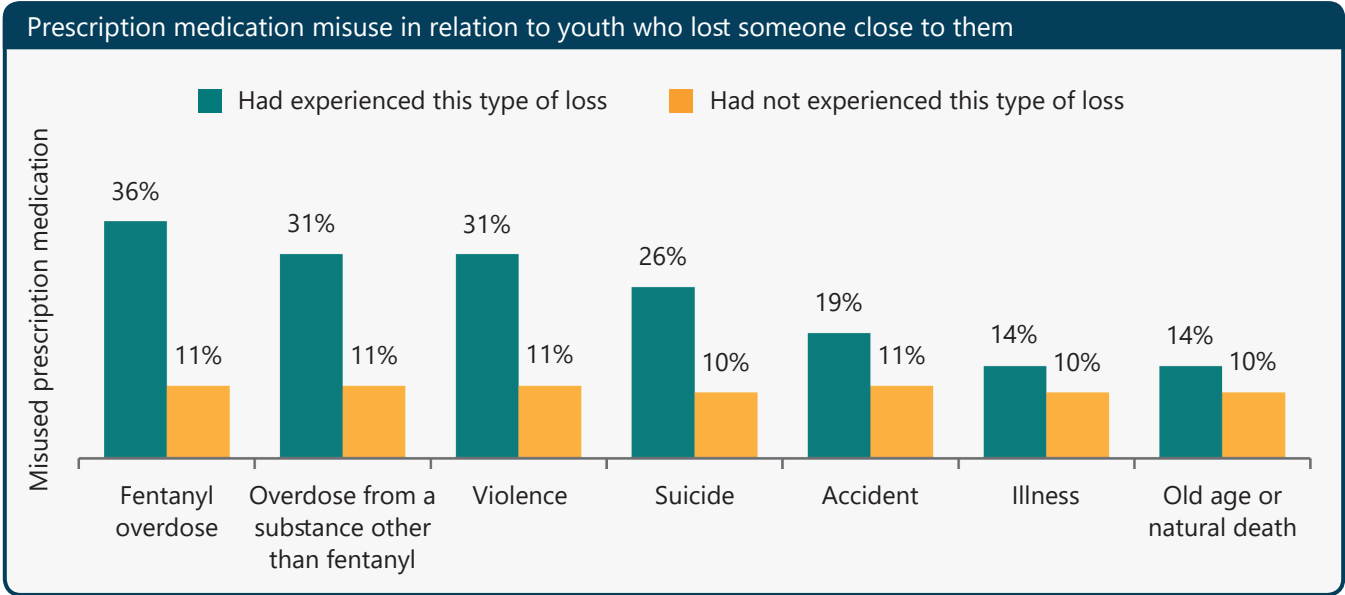
Grief and loss

Youth who had experienced the death of someone close to them were at increased risk of substance use, including opioid use. For example, 5% of youth who lost someone close to them to a fentanyl overdose had used heroin, compared to <1% who had not lost someone to a fentanyl overdose. Similarly, 3% of youth who had lost someone to another type of overdose had used heroin, compared to <1% who had not lost someone in that way. Experiencing the death of a loved one was also linked to the misuse of prescription medication.

YRA REFLECTIONS

Some people might be surprised that youth who lost someone to a fentanyl overdose would be so much more likely to misuse prescription medications or heroin, but youth might already have been using these substances and find it hard to stop or they might feel they have no other effective way to block out their pain.

Also, it's really painful to lose someone you care about (for any reason), and feeling sad was one of the top five reasons youth reported using substances.



Poverty and deprivation

Youth who were living in poverty were generally more likely to use substances than other youth. For example, 27% of youth who often or always went to bed hungry because there was not enough money for food at home misused prescription medications, compared to 12% of those who went to bed hungry sometimes or less often.

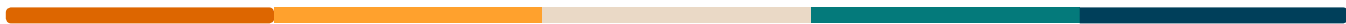
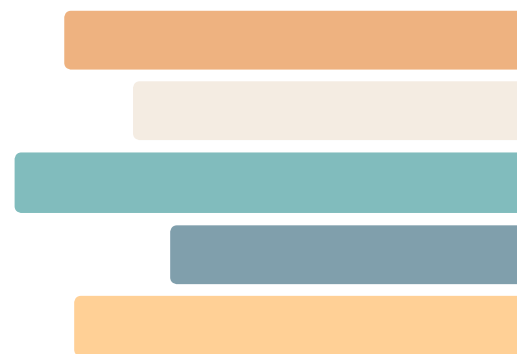
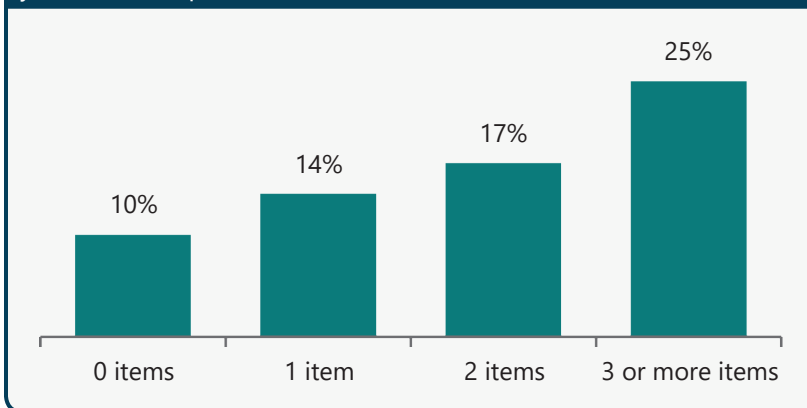
The more items youth were deprived of on the Youth Deprivation Index, the more likely they were to have misused prescription medication.

Also, 3% of youth who were deprived of three or more items had used heroin, compared to <1% who were not deprived of any items on the Index.

YRA REFLECTIONS

When you grow up in poverty it can be hard to see a way out of it. Feeling deprived of things your friends have can make you feel depressed and left out, and you might turn to substances to try to manage those feelings.

Prescription medication misuse in relation to the number of items youth were deprived of



Housing challenges

Youth who had moved three or more times in the past year were more likely to have misused prescription medication than youth who had not moved (16% vs. 11%). They were also slightly more likely to have used heroin (1% vs. <1%).

Running away from home or being kicked out were also associated with substance use, and the more often these occurred, the more likely youth were to have used substances. For example, 10% of youth who had not run away in

the past year had misused prescription medication, compared to 28% who had run away once or twice, and 38% who had run away at least three times.

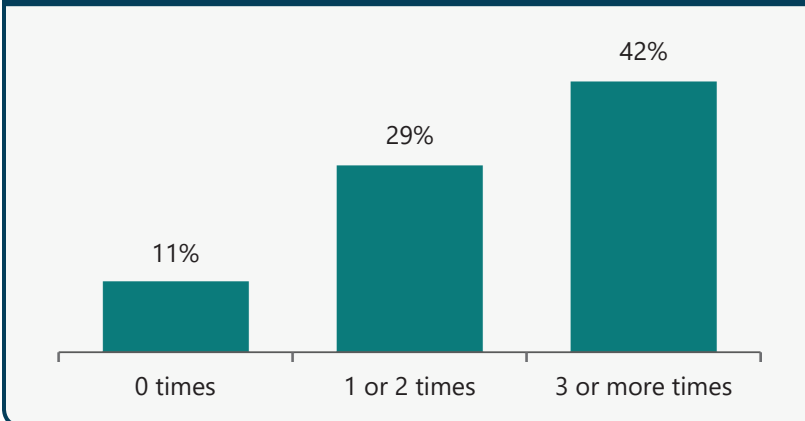
Similarly, youth were at least three times as likely to have used heroin if they had been kicked out (3% vs. <1%) or had run away (3% vs. <1%).

Youth who lived alone were more than twice as likely to have misused prescription medication than youth who lived with others (30% vs. 12%).

YRA REFLECTIONS

If you're isolated where you live or are having problems at home you might not really have anyone looking out for your safety, and it might be easier to hide your substance use and your struggles from others.

Prescription medication misuse in relation to how many times youth had been kicked out of home in the past year

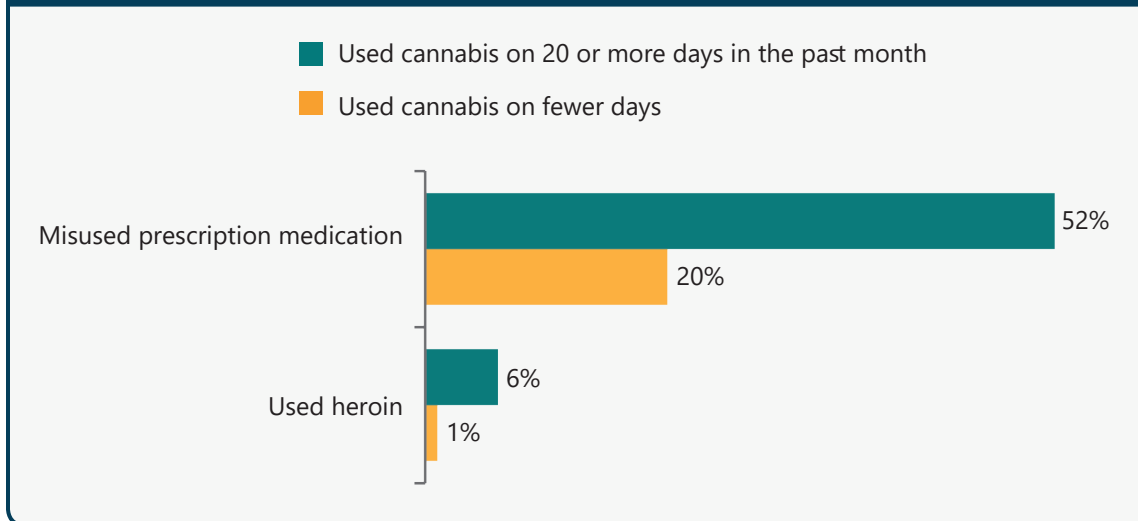


Regular use of alcohol or cannabis

Alcohol and cannabis are the most common substances used by BC youth. Regular use of alcohol and cannabis were associated with a greater likelihood of using other substances.

For example, youth who drank on 10 or more days in the past month were more likely than youth who drank on fewer days to have misused prescription medication (46% vs. 17%) and to have used heroin (9% vs. 1%; among those who had tried alcohol). A similar pattern was found for youth who used cannabis on 10 or more days.

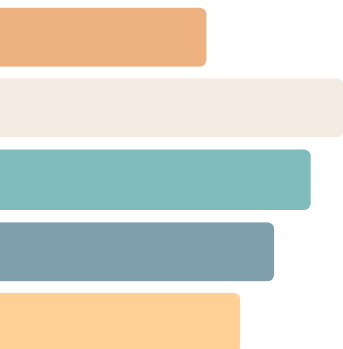
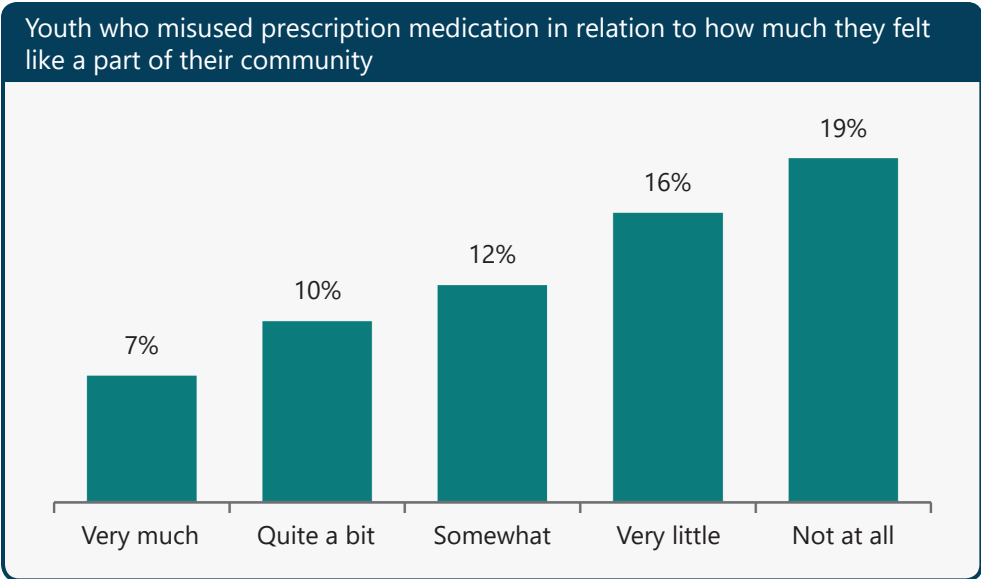
Misuse of prescription medication and use of heroin, in relation to youth's use of cannabis in the past month (among youth who had tried cannabis)



SUPPORTING YOUTH WHO USE SUBSTANCES

The final two sets of analyses we did looked at ways to support youth who have already misused prescription medication and/or used heroin, and at protective factors that might be present in the lives of youth who had used alcohol or cannabis but did not go on to misuse prescription medication or heroin.

When looking at risks we found that the more connected youth were to their family, school and community, the less likely they were to have used substances and specifically to have misused prescription medication, so we looked at supports in these areas.



Supporting youth who misused prescription medication and heroin

This section identifies supports that were associated with more positive health and well-being among youth who had misused prescription medication and/or heroin.

Supportive family

Among youth who had misused prescription medication, those who felt they had an adult relative they could talk to if they had a serious problem were more likely than those who did not have such an adult in their family to rate their mental health as good or excellent (69% vs. 31%), and were less likely to have experienced extreme stress (14% vs. 36%) and extreme despair (8% vs. 28%) in the past month. They were also less likely to have missed out on needed mental health services in the past year (21% vs. 55%).

Having an adult in their family they would feel comfortable talking to if they had a serious problem was also protective for youth who had used heroin. For example, they were more likely to feel hopeful for their future than those who

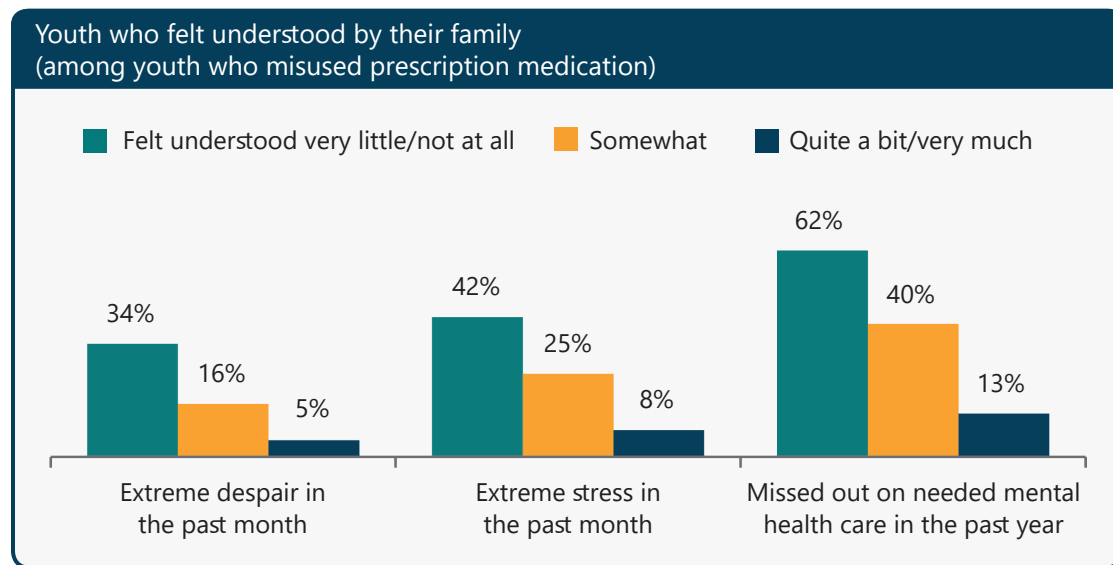
did not have such a person in their life (60%* vs. 29%), and were less likely to experience extreme stress in the past month (15% vs. 30%), to have seriously considered suicide (30%* vs. 54%), and to have missed out on needed mental health services (23% vs. 44%) in the past year.

Finding a family member helpful was also protective. Among youth who misused prescription medication and had asked a family member for help in the past year, those who found the experience helpful were more likely than those who did not find it helpful to report positive mental health. They were also less likely to have seriously considered suicide (25% vs. 68%) and to have self-harmed (25% vs. 63%) in the past year.

Feeling their family understood and respected them was also associated with more positive health and well-being. For example, among youth who had misused prescription medication, those who felt their family respected them were more likely than those who did not feel respected to feel hopeful for their future (64% vs. 24%), and were less likely to experience extreme stress in the past month (14% vs. 47%).

Similarly, among youth who used heroin, those who felt respected by their family were more likely to rate their mental health as good or excellent (75% vs. 38%* who did not feel respected) and to feel hopeful for their future (60% vs. 25%), and were less likely to have missed out on needed mental health care (24% vs. 46%*).

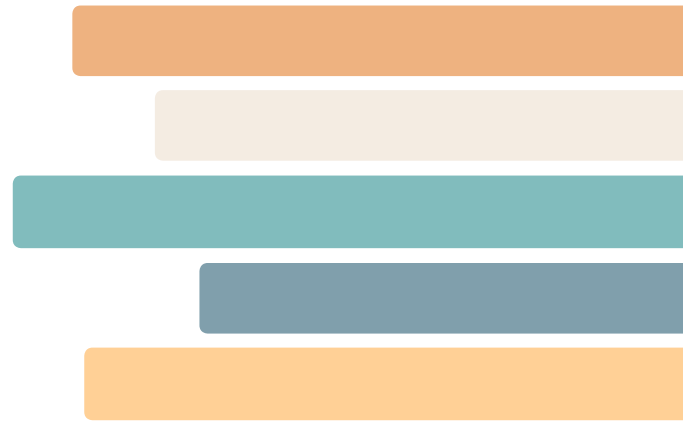
Youth whose parents knew what they were doing in their free time were more likely to report positive health and were less likely to engage in health risk behaviours. For example, among youth who had misused prescription medication, those whose parents usually or always knew what they were doing in their free time were less likely to drink alcohol on 10 or more days in the past month compared to those whose parents rarely or never knew what they were doing (7% vs. 21%; among youth who had tried alcohol).



Housing stability

Having a stable home was associated with more positive well-being. For example, among youth who misused prescription medication, those who had not moved in the past year were more likely to feel like a part of their community (34% vs. 23% who had moved three or more times). Additionally, half (50%) of youth who did not move in the past year felt like a part of their school, compared to 44% of youth who moved once or twice, and 32% who moved three or more times.

Among youth who had used heroin, 55%* who had not moved in the past year planned to pursue post secondary education, compared to 32%* who had moved three or more times. They were also less likely to have considered suicide in the past year (38%* vs. 60%* of those who had moved three or more times).



Connected to school

Youth who felt like a part of their school, felt their teachers and other school staff cared about them, and had a helpful teacher were more likely to report positive health and well-being, and were less likely to engage in health risk behaviours. For example, among youth who had misused prescription medication and turned to a teacher for support, those who found their teacher helpful were more likely than those who did not find their teacher helpful to report good or excellent mental health (68% vs. 37%) and to plan to pursue post-secondary education (83% vs. 71%).

Feeling like a part of their school was also protective for youth who had used heroin. For example, those who felt like a part of their school were

more likely than those who did not feel this way to expect to pursue post-secondary education (63%* vs. 31%) and to feel hopeful about their future (62%* vs. 29%*), and were less likely to have seriously considered suicide in the past year (26% vs. 57%*).

Bereavement and deprivation were risk factors for misusing prescription medication. Among youth who had misused prescription medication and had lost someone to a fentanyl overdose, those who felt like a part of their school were less likely to have experienced extreme despair in the past month (13% vs. 40% who did not feel like a part of their school) and to have considered suicide in the past year (40% vs. 66%). They were also more likely to feel hopeful for their future (55% vs. 20%).

Among youth who had misused prescription medication and were deprived of at least three items their peers had, those who felt connected to school reported better well-being. For example, they were more likely to report feeling hopeful for their future (52%* vs. 11% who did not feel connected), and were less likely to have attempted suicide in the past year (23% vs. 51%).

YRA REFLECTIONS

These findings show how important schools can be to youth, and how crucial it is for teachers to develop positive relationships with their students.

Youth’s health and well-being in relation to feeling like part of their school (among youth who had misused prescription medication)

| | Felt like a part of their school | Did not feel like a part of their school |
|--|----------------------------------|--|
| Planned to pursue post-secondary education | 85% | 63% |
| Felt quite a bit or very hopeful for their future | 67% | 27% |
| Reported good or excellent mental health | 68% | 27% |
| Felt happy most or all of the time in the past month | 63% | 24% |
| Had five or more drinks within a few hours at least once in the past month (among those who had tried alcohol) | 50% | 59% |
| Considered suicide in the past year | 24% | 60% |
| Felt extreme despair in the past month | 9% | 33% |
| Attempted suicide in the past year | 8% | 29% |

Connected to community

Among youth who had misused prescription medication and heroin, a more positive health picture was seen if they felt connected to their community and had an adult in their community who cared about them. For example, among youth who had used heroin, those who felt connected to their community were more likely to report feeling hopeful for their future (55%* vs. 31% who did not feel connected), and were less likely to have considered suicide in the past year (20%* vs. 58%*).

Similarly, when youth who had used heroin had an adult in their neighbourhood or community (outside of their school or family) who they felt really cared about them, they were more likely to plan to pursue post-secondary education (59% vs. 36% who did not have such an adult) and to feel hopeful for their future (52% vs. 29%).

Community connectedness was also protective for the most vulnerable youth. For example, among youth who had lost someone to a fentanyl overdose and misused prescription medication, 58%* of those who felt like a part of their community rated their mental health as good or excellent, which was more than double the rate among those who did not feel connected (25%).

YRA REFLECTIONS

It helps so much when there are adults around you who care about you and your future. You don't always have caring adults in your family, so when you can find them in your community it can really change your perspective. Supportive adults can really help you see hope for your future.

Youth's health and well-being in relation to feeling part of their community (among youth who had misused prescription medication)

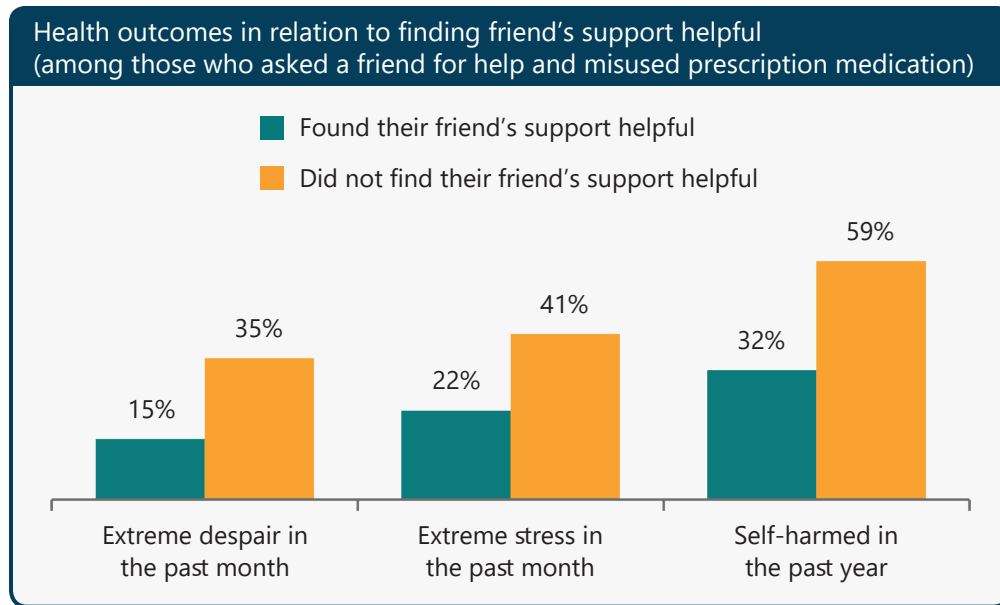
| | Felt like a part of their community | Did not feel like a part of their community |
|--|-------------------------------------|---|
| Planned to pursue post-secondary education | 86% | 66% |
| Felt quite a bit or very hopeful for their future | 72% | 32% |
| Reported good or excellent mental health | 71% | 34% |
| Felt happy most or all of the time in the past month | 66% | 28% |
| Felt extreme despair in the past month | 9% | 27% |
| Considered suicide in the past year | 22% | 55% |
| Attempted suicide in the past year | 8% | 25% |

Friendships

Among youth who had misused prescription medication, those who had at least one close friend were more likely to feel that their life was going well (56% vs. 31% with no close friends), to rate their health as good or excellent (64% vs. 44%), and to rate their mental health as good or excellent (52% vs. 35%).

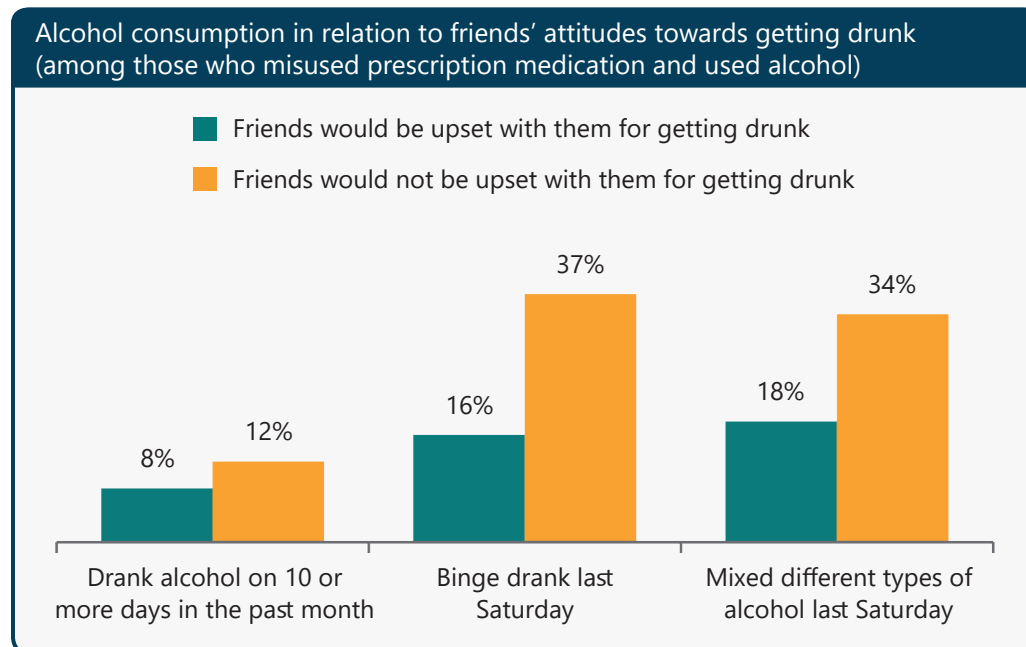
If youth who had misused prescription medication had asked a friend for help and found the experience helpful, they were more likely than youth who had reached out but did not find their friend's support helpful to feel hopeful for their future (54% vs. 29%) and to rate their mental health as good or excellent (55% vs. 23%).

When youth who had used heroin asked a friend for help and found this experience helpful, they were less likely than youth who did not find their friend's support helpful to have considered suicide (41% vs. 90%*) and to have self-harmed (43% vs. 98%) in the past year.



Having friends with healthy attitudes towards risk behaviours was also associated with positive health. For example, among youth who misused prescription medication, those whose friends would be upset with them for getting drunk were less likely to have tried alcohol (32% vs. 84% of those whose friends would not be upset if they got drunk) or to have drunk at risky levels.

Findings were similar when youth had friends who would be upset with them for using cannabis. For example, these youth were less likely to have ever tried cannabis (14% vs. 72%; among those who had misused prescription medication), and if they had tried it, were less likely to have used cannabis on 20 or more days in the past month (10% vs. 25%) or on the Saturday before completing the survey (32% vs. 50%).



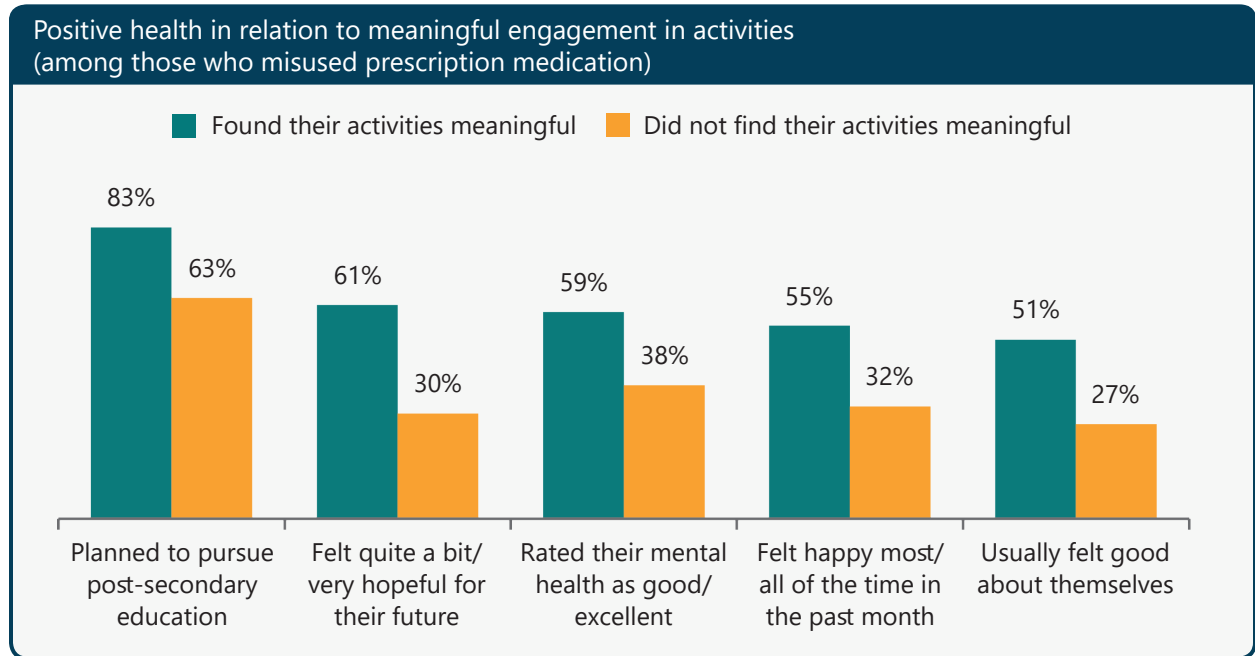
Note: Binge drinking refers to males who consume four or more alcoholic drinks within a couple of hours and to females who consume three or more.

Meaningful engagement

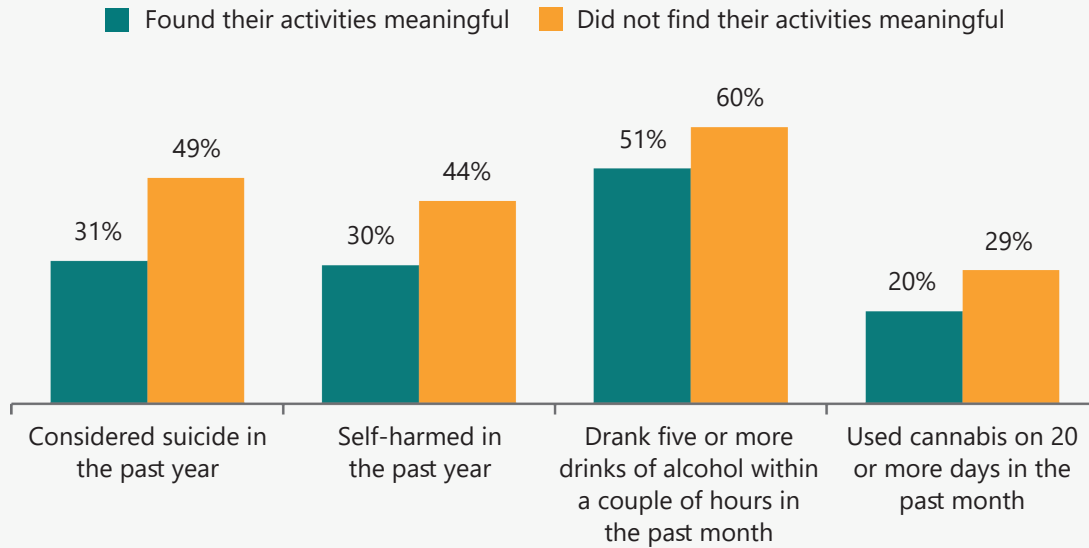
When youth who misused prescription medication or used heroin felt the activities they took part in were meaningful to them, and they felt listened to and valued within those activities, they reported better mental health and reduced substance use.

For example, youth who misused prescription medication who felt their ideas were listened to were more likely to feel hopeful for the future (68% vs. 32%), and were less likely to have considered suicide in the past year (25% vs. 53% of those who did not feel their ideas were listened to).

Similarly, 21%* of youth who had used heroin who felt like their ideas were listened to in their activities had seriously considered suicide in the past year, compared to 51% who did not feel their ideas were listened to. They were also more likely to feel happy (70%* vs. 42%*), to feel good about themselves (59%* vs. 26%), and to feel hopeful for their future (62%* vs. 30%).



Health risk behaviours in relation to meaningful engagement in activities
(among those who misused prescription medication)



Note: The percentages for 'drank five or more drinks of alcohol within a couple of hours in the past month' and 'used cannabis on 20 or more days in the past month' were among those who had tried the substance.

YRA REFLECTIONS

When people listen, it makes you feel like they care about what you have to say, and that they care about you, especially when it's one of your role models who's listening and caring. Being involved with caring adults supports your sense of connection.

Having your ideas listened to and actually taken seriously also builds your self-esteem. It gives you purpose and makes you feel valued. When people listen to your opinions it makes you feel more confident, and impacts how you value yourself.

Effective supports that meaningfully engage youth acknowledge that all youth start at different places and need support to learn and grow.

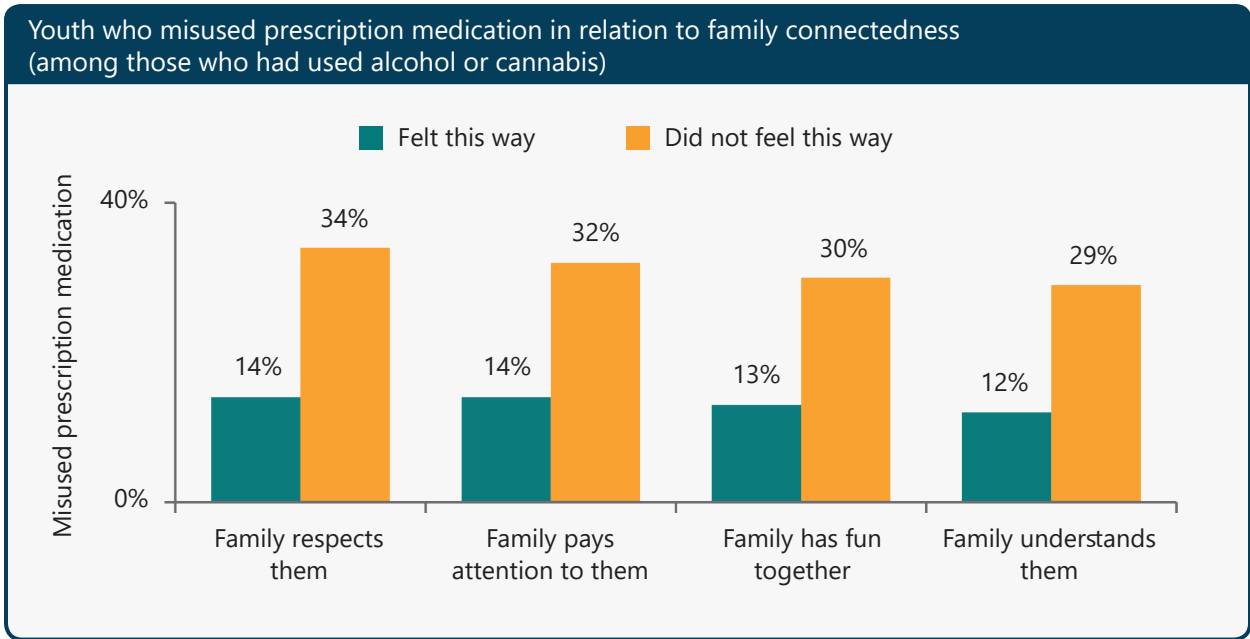
Protective factors that reduced the risk of misusing prescription medication

We wanted to look at youth who have used substances but have not gone on to misuse prescription medication. Therefore, all results in this section are among youth who had used alcohol or cannabis.

Youth who had tried alcohol or cannabis were less likely to have misused prescription medication if they:

Had a supportive family

- » Had an adult in their family they would feel comfortable talking to if they had a serious problem (14% vs. 25% of youth who did not have this).
- » Had parents (or guardians) who knew what they were doing in their free time (14% vs. 31% whose parents rarely or never knew what they were doing in their spare time).
- » Had parents (or guardians) who knew what they were doing online (12% vs. 23% whose parents rarely or never knew what the youth were doing online).
- » Felt connected to their family.



Felt connected to school

- » Felt like a part of their school (14% misused prescription medication vs. 28% of youth who did not feel this way).
- » Found their teacher helpful when approached for help (15% vs. 26% who did not find their teacher helpful).
- » Found their school counsellor helpful (18% vs. 27% who did not find their school counsellor helpful).
- » Found other school staff helpful (16% vs. 29% who did not find these staff helpful).
- » Felt that teachers cared about them (14% vs. 28% of youth who did not feel this way).
- » Felt that other school staff cared about them (15% vs. 26% of youth who did not feel this way).

YRA REFLECTIONS

You can tell when teachers really care about you when they take the time to get to know you and go out of their way to show interest. Most teachers care about their students, but they're so busy they don't have time to chase up students who are struggling.

Teachers and other school staff in mainstream schools should be given more time to connect with their students like they do in alternative schools. In alt ed, some teachers or youth workers will even go and check in on students outside of school property.



Had positive friendships

- » Had three or more close friends in their school or neighbourhood (17% misused prescription medication vs. 22% of youth who had fewer friends).
- » Had in-person friends who they found helpful when asked for support (17% vs. 27% who did not find their friends helpful).
- » Had friends who would be upset with them if they got drunk (15% vs. 18% of those whose friends would not be upset with them for this reason) or if they used cannabis (14% vs. 20%).

Felt connected and engaged in their community

- » Felt connected to their community (14% misused prescription medication vs. 25% who did not feel connected).
- » Felt connected to the land or nature (18% vs. 21%).
- » Had an adult in their neighbourhood who cared about them (16% vs. 21% who did not have such an adult).
- » Had received helpful support from a friend's parent in the last year (18% vs. 27%).
- » Found their sports coach helpful when approached for support (13% vs. 27% of youth who did not find them helpful).
- » Felt their activities were meaningful to them (16% vs. 24% who did not feel this way).
- » Felt like their ideas were listened to and acted upon in their activities (14% vs. 24%).
- » Participated in at least one weekly extracurricular activity (17% vs. 21% who did not participate).
- » Participated in weekly organized sports (16% vs. 20%).

YRA REFLECTIONS

Being involved in activities you find meaningful is fun, and to have fun was the top reason youth chose to use substances so it makes sense that it would be a protective factor.

Find what activities youth in your community like and put in youth centres where youth can go to do the things they love. It's a good outlet for stress.

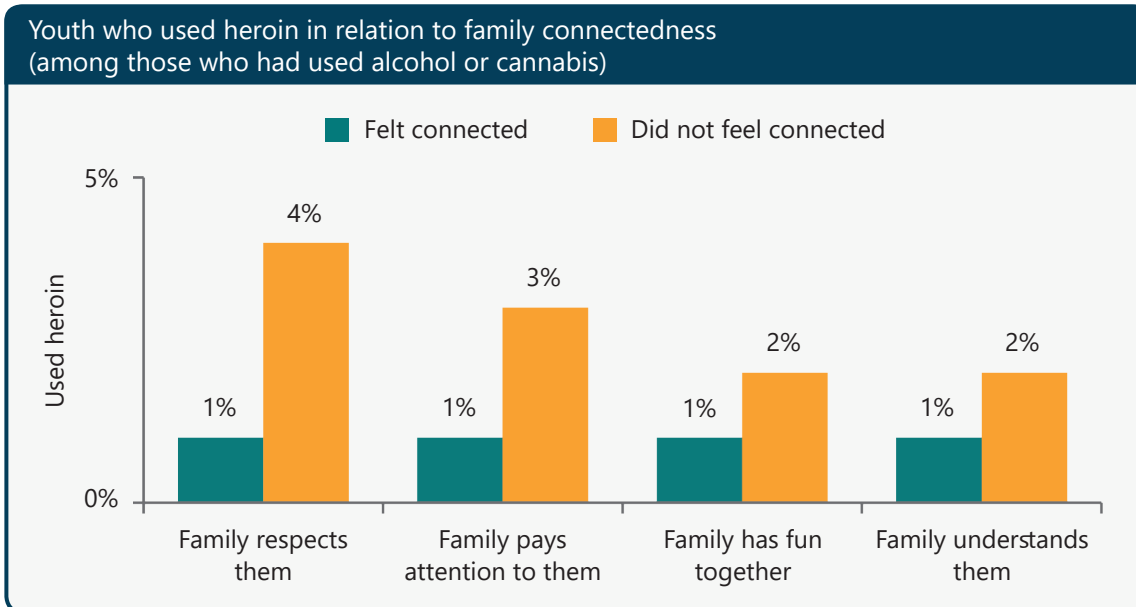
Protective factors that reduced the risk of using heroin

As heroin use is much less common among youth than prescription medication misuse, we wanted to see if the same (or other) protective factors were effective in reducing the chances youth who had used alcohol or cannabis would go on to use heroin. All results in this section are among youth who had ever used alcohol or cannabis.

Youth who had tried alcohol or cannabis were less likely to have used heroin if they:

Had a supportive family

- » Had an adult in their family they would feel comfortable talking to if they had a serious problem (1% vs. 2% who did not have this).
- » Found their family member helpful when they approached them with a problem (1% vs. 2% who did not find their relative helpful).
- » Had parents (or guardians) who knew what they were doing in their free time (1% vs. 2% of those whose parents rarely or never knew what the youth were doing in their spare time).
- » Felt connected to their family.



Felt connected to school

- » Felt like a part of their school (1% used heroin vs. 3% who did not feel this way).
- » Felt that teachers cared about them (1% vs. 3% who did not feel this way).
- » Felt that other school staff cared about them (1% vs. 2% who did not feel this way).
- » Found other school staff helpful when they approached them with a problem (1% vs. 3% who did not find these staff helpful).

Felt connected and engaged in their community

- » Felt connected to their community (1% used heroin vs. 2% who did not feel connected).
- » Felt connected to the land or nature (1% vs. 2% who did not feel connected).
- » Had an adult in their neighbourhood who cared about them (1% vs. 2% who did not have such an adult).
- » Found their sports coach helpful when approached for support (1% vs. 4% who did not find them helpful).
- » Felt their activities were meaningful to them (1% vs. 3% who did not feel this way).
- » Felt their ideas were listened to and acted upon in their activities (1% vs. 2% who did not feel this way).
- » Participated in at least one weekly extracurricular activity (1% vs. 2% who did not participate).

Had close friends

- » Had at least one close friend in their school or neighbourhood (1% used heroin vs. 4% who had no close friends).
- » Had three or more close friends in their school or neighbourhood (1% vs. 2% with fewer friends).



FINAL THOUGHTS

As we reviewed the results and reflected on the data, we had a number of ideas for how to better support youth during the opioid crisis and support those who may turn to substances to manage challenges they are experiencing.



Educate youth about prescription pill misuse

Suggestions:

- » If a youth is prescribed pain killers, they should only be given the amount they need and be taught about the potential risks of using too much, or using for too long.
- » Youth should be warned about the risks of using someone else's medication.
- » Youth should be taught where they can get non-judgemental support and advice if they are worried about their prescription pill misuse.



Support LGBTQ2S+ youth as they are at increased risk for using substances

Suggestions:

- » Create an LGBTQ2S+ mentorship program to support youth, particularly younger ones.
- » Have more LGBTQ2S+ safe spaces, activities and social groups.
- » Educate teachers about how to address transphobia and homophobia, and be allies.
- » Have school staff, social workers and counsellors put pride flags/stickers in their office to let youth know it's a safe space.
- » Ensure gender neutral bathrooms are available in spaces youth use (including mental health and substance use services).



Ensure mental and physical health supports are accessible so youth don't self-medicate with substances

Suggestions:

- » Ensure youth who are in physical pain are supported to access health care, and their pain is taken seriously and treated.
- » Listen to youth and take them seriously when they are stressed, anxious or experiencing other mental health challenges.
- » Ensure no-cost counselling and other mental health resources are available to youth who want these.
- » Reach out to youth who are socially isolated to ensure they are getting the support they need.
- » Be kind and compassionate, and recognize that youth might be using substances as a way to self-medicate.
- » Support youth to learn healthy stress-management techniques and to recognize what constitutes a healthy amount of stress, and at what point it is too much.
- » Support youth to learn meditation and other relaxation techniques, as these can be helpful.



Support youth who use substances to do so safely

Suggestions:

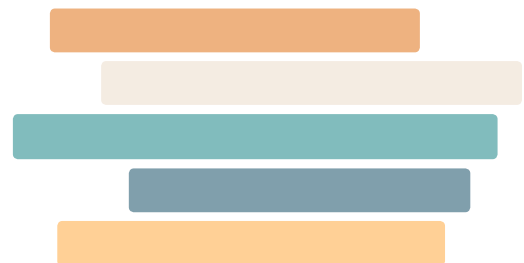
- » Youth should not be given opioids or other addictive medications for any longer than they need them.
- » Families and other supportive adults can help protect youth by monitoring and managing the dispensing of the medication, if this is needed.
- » Create safe consumption sites exclusively for youth. These sites can help to keep people safe, but can be too intimidating and scary to access when they are full of older adults.
- » Ensure youth (and adults) have access to naloxone kits and training, so they feel empowered to help if they are needed.



Address poverty and deprivation

Suggestions:

- » Make extra efforts to meaningfully engage low-resourced youth in their school and community.
- » Support youth (including financially) to explore their interests/hobbies and find what they are passionate about, so that they have something they like to do.
- » Youth living in poverty may lack confidence and need extra support to try new things, as they have not had the opportunities that more privileged youth have enjoyed.





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