Coping and hoping

Meaningful youth engagement practices that target low-resourced youth who use substances: Knowledge summary

Youth Research Academy

December 2019

YRA
Quincy Applewhite
Skyla Barahona
Jada Couchman
Martha Dzhenganin
Keeshana Emmanuel
Kayla Green
Lorilynn Grey
Willow Hill
Brandon Kenna
Raylee Lane
Karina Lewis
Dyllon Longpeter
Nelson McGillivray
Jaden Reinhardt
Nina Sunday
Breeya Troy
Merlin Wiens

YRA peer mentors
Barbara-Jean Johnson
Cheylene Moon

YAC
Amanda Percival
Chantal Percival
Cindy Shi

McCreary support staff
Karen Forsyth
Katie Horton
Stephanie Martin
Katie Meredith
Maya Peled

Practicum students
Breanne Lander, UNBC
Rajan Shinger, Douglas College

Table of Contents

Executive Summary

This knowledge summary was created by members of McCreary Centre Society's Youth Research Academy (YRA), with input from McCreary's Youth Advisory and Action Council (YAC), and support from McCreary Centre Society staff. It identifies and reflects upon youth engagement practices which target low-resourced youth who use opioids and other substances.

There are unique challenges for agencies wanting to engage youth who use opioids in harm-reduction programs, policies and practices, as interventions and supports have traditionally been designed for and used by older street-based opioid users. This means services are often unwelcoming, unsafe or inaccessible for youth.

The literature review conducted for this project identified a number of models of youth engagement, and noted that in addition to the benefits all young people experience when they are meaningfully engaged in the decisions that affect them, engaging low-resourced youth in leadership and planning roles can have wider benefits. For example, agencies that engage youth in the design and delivery of substance use services can gain insight into what is working/not working for youth, have access to new and creative ideas and strategies, and build credibility among young people.

The YRA identified a number of barriers low-resourced youth can experience to engaging with substance use services, including insufficient availability, requirements for entry, and rigidity of programs.

A common barrier to staying engaged in services and in decision making processes is that adults can be judgemental about youth's substance use and might not accept youth as they are. Managers sometimes do not recognize their biases and hire staff who are like them, as opposed to staff who can authentically connect with youth and whom youth can relate to. When hiring staff to work with youth, organizations should include youth in the hiring process, so that youth have a say in who is hired. Programs should try to employ a mix of genders, and people with diverse lived experiences.

It is also recommended that program planners and policy makers looking to engage youth should include youth who are actively using opioids (or other substances), as well as former users, because the two groups can bring different perspectives.

The literature review highlighted that adults involved in substance use service design and delivery should be trauma informed, relatable, understand youth's perspective, and genuinely care about young people. Adults looking to engage youth who use opioids should have some lived experience and understanding of youth's experiences and backgrounds. Peer mentors can also play a positive role in engaging youth because they have a good understanding of the issues youth are facing.

When planning to engage youth who use opioids in service design and delivery, it is important to note that the most effective strategies seem to be those that allow youth to participate as much or as little as they feel ready, and which do not focus solely on substance use. By addressing what the youth want to address, such as housing and mental health, programs can tackle underlying causes of substance use, and can treat youth as more than just their substance use.

Introduction

Purpose of knowledge summary

The aim of this knowledge summary is to identify youth engagement practices which target low-resourced youth who use opioids and other substances. It includes a literature review and young people's reflections on the current state of our knowledge. It was produced by McCreary Centre Society's Youth Research Academy (YRA), with input from McCreary's Youth Advisory and Action Council (YAC), and support from McCreary Centre Society staff.

The YRA is a group of youth aged 16 to 24 with government care experience who, with support of McCreary staff, develop, analyze, and disseminate research projects of interest to youth with government care experience and service providers.

The YAC is a group of youth leaders aged 15 to 24 who develop projects to improve youth health including organizing 'by youth for youth' workshops and events.

This knowledge summary looks at challenges and benefits of youth engagement, and outlines promising practices and a continuum of strategies to meaningfully involve youth in planning and decision-making processes relating to their substance use and the services they receive. The summary includes the YRA's reflections and a checklist of successful practices for engaging low-resourced youth who use substances.

Opioid crisis in Canada

Between January 2016 and March 2019, just under 13,000 Canadians are suspected to have lost their lives due to an opioid overdose, with most occurring by accident. The number of deaths per year increased by approximately 50% from 2016 to 2018 (Health Canada, March 2019; Special Advisory Committee on the Epidemic of Opioid Overdoses, 2019). Historically, overdose fatalities have been most common among older adults (45 to 54), but more recent data suggests that opioid-related hospitalizations and deaths have been increasing among young people (Hedegaard, Chen, & Warner, 2015; White, Hingson, Pan, & Yi, 2011).

In Canada, those aged 15 to 24 are the fastest growing group to experience hospitalization from opioid overdoses (Health Canada, March 2019). British Columbia declared the opioid crisis a public health emergency in 2016. In 2018, the BC Coroner Service detected fentanyl in 288 deaths of young people between the ages of 10 and 29. Of those who died of an overdose in 2018, 87% had used fentanyl either knowingly or unknowingly (BC Coroner Service, 2019). There has been a recent increase in carfentanil related deaths, as it was detected in 35 deaths in 2018, and 119 deaths in the first eight months of 2019 (BC Coroner Service, 2019).

In an attempt to reduce the number of opioid related deaths, particularly those from synthetic opioids such as fentanyl, several measures have been taken by the federal and provincial governments. These include the availability of free naloxone kits in most provinces and territories across Canada, with no prescription required, and the introduction of the *Good Samaritan Drug Overdose* Act in 2017, which provides some legal protection for those calling 911 when experiencing or witnessing an overdose. There have also been varying efforts across the country to increase treatment services and overdose

prevention sites, as well as public awareness campaigns to bring attention to the crisis (Health Canada, June 2019).

Youth are often reluctant to seek substance use treatment and have high rates of dropout from interventions (Dunne, Bishop, Avery, & Darcy, 2017). In the United States, about half of publicly-funded substance use treatment programs for youth have been unsuccessful (Pullman et al., 2013). Programming strategies that focus on youth engagement are key, because once youth are engaged they show decreased rates of substance use and substance-related deaths (Dunn et al., 2017).

Reflections

The opioid crisis is a complex issue that affects lots of young people and families. Using prescription pills is common, and when opioid use is related to how youth spend time with their peers it can become something they rely on to fit in and have friends.

Having youth share information to educate others on the myths and realities of opioid use is an important step to address the crisis. The more that young people know about the risks of opioid use and how to access and use life-saving naloxone or drug testing kits, the more it will empower youth to be part of the solution.

Methodology

Databases and search terms used

Members of the Youth Research Academy (YRA) carried out a search of the published literature using relevant research databases, including Academic Search Complete, Cochrane Database of Systematic Reviews (CDSR), Communication & Mass Media Complete, ERIC, PsycINFO, PubMed Central, and Social Sciences Full Text.

A search of the grey literature was also carried out using search engines available through the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, Canadian Institute of Health Information, the New York Academy of Medicine Grey Literature Report, the SAMHSA registry of evidence-based programs and services, Open Grey, and Google.

Search terms included combinations of terms such as: youth, teen, adolescent, young people; meaningful engagement, involvement, decision-making, planning, policies, participation, youth voice, leadership; opioids, fentanyl, substance use, substance abuse, addiction; low-resourced, poverty, marginalized, economically disadvantaged; barriers, challenges, benefits, supports, promising practice(s).

Searches were limited to articles written in English. The YRA reviewed titles, abstracts, and key words to narrow search results, and then reviewed the full text of the selected documents to evaluate their relevance to the subject of meaningfully engaging low-resourced youth who use substances. Documents that addressed successful practices and impacts of engaging high-risk and marginalized youth who use substances in the planning of programs and service delivery were of primary interest, as were documents that specifically focused on youth who use opioids.

Reflections

Taking part in writing a literature review was a new experience for many of us. At times, searching for and reading through academic and grey literature was tiring and difficult. However, walking away with a greater understanding of how to support young people in difficult situations was incredibly rewarding. Researching and writing for this review was an overall positive experience where we learned new skills and how to interpret academic language. It also helped us feel more prepared to go to college or university.

We will also use the knowledge we gained through working on this review to support our peers and family members, and to correct unfair or inaccurate stereotypes that others place upon youth who are low-resourced and use substances.

It felt like a privilege to work on this project, and we feel proud that our work will help to inform future supports and engagement initiatives for low-resourced youth who use opioids and other substances.

Definitions used in this report

Youth is inclusive of young people between the ages of 12 to 24.

Youth engagement refers to meaningfully and sustainably involving young people in decision-making that affects them.

Low-resourced youth includes young people with limited social, financial, and family resources to draw on.

Youth who use substances broadly encompasses young people who use any kind of substance including opioids.

Risk factors are conditions or experiences that have been linked to a higher likelihood of substance use (and other health risk behaviours).

Protective factors are supports and assets in someone's life that make it more likely they will experience more positive health and well-being. If youth have risk factors but also have protective factors, it can help them to experience more positive health outcomes.

Reflections

The term 'low-resourced' is helpful because of its neutrality and lack of prejudice attached to it. Unlike the terms 'homeless' or 'at-risk', which conjure negative images of what one may assume a homeless youth looks like, 'low-resourced' encompasses a broad range of youth who need additional supports and is not associated with the same stigma.

For similar reasons, 'youth who use substances' is preferred over 'addict' and 'youth who abuse substances.' Individuals may self-identify as having an addiction if it is helpful for them, but it is important that youth are treated as the experts in their own lives. Additionally, it is vital to consider all youth who use substances, as the opioid crisis places everyone who uses substances at-risk, not just those with severe dependencies. However, 'youth who use substances' might be too broad at times, as recommended approaches may differ depending on the scope of an individual's substance use.

Profile of Low-Resourced Youth Who Use Substances

This section describes youth considered low-resourced; young people at risk of using opioids; reasons youth might use opioids; possible consequences of use; and protective factors associated with reduced risk of opioid use.

Youth considered low-resourced

'Low-resourced youth' are young people with limited social, financial, and familial resources to draw on. They include those who have experienced extreme poverty, who are homeless or transient, live in unsafe neighbourhoods, attend under-resourced schools, and who lack resources for positive activities (Foster et al., 2017; Murray & Belenko, 2005; National Center for School Engagement [NCSE], n.d.).

Substance-related deaths are more common among low-resourced youth, and health-related consequences associated with substance use (e.g., hepatitis, pneumonia, sexually transmitted infections) are often more frequent and severe than among higher-resourced youth (McCabe & Wahler, 2016). This may be because low-resourced youth are more likely to engage in risky health behaviours, while they also have less access to health services and lack the financial resources to secure basic needs such as shelter (McCabe & Wahler, 2016). Social and physical environments can also impact youth substance use. (Kadushin et al., 1998).

Youth at risk of opioid use

Challenging experiences in youth's lives—including poverty, homelessness, government care experience, discrimination (e.g., due to ethnic or cultural background or sexual orientation), isolation, a history of sexual or physical abuse, mental health problems, and a family history of substance use—increase young people's risk of misusing opioids as well as other substances (BCCSU et al., 2018; Center for Addiction and Mental Health [CAMH], n.d.; JCSH, 2009; Murray & Belenko, 2005; NIDA, 2014; Schrager et al., 2014; Smith, Peled, et al., 2018). Youth who feel disconnected from school are also more at risk (JCSH, 2009).

Increased access to opioids puts youth at greater risk of opioid misuse (Sharma, Bruner, Barnett, & Fishman., 2016). More than two-thirds of young people who reported misusing opioid painkillers reported getting the medication at home (CAMH, n.d.-a).

Those who had been prescribed opioids in the past were more at risk of misusing opioids, and in particular engaging in alternate methods of using opioids, such as snorting or injecting (NIDA, 2018; Schrager et al., 2014). For example, Miech, Johnson, O'Malley, Keyes, and Heard (2015) found that youth were 33% more likely to misuse opioids into young adulthood if they had been prescribed opioids in the past.

Also, regular use of substances other than opioids (e.g., alcohol, marijuana, nicotine) increases the risk of opioid misuse (CAMH, n.d.-a; CAMH, n.d.-c).

Reasons youth might use opioids

Youth in BC who misused prescription medication, including opioids, were more likely than youth who used other substances (alcohol, marijuana, hallucinogens, cocaine, heroin, etc.) to report using substances because they were stressed or feeling depressed. They were also more likely to report using substances because of an addiction (McCreary Centre Society, 2019).

Among low-resourced youth from government care who used opioids or other substances, commonly identified reasons for using substances were to deal with mental health challenges, because of peer or family influence (and normalization of substance use among peers and family), to have fun, and to reduce boredom (Smith, Peled, et al., 2018). Substance use was often used to self-medicate mental health symptoms or to numb emotional pain, which often occurred due to past trauma (Smith, Peled, et al., 2018). Youth also reported using substances in response to other challenges or stressors in their lives, including housing instability, homelessness, grief, and entering or transitioning out of government care (Smith, Peled, et al., 2018).

For Indigenous youth, the effects of colonialism and intergenerational trauma were also identified as factors that might contribute to their substance use (Smith, Peled, et al., 2018). Indigenous youth and other minority groups, such as LGBTQ2S youth, may use substances because of the stress associated with being in a minority group, having to deal with discrimination and social prejudice, internalized stigma, and the lack of cultural understanding in the health care system (BCCSU et al., 2018).

Youth might initially be prescribed opioids to manage physical pain, but opioids are prone to misuse because of the euphoria and relaxed feelings they can cause (CAMH, n.d.-c; NIDA, 2019).

Some youth feel that misusing opioids (e.g., using opioids not prescribed to them) is safer than using street substances (such as heroin or crystal meth) because they are more likely to know what they are taking and how much they are taking. There is also a common misconception among youth that opioids are safer than street drugs because they are prescribed medicine (CAMH, n.d.-c).

The reasons youth use substances can influence the severity of the risk and the pattern of use. For example, if the reason for use is more enduring, such as a to mange an on-going mental health condition, then the substance use may also be more long-term (Canadian Institute for Substance Use Research, 2013).

Reflections

Youth use substances for a variety of reasons. For example, if they are depressed or anxious, they might use substances as a way to cope, such as to feel relaxed and comfortable. It's important to find ways to support them with the challenges in their lives, as this could help to lower their substance use.

When adults place overly high expectations on youth, it can be anxiety inducing, and the pressure can increase youth's risk of using opioids. There is an important distinction between adults setting expectations that are too high, and adults believing in the youth. Adults believing in youth, and supporting them to succeed, is positive, while setting overly high expectations is not.

Youth might think that prescription pills are safer to use than other substances. Misusing prescription pills like opioids might not have the same stigma attached to it.

Possible consequences of opioid use

When opioids are misused (e.g., taken in alternate ways, quantities, or without a prescription) the consequences can be severe (NIDA, 2014), especially when snorted or injected (CAMH, n.d.-c; NIDA, 2014; NIDA, 2018; Schrager et al., 2014).

Youth in BC who misused prescription medication, including opioids, were more likely than youth who used other substances (alcohol, marijuana, hallucinogens, cocaine, heroin, etc.) to report negative consequences of their use. For example, they were more likely to have passed out, been injured, received medical treatment, and overdosed (McCreary Centre Society, 2019).

An opioid overdose can result in death (CAMH, n.d.-a; NIDA, 2014; Schrager et al., 2014). Overdoes are more likely among those living in poverty or poor housing, with depression, who use injection as their administrative method, and who have previously overdosed (Sawula et al., 2018).

Aside from addiction, youth who use opioids can develop physical dependence and experience withdrawal symptoms (e.g., vomiting, cramps, trouble sleeping, muscle and bone pain, cold flashes, uncontrollable leg movements, craving for the substance; CAMH, n.d.-a; CAMH, n.d.-c; NIDA, 2019). When opioids are used long-term, they can cause moods swings, irregular menstrual cycles, constipation, and reduced interest in sex (CAMH, n.d.-a). Earlier onset of opioid use is associated with an increased likelihood of dependence, progression to heroin and injection heroin use (Sharma et al., 2016).

Youth who misuse opioids can suffer long-term emotional, social, health, and financial consequences (CAMH, n.d.-a). Severe psychosocial impairment, including criminal justice involvement, school dropout, unemployment, and co-occurring psychiatric disorders are examples of opioid addiction consequences that affect youth and their families (Sharma et al., 2016). Opioid use among youth is associated with polysubstance use disorders, and with HIV, Hepatitis C, and other infections due to sharing needles (BCCSU et al., 2018; CAMH, n.d.-a; Toumbourou et al., 2007). Prescription opioids have similar effects to heroin, and as a consequence many prescription opioid addicts switch to using heroin because it is cheaper (NIDA, 2014; Schrager et al., 2014).

Protective factors linked to reduced risk of opioid use

Protective factors were looked at in the areas of family, school, community, peers, and internal characteristics.

Feeling connected to family is a strong protective factor linked to reduced substance use, including opioid misuse (U.S. Department of Health and Human Services [HHS], n.d; JCSH, 2009). Youth with an adult in their family they can turn to for support are less likely to report misusing prescription pills, such as opioids, compared to youth who do not have such a family member in their life (McCreary Centre Society, 2019). Also, parental monitoring (e.g., parents knowing what youth do in their free time) is associated with reduced risk of using substances including opioids (Smith, Poon, et al., 2018).

If youth cannot turn to their family for support, supports outside the family can also be protective. For example, feeling engaged and connected to school helps to reduce the risk of misusing opioids and other substances (Murray & Belenko, 2005; Smith, Poon, et al., 2018). Also, when students feel their teachers expect them to do well (by setting high but achievable goals) and that school staff care about them, they are less likely to misuse opioids and other substances (JCSH, 2009; Smith, Poon, et al., 2018). One study found that among students who lost someone close to them due to a fentanyl overdose, those who felt their teachers cared about them were less likely to have misused prescription medication including opioids, and were more likely to feel hopeful for their future (McCreary Centre Society, 2019).

Community connectedness and neighbourhood safety have also been linked to lower substance use among youth (Smith, Poon, et al., 2018). In addition, having positive relationships with people in the community, including positive adult mentors, can reduce the risk of using substances (JCSH, 2009; Smith, Poon, et al., 2018). For example, youth who felt there was someone in their community who really cared about them were less likely to misuse prescription medication including opioids. This was also the case for youth who had lost someone to a fentanyl overdose (McCreary Centre Society, 2019).

Also, having opportunities for meaningful participation in community activities reduces the likelihood of substance use, and lowers the likelihood of riskier use among youth who have used substances (JCSH, 2009; Smith, Poon, et al., 2018). For example, among youth who used substances, those who took part in extracurricular activities which were meaningful to them were less likely to report injecting drugs, and misusing prescription medication such as opioids, than if they felt their activities were not meaningful (McCreary Centre Society, 2019; Smith, Poon, et al., 2018).

Having healthy peer relationships can also be protective (JCSH, 2009), as well as having friends who would disapprove of youth's substance use (Smith et al., 2018). Internal characteristics—such as

optimism, hope for the future, and high self-esteem—are also protective for potentially harmful substance use, including opioid misuse (Murray & Belenko, 2005; Smith et al., 2010; Smith, et al., 2018).

Having protective factors can lessen the impact that risk factors might have on youth's substance use (Smith, Peled, et al., 2018). Also, youth who have protective factors in more areas (e.g., family, school, community, peers, and internal factors) are less likely to use substances than those with protective factors in fewer areas. Among those who use substances, having protective factors in more than one area can reduce riskier substance use and negative consequences of use (Smith, Poon, et al., 2018).

While various protective factors can reduce the risk of substance use, five that have been found to be particularly effective are parental monitoring, school connectedness, feeling safe in the neighbourhood, having peers with healthy attitudes about substance use, and having a positive outlook about the future (Smith, Poon, et al., 2018). The more protective factors a youth had, particularly the more of these five, the less likely they were to engage in possibly harmful substance use or to experience multiple negative consequences if they did use (Smith, Poon, et al., 2018).

Further, Fast and colleagues have highlighted the importance of early intervention with low-resourced youth (Fast, Small, Wood, & Kerr, 2009). Early interventions (e.g., school-based programs such as those that include counselling services and extra-curricular activities) can reduce youth's risk of becoming entrenched in a drug culture and of using substances such as opioids (Fast et al., 2009).

Reflections

Protective factors are important for all youth, but not everyone has the same access to these things. If someone doesn't have protective factors in one of these areas—for example, if they don't have family to support their treatment—the others can play an even more important role. Youth need adults in their lives who will notice if they are struggling or using substances in unhealthy or risky ways. They need adults they can feel safe talking to, and who will encourage them to get help when they need it.

Having a supportive school environment with a teacher or school counsellor who cares about youth and believes in them can make a big difference in a young person's life. Believing in the youth is helpful when the youth does not believe they can do it for themselves. It can help youth who are struggling to keep going to school and to work towards their future. Feeling like you have a future is what is really motivating. Feeling hopeful for the future and having opportunities to succeed is especially important for youth who don't have the same supports or resources as their peers.

Youth who feel like a part of their school are often involved in school activities. This can help to keep them busy and to lower their substance use. Also, taking part in activities out of school can help youth feel connected to their community, and gives them something to do other than using substances.

Providing opportunities for youth to engage in and feel a sense of responsibility over something, no matter how small or big, is important to feeling an internal sense of pride. Being provided with responsibility is significant in empowering youth to take control of something in their life.

Friends can influence youth a lot. Peer pressure can have positive effects, if your friends disapprove of your use of substances. Peers with healthy attitudes toward substance use can help with reinforcing pro-social beliefs and behaviours around substance use. These types of peers can also serve as safe and stable role models for youth, who are not adults or professionals.

Benefits of Youth Engagement

This section provides an overview of youth engagement and describes different models of engagement; identifies positive outcomes associated with meaningful engagement; and includes additional benefits of engaging low-resourced youth who use substances in treatment planning and service delivery.

Overview of youth engagement

Youth engagement refers to meaningfully and sustainably involving young people in decision-making that affects them (Checkoway, 2011; Smith, Peled, Hoogeveen, Cotman, & McCreary Centre Society, 2009). Meaningful youth engagement allows youth to take action, have their voice heard, and to actively participate in their own development. Meaningful engagement can positively influence young people's health in a variety of domains (i.e., social, environmental, economic, physical, and cultural; BC Healthy Communities, 2011).

Models of youth engagement

There are a number of models of youth engagement, such as Hart's (1992) "Ladder of Participation." At the highest rungs of this ladder are youth-led and initiated projects which are either developed and directed by youth themselves or with collaboration from adults. The lowest rungs reflect practices where youth are tokenized or manipulated into believing they are part of projects where their involvement is not genuine. Hart noted, however, that the highest rungs of the ladder should not be considered as the ideal in all situations. Different youth might prefer varying degrees of participation and responsibility, depending on their circumstances, abilities, and interests. For Hart (1992), choice was important when considering genuine youth participation, and specifically for youth to have opportunities to choose to participate to their maximum abilities.

Similar conclusions were made about the Youth Engagement Spectrum (YES), developed by HeartWood Centre, which posits that youth engagement opportunities exist along a spectrum, with one end not considered better than the other (British Columbia Ministry of Children and Family Development [MCFD], 2013). YES can be seen as a map which helps adults or agencies situate themselves in terms of youth engagement, and which can support the most optimal youth engagement for a given context. An organization can be involved in several forms of youth engagement at the same time (Ure, n.d.). The spectrum includes Participation in Programs/Services (i.e., youth take part in programs that are offered by adults); Program/Organizational Assistance (adults ask youth to take on specific tasks, and youth have little input on how to carry them out); Informal Influence in Organizations and Program Development (youth informally help plan and implement programs, such as by participating and sharing their input in focus groups, and are involved in a range of organizational activities but are not included in formal planning processes); Formal Roles in Policy-Making and Decision-Making (youth participate in core planning processes; their input, including their right to vote, is respected on Boards and committees; and youth may hold staff positions); Youth/Adult Partnerships (youth have equal status in organizations' decision-making processes, and adults recognize youth members as full partners that share responsibility and accountability); and Youth-Led Initiatives (youth control the governance and decision-making of their own organization or initiative, and all responsibilities are carried out by youth; Ure, n.d.).

The government of Ireland uses Lundy's Model of Participation (Ireland's Department of Children and Youth Affairs [DCYA], 2015) to direct its policies for children and youth. The non-hierarchical model was created to conceptualize Article 12 of the United Nations Convention on the Rights of the Child, and acknowledges that children and youth have the right to express their views and for these views to be given "due weight." The model is divided into four parts, including space (which stipulates that young people must be given safe and inclusive opportunities to express themselves); voice (they are encouraged to express their view); audience (their views are listened to); and influence (their view may be acted upon appropriately; DCYA, 2015).

The Typology of Youth Participation and Empowerment (Wong, Zimmerman, & Parker, 2010), or TYPE Pyramid, is another model that identifies five forms of youth engagement: Vessel, Symbolic, Pluralistic, Independent, and Autonomous. At the base of the pyramid, the left side represents "Vessel" which reflects lack of youth voice, and adults having complete control. The right side of the base represents "Autonomous" where youth have complete control. The top of the pyramid represents "Pluralistic" where youth and adults share control. This model encourages adults to share responsibility with youth, co-learn together and to serve as a resource and collaborator, rather than adults acting as the experts or allowing youth to have total control (Wong et al., 2010).

TYPE Pyramid (Wong et al., 2010).
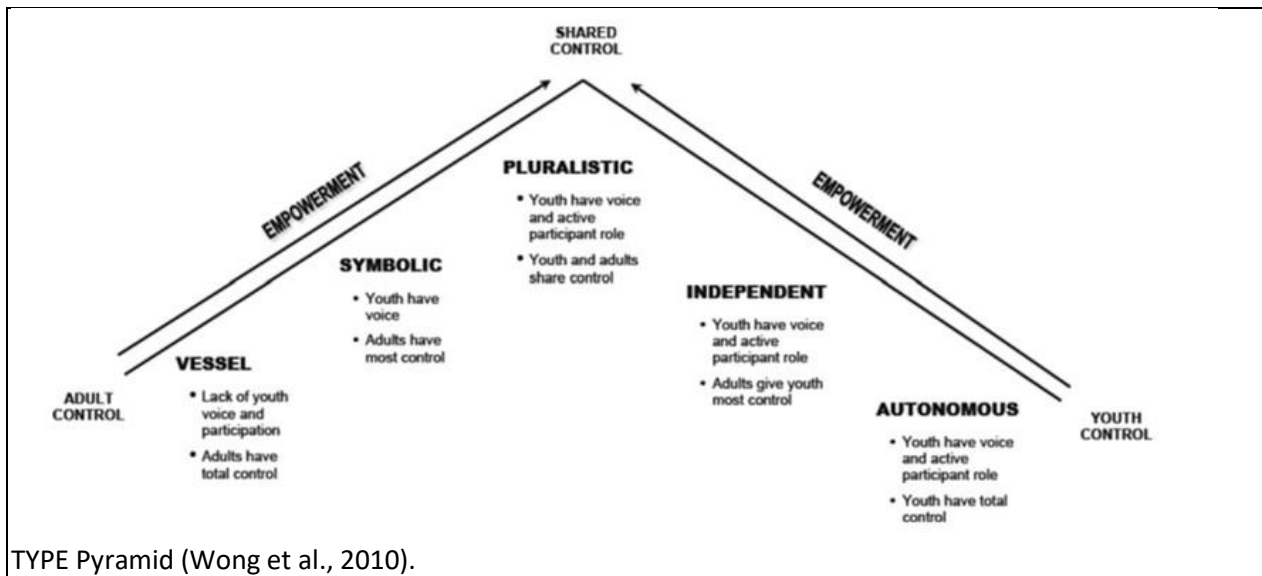
Reflections

Maybe Hart's ladder isn't the best representation for a youth participation model. It makes it feel like you have to start at the bottom, with tokenistic or manipulative youth participation, and work your way up to meaningful youth engagement. It is still important to talk about manipulative and tokenistic participation though, because it helps organizations understand what bad youth engagement looks like and might help them see if what they are doing is tokenistic or not.

Lundy's Model of Participation mandates youth voice and space. It clearly lays out the structure that is required for youth to be able to meaningfully engage with a group of adults. Its simplicity and clarity make it easy to understand how organizations can support meaningful youth engagement. Without all of these factors—voice, space, influence, and audience— youth participation would not be effective. It would be like giving someone a mic in an empty auditorium.

It takes time for youth to be ready to take on full and independent responsibility for something, especially if they do not have prior experience doing so. The TYPE Pyramid model includes space for collaboration, which is important. Youth need to see what the adults work on and how the youth's work is integrated with the adults'.

Youth-adult partnerships

Youth-adult partnerships are an essential component of youth engagement and have been described as shared decision-making between youth and adults for community action (Zeldin, Camino, & Mook, 2005). These partnerships have been characterized as including multiple youth and multiple adults working together in a democratic way over a sustained period of time (Zeldin, Christens, & Powers, 2013). In this way, youth-adult partnerships may contribute to the success of projects that impact the wider community. These partnerships can also be a way to address the isolation of youth and an opportunity for adults to contribute their passion for community participation (Zeldin et al., 2013). Others see youth-adult partnerships as a promising solution specifically for marginalized young people to build skills and to help shape their programs and communities (Libby, Rosen, & Sedonaen, 2005; Wong et al., 2010).

Forming effective youth-adult partnerships requires flexibility, mentorship, authentic decision-making, and reciprocal learning in order to be successful (Heffernan, et al., 2017). Roles must be flexible enough to provide space for both youth and adults to utilize their unique skills and abilities (Heffernan, et al., 2017). Programs that wish to form effective youth-adult partnerships must also actively seek to avoid replicating the power imbalances that youth experience on a regular basis, in order to provide a welcoming environment for youth to share their unique skill-sets, thoughts, and opinions (Heffernan, et al., 2017).

In effective youth-adult partnerships, both youth and adults are teachers and students where each learn from the others' experiences and knowledge, which can play a pivotal role in facilitating personal and professional growth for those involved (Heffernan, et al., 2017). Youth-adult partnerships that embrace reciprocal learning create programs that are more youth friendly, are better able to engage youth, and are better at supporting youth the way they want to be supported. For youth, effective partnerships can help them develop new skill-sets to become engaged adults, and can have long-lasting positive effects on their health outcomes (Heffernan, et al., 2017).

Reflections

Youth-adult partnerships can be amazing, if youth have an authentic role and their involvement is not tokenized. Both youth and adults bring unique perspectives that the other can learn from. These partnerships can help youth and adults to have an open mind, and can help youth become more confident with sharing their ideas. A good youth-adult partnership makes youth feel safe to try new things and grow. These partnerships can also have a positive impact on organizations.

A good adult supporter might be very involved at first, and then as a youth becomes more independent and skilled, the adult can step back more to allow the youth to work independently, while still providing support as needed. Having adult allies with good relationships with the youth can be like having a first-aid kit handy at the gym: They are there to help when they are needed.

One possible challenge is that adults might take more control than they realize. It could be helpful to have someone in charge of evaluating youth-adult partnerships to ensure a balance of power is maintained between youth and adults.

Positive outcomes associated with meaningful engagement of youth in policy development and program planning

Youth's meaningful engagement in decisions that affect them contributes to the development of protective factors that promote positive development and that reduce the likelihood of engaging in risk-taking behaviours (Registered Nurses' Association of Ontario [RNAO], 2015; Smith, Poon, et al., 2018). Youth engagement has been associated with positive outcomes in a range of areas.

Skill-development

When youth have opportunities to be meaningfully engaged, they are able to develop their inter-personal skills, including cooperation, communication, teamwork, and conflict resolution (Ramey & Rose-Krasnor, 2015; Zeldin et al., 2011). Youth's involvement in research projects can also promote their development of research-specific skills and of transferable skills that can assist them in finding and maintaining employment (London, Zimmerman, & Erbstein, 2003; Peled, Smith, & Martin, 2019).

Connectedness

Youth engagement can also help young people to gain an increased capacity for forming and maintaining healthy relationships (Bulanda & Johnson, 2015; Iwasaki & Youth 4 YEG, 2015; Smith et al., 2009). Positive relationships founded on respect, trust, co-operation, support, forgiveness, and equal effort serve as important protective factors for marginalized youth (Iwasaki & Youth 4 YEG, 2015).

In addition, meaningful engagement can contribute to a greater sense of community connectedness, and a more positive relationship between youth and their school or larger community, including helping to reduce rates of justice involvement and school-suspensions (Bulanda & Johnson, 2015).

Health & well-being

Meaningful youth engagement has also been associated with improved mental health and well-being, including a greater sense of self-esteem, self-determination, self-awareness, purpose, and life-satisfaction (Bulanda & Johnson, 2015).

Youth in BC who reported higher levels of meaningful engagement in their activities were more likely to report good or excellent health, and were less likely to report extreme stress, despair and suicidal thoughts than their peers who were not as meaningfully engaged in their activities (Smith et al., 2009). Also, the higher the level of youth engagement, the less likely young people were to engage in health risk behaviours, such as smoking and substance use (Smith et al., 2009).

Meaningful engagement among youth has also been shown to improve other health-related outcomes, such as reductions in the contraction of sexually transmitted infections and unplanned pregnancies (Bulanda & Johnson, 2015).

Benefits beyond youth

Engaging low-resourced youth in leadership and planning roles has been shown to increase the effectiveness of services by ensuring that what youth identify as helpful is included in the services designed to support them (Head, 2011). Also, organizations that collaborate with youth may gain access to new and creative ideas and strategies, improve their youth services initiatives, gain new insights on youth, and build credibility among young people (Smith et al., 2009).

Head (2011) also found that youth engagement in planning and service delivery not only resulted in benefits among young people and the agencies that served them, but also in broader societal benefits, such as increased civic activity and community stewardship.

Reflections

When youth have the opportunity to engage in policy-making and social change, it can help build their confidence. Having their voice taken seriously when they share their personal experiences and opinions for change can give them a sense of purpose to keep going, even when they want to give up on the world. Some youth might be very shy and dislike talking in front of big groups of people, at the start of their youth advocacy journey. Standing on stage and presenting with at least two other youth can help to calm them down. Also, the more experience youth gain presenting with peers and hearing positive feedback from adults afterwards, the more comfortable they will feel speaking up for themselves and others. It is very reassuring when adults thank youth for sharing their experiences and talk about how youth's stories have touched them.

Programs should be implemented that foster social connections among youth and that offer mentorship experiences. This can create long-lasting motivation for youth to remain interested in leadership, program planning, and activism. For example, a program where older participants support and mentor younger participants can help with developing skills in leadership, planning, and teamwork, and can provide youth with a sense of purpose.

Programs which foster community engagement and offer mentorship experiences can also deepen young people's understanding of the issues that affect their own lives.

Specific benefits of meaningful engagement among low-resourced youth who use substances

Youth engagement is particularly important for low-resourced youth who use substances or are at-risk of substance use challenges. For example, youth in BC who used substances but were engaged in activities they felt were meaningful were less likely to report potentially harmful substance use, such as first using marijuana before age 13, multiple negative consequences of their use in the past year, and injection drug use, compared to those who were less meaningfully engaged in their activities (Smith et al., 2018).

Homeless and street-involved youth in BC, who are at greater risk of substance use challenges, were less likely to have self-harmed in the past year and to have experienced extreme stress or despair if they felt meaningfully engaged in their activities. They were also more likely to feel like a part of their community, to expect to be employed in five years, and to experience positive mental health, compared to homeless youth who were not meaningfully engaged in activities (Smith, Stewart, et al., 2015).

Similarly, youth with substance use challenges, or at-risk of experiencing such challenges, who had been in government care were less likely to have self-harmed or to have attempted suicide in the past year, and were more likely to feel skilled in at least one area, to plan to pursue post-secondary education, and to anticipate having a job in five years if they felt their activities were meaningful and had input into their activities (Smith, Peled, et al., 2015).

Evaluation findings from VYPER—a BC based youth-engagement initiative for low-resourced youth who use substances—found that young people's meaningful involvement in decision-making contributed to improvements in their mental health, self-confidence, sense of stability, and hope for their future (McCreary Centre Society, 2016). Youth attributed these improvements to feeling heard and valued by adult allies, which helped them come to value themselves and to realize they can be agents of change in their community. This realization in turn helped to increase their sense of purpose (McCreary Centre Society, 2016).

Most VYPER evaluation participants also reported reduced substance use, and around half reported reduced involvement in illegal activities, because of their meaningful engagement in the initiative. In addition, youth reported a greater sense of connection to their community, increased knowledge of available community services, and a greater openness to accessing these services (McCreary Centre Society, 2016). The majority also identified skill improvements which they attributed to their meaningful engagement in the initiative, including collaboration, project planning, project delivery, communication, critical thinking, problem solving, and leadership (McCreary Centre Society, 2016).

Positive outcomes were also found in a youth-led project which aimed to improve services for Indigenous youth with substance use challenges. Indigenous youth were involved as researchers in planning and delivering workshops for other young people who experienced substance use challenges, to identify promising practices and recommendations to reduce barriers to engaging with substance use services (Smith, Beggs, Horton, Martin, & McCreary Centre Society, 2019). Workshop participants reflected that they were engaged during the session and felt comfortable sharing their views because of the involvement of youth researchers in the project. Evaluation findings also showed improved employment-related skills among the youth researchers, including teamwork, conflict resolution and working in an office environment. Youth also reported improved research-related skills, including survey

development, focus-group development, facilitation, note-taking, and data entry and analysis. Their experience also contributed to greater community involvement and increased community connections (Smith, Beggs, et al., 2019).

Reflections

There are many benefits to engaging youth in substance use treatment planning and service delivery, and a major benefit is youth feeling heard. Having a say in the programs they attend helps youth feel connected, and is a significant reason for youth to stay involved.

Being able to share stories and opinions, and knowing that service providers are listening, can help with healing. When youth share their stories, experiences, and feedback, and when service providers listen and act on what they hear, youth can feel they're contributing to change. This is rewarding and helps to improve youth's confidence.

Also, having authentic opportunities for youth engagement—and being relied upon to fulfill their roles and responsibilities—can lead to increased motivation and inspiration for youth to achieve their goals.

Encouraging youth who use substances to engage in their community shows that they are cared for and makes them feel like they are needed. This type of encouragement can help them realize that they do not need to depend on substances. Being a part of the community is beneficial for both the community and the youth. It helps socially, economically, physically and adds to cultural connection. This engagement can encourage youth to take action on their own addictions. It helps them feel heard and influences them to help others who were or are in the same boat as themselves.

Barriers to Youth Engagement

Overview of barriers to meaningful youth engagement

Despite the many benefits associated with engaging youth in planning and decision-making processes, a number of factors may pose barriers to youth becoming meaningfully engaged. Therefore, efforts to reduce or eliminate these barriers are a key component of meaningful youth engagement.

Lack of awareness

One barrier to youth engagement is that youth are simply not aware of all the opportunities for them to engage. Considering how to advertise a project is an important element in recruiting youth (City of Toronto, 2015). If organizations do not advertise through avenues that youth will use or access, youth may not hear about the projects (City of Toronto, 2015). Some of the more useful recruitment methods cited by youth included social media; peer-to-peer word of mouth; posters; newsletters; and contact through youth councils and professionals, agencies, and community associations that serve youth (MCFD, 2013).

In addition, if calls for engagement are not branded appealingly, youth will be less likely to want to attend (City of Toronto, 2015). More effective advertisements could incorporate the relevance of the project to youth's own lives and why it should matter to them (City of Toronto, 2015). As well, it is helpful to ensure the youth engagement opportunity is explained clearly and that the messaging is concise (MCFD, 2013).

Tokenism

Meaningful youth engagement in policy change and program development is often dampened when service providers only require youth involvement for optics and funding, and do not listen to or put youth's ideas into action (Fleming, 2013). Bernard (2016) advises against this tokenistic kind of practice which often only traumatizes youth further by asking them to share and re-tell stories which do not get used for positive change or movement forward. Tokenism can also deter young people from engaging in the future (Bernard, 2016; Ortega-Williams, Wernick, DeBower, & Braithewaite, 2018).

A tokenistic approach to youth engagement can be avoided when youth are provided with authentic ways to engage (Scheve, Perkins, & Mincemoyer, 2006). This authenticity can be established through youth-friendly environments in which youth and their opinions are valued, appreciated, and acted upon (Scheve et al., 2006). Scheve and colleagues (2006) also point out that successful youth engagement occurs when youth are able to develop and use new skills, are involved in meaningful activities, and have genuine adult support in these endeavors.

Apprehension among youth

One of the difficulties youth may face is that actively engaging in planning and decision-making *with* adults may be a new experience for them. Youth may feel they lack the needed skills or knowledge to engage in decision-making or program planning, and are reluctant to take part as a result (Checkoway, 2011; Reyes & Rogers-Burnsen, n.d.). Youth may also feel that they cannot affect change or do not know how to proceed with the ideas they have (Checkoway, 2011; Fleming, 2013). Anderson and Sandmann

(2009) suggest that it is important to foster self-efficacy and youth's beliefs that they are capable of carrying out the responsibilities involved.

Over-reliance on certain youth

Sometimes community organizations rely on a limited number of "trusted" youth, especially in projects with perceived high stakes or public value (Campbell et al., 2009). This may place an unfair burden on some and deny others the opportunity to be involved (Campbell et al., 2009; Reyes & Rogers-Burnsen, n.d.). In this way, those who may be less engaged or have not had the opportunity to engage may be overlooked, including low-resourced youth who "come from disadvantaged backgrounds, lack supports, or are hard to reach" (MCFD, 2013). Expanding the recruitment methods and targeting diverse groups of youth from various backgrounds may help to address this barrier (MCFD, 2013).

Time commitment & scheduling

The level of commitment required from youth could be a barrier (Reyes & Rogers-Burnsen, n.d.). For example, engaging youth to attend a bi-monthly project-organizing meeting might require more time than they have. It is important to set realistic expectations for young people's engagement. For example, if a youth rarely attends meetings or events, it may be overly ambitious to recruit them to engage in every aspect of a project at the outset (Reyes & Rogers-Burnsen, n.d.).

In addition, scheduling can be a barrier to engaging youth (City of Toronto, 2015; Heffernan et al., 2017; Reyes & Rogers-Burnsen, n.d.). Many in-person engagement activities and meetings are scheduled when youth are not able to attend (Smith et al., 2009). Organizations and adults working with youth need to take these issues into account and have a flexible approach to scheduling (Heffernan et al., 2017).

Another area to consider is the time it takes to build authentic youth-adult partnerships, especially when reaching out to more vulnerable groups of youth (Campbell et al., 2009). Also, building capacities of a diverse group of adults and youth to work in partnership requires not only time but also staff support and commitment.

Accessibility

Consultations or workshops held in spaces that are not easily accessible by foot or transit can significantly affect youth's ability to attend. Transit costs can also be too expensive for low-resources youth to afford (City of Toronto, 2015).

Reflections

A lack of genuine interest in youth's opinions and experiences is a barrier to youth engagement. Youth can tell whether agency staff are genuinely interested in what they have to say, by their language and how they talk to youth. A lack of genuine interest in the opinions of youth can stop them from speaking up.

Also, having a youth advisory group and not taking them seriously, or using them in a tokenistic way, could cause harm to youth. For example, pressuring members of youth advisory groups to do things they are not comfortable with, such as presenting in public, can feel unsafe and can cause harm, and shows that adults are not meeting youth where they are at. Stereotypes of youth being inexperienced or incapable can also cause adults to have low expectations of young people, leading to fewer opportunities for meaningful engagement in decision making.

In addition, organizations should be mindful of transportation costs, accessibility by public transportation, and the financial loss youth may experience as a result of their participation, such as on advisory groups.

Specific barriers experienced by low-resourced youth who use substances

Low-resourced youth with substance use challenges face barriers both to accessing needed services and to meaningfully engaging in decision making regarding treatment planning and delivery.

Barriers to accessing services

One barrier that low-resourced youth face is the availability of services. Canada has insufficient substance use programs for youth, and those which are available do not reach out to youth, are not located where youth are, and have long waitlists (DeBeck et al., 2016; Phillips et al., 2014; British Columbia Representative for Children and Youth [RCY], 2016). Waitlists prevent youth from connecting with a service at the time they feel ready, or when a crisis occurs that pushes them to reach out (Cox, Smith, Poon, Peled, & McCreary Centre Society, 2013).

Also, feeling judged by adult professionals who seem disconnected or ignorant of the realities that low-resourced youth who use substances face discourages them from seeking assistance and facilitates a tendency for these youth to prefer to deal with their substance use challenges independently (Gulliver, Griffiths, & Christensen, 2010).

Many substance use services that low-resourced youth may be interested in accessing are inaccessible to them due to financial issues (Simmons et al., 2008). Even if a resource is free to access, it may cost a youth money by way of lost wages, the cost of transportation to get to the resource, or by requiring the youth to pay for child care if they cannot bring their child to the resource (Simmons et al, 2008). In addition, youth with substance use challenges who experience poverty and unstable housing (including transitioning out of government care) often have their basic needs to consider before they can think about accessing supports to address their substance use (Bozinoff, DeBeck, Fast, Long, & Small, 2017; Cox, Smith, Peled, & McCreary Centre Society, 2013).

Even if prepared to access substance use services, homeless youth face barriers to accessing detox, treatment centres, recovery houses, and counsellors (DeBeck et al., 2016). For example, homeless youth who do not have a cell phone or contact number may try to reach out, but if they cannot connect to a service then there is no way for the service to call them back (Cox, Smith, Poon, et al., 2013). Additionally, homeless youth who are struggling to maintain sobriety and make healthier choices about their substance use can find it challenging to access services which are located in areas of active drug use (Bozinoff et al., 2017).

Cultural differences can be a barrier for youth to engage in substance use services (United Nations Office on Drugs and Crime [UNODC], 2003). For example, youth from some cultures may see substance use as an alternative wellness treatment, while youth from other cultures may hold beliefs about abstinence and sobriety (UNODC, 2003). Offering programs without addressing the cultural complexities can contribute to youth feeling misunderstood and the programs not serving the realities of their situations (Ellis, Miller, Baldwin, & Abdi, 2011; UNODC, 2003). As such, developers and program facilitators must ensure that the material and space are culturally inclusive and acknowledge different attitudes or cultural norms that youth might have toward substance use (D'Agostino & Visser, 2010; UNODC, 2003).

Many refugee and visible minority youth tend to find existing structures and systems difficult to trust (Ellis et al., 2011), which can be a barrier to accessing needed substance use services. Also, feelings of being misunderstood and undervalued can contribute to youth feeling unable to engage in meaningful ways (Gottfredson & Wilson, 2003).

Indigenous youth in BC have reported additional barriers to accessing substance use services which include not knowing where to go, services being located in unsafe neighbourhoods, a lack of drug and alcohol counsellors, a lack of support when transitioning between services or out of a service, experiencing racism from services providers, and experiencing services as culturally unsafe, irrelevant and lacking knowledge and understanding of colonialism and Indigenous people's history and cultural practices (RCY, 2016; RCY, 2018).

Reflections

The barriers identified in the literature review—including insufficient availability, requirements for entry, and rigidity of programs—are significant barriers to accessing and staying engaged in needed supports. The limited number of treatment programs available, combined with long waitlists, create challenges to accessing treatment. Programs should be available during the small window of time in which a youth feels ready to get help. Long waitlists may lead to youth changing their minds by the time a place is available for them, or their challenges becoming even more unsafe and difficult to manage. Youth should also be able to connect with needed services throughout the day and night.

Most programs' entry requirements create barriers. For example, being sober prior to entry and requiring youth to give up vaping are requirements that may deter youth from accessing needed supports.

Rigidity of programs is also a barrier to staying engaged. Programs should be accommodating to youth who require some time to become accustomed to the program's routines and restrictions. Youth want flexibility and sensitivity to their individual needs. For example, holding meetings later in the day and in residential programs, and expanding the time that breakfast is available would accommodate youth who require more sleep. If treatment centres are too strict, youth might get kicked out for small infractions, such as sleeping in.

If a youth has difficulty following a certain rule, staff should try to understand the reasons behind it and what they can do to help. For some young people, this may be the first time they have experienced having a routine and having boundaries enforced. Kicking youth out of programs, due to not following rules, should be a last resort.

Financial pressures on programs sometimes require them to kick youth out if they miss a few sessions. There should be a systemic shift so that staff can work with youth to try to remove barriers to their attendance, instead of kicking them out.

Youth of all ages should be able to access harm-reduction services, and youth-specific harm-reduction services should be available. Youth are often reluctant to reach out to an adult or youth worker for harm-reduction supplies, due to fear of judgement or intervention. Youth might feel more comfortable accessing harm-reduction services if they were told about them from other young people and if they could access the resource anonymously. In addition, harm-reduction services should be located in areas that are easy to access but don't require youth to be in close proximity to spaces where they have previously used substances, as this can make it challenging to make healthier choices about substance use, particularly for youth who have been homeless or street-involved.

Barriers for meaningful engagement in decision-making among youth who use substances

For youth who use substances, the barriers to meaningful involvement in decision-making and program planning are similar to those for accessing services. For example, lack of availability and accessibility, financial disadvantage and poverty, and cultural differences may inhibit youth who use substances from becoming involved in meaningful engagement initiatives relating to treatment planning and decision-making.

Stringent rules on sobriety exclude many young people who could meaningfully contribute to program development and delivery (Braciszewski et al., 2018). Also, the stigma associated with youth who use substances and the perceived judgement of professionals who employ an abstinence-only approach can alienate youth who are still in the process of change (Gulliver et al., 2010).

Additional barriers, such as mental health challenges, may prevent youth from fully engaging or committing to a youth engagement initiative (McCreary Centre Society, 2016).

Reflections

A common barrier is that adults can be judgemental about youth's substance use and might not accept youth as they are. Managers sometimes do not recognize their biases and hire staff who are like them, as opposed to staff who can authentically connect with youth and whom youth can relate to. When hiring staff to work with youth, organizations should include youth in the hiring process, so that youth have a say in who is hired. Programs should try to employ a mix of genders, and people with diverse lived experiences.

Organizations should be mindful of the barriers youth face when it comes to engagement, and take steps to alleviate those barriers. For example, food should be offered at meetings; youth should be offered financial compensation whenever possible; organizations should ensure meeting locations are transit accessible; and agencies should offer childcare support to participants with children.

It can be challenging for youth to have a voice within programs or services which include adults, as adult voices can be overpowering. There should therefore be separate services or initiatives for youth and adults. Further, it could help to offer separate programming to young adults aged 19 to 26, and to youth under age 19. Those under 19 may be more vulnerable to idolizing and imitating the substance use behaviours of older youth who have been using longer or who participate in dangerous activities.

Barriers specific to opioid users

Young opioid users have a unique set of barriers preventing them from accessing and engaging with services in a meaningful and sustainable way (Marshall, Green, Yedinak, & Hadland, 2016). Often harm-reduction programs have been designed by and for older opioid users, which fails to capture the different complexities that youth who use opioids face (Marshall et al., 2016). These barriers present a challenge for policy makers and service providers when attempting to develop programs for young opioid users to engage in.

Many youth who use opioids do not belong to larger networks of street-based drug users, and are therefore not connected to harm-reduction programs and services in their communities. Also, harm-reduction services are often in urban centres, or the downtown core, away from where many youth typically use opioids and spend time, which further prevents access (Marshall et al., 2016). In addition, harm-reduction sites and services tend to target adults, which creates further barriers for young people to engage in services and have their voices heard, either because they feel uncomfortable or unsafe accessing adult services, or are unable to do so as minors (Marshall et al., 2016; RCY, 2018).

Reflections

If youth are in the midst of an opioid addiction, it might feel like too big a step for them to commit to a youth engagement initiative. For example, if a youth is couch-surfing, it would probably feel like too much to think about making decisions on how to treat their opioid addiction.

If a youth is also dealing with mental health issues, such as anxiety or depression, they might not be motivated to change their substance use behaviours, particularly if they use opioids as a way to self-medicate.

Supporting Youth Engagement

Supports were identified which can facilitate youth's engagement in decision-making. Additional supports were also identified which can foster engagement among low-resourced youth who use opioids and other substances.

Effective supports which assist youth to engage in policy and program planning

Supportive adults

One of the most critical elements of fostering youth participation in planning and decision-making is that the adults must care and genuinely seek the input and guidance of youth (Collura, Raffle, Collins, & Kennedy, 2019). Approaching youth with empathy and respect is crucial to engagement. Young people's lived experiences, opinions, and diverse situations must be taken seriously and regarded with the same weight as those of an adult in order to foster an encouraging environment in which they feel supported (Iwasaki & Youth 4 YEG, 2015).

Setting aside time for briefing and debriefing is an effective way to build relationships with youth (Iwasaki, 2015b). This investment of time and energy to check in with youth on how their day was and how they felt about their involvement in a group gives youth the time and space to speak and be listened to without being cut off (Iwasaki, 2015b).

Adults who are skilled in drawing out and recognizing the unique knowledge and perspectives of youth will be better situated to put the youth's ideas into action, and have a higher likelihood of program success (Bonell et al., 2016). When Bonell et al. (2016) examined substance use and violence interventions, activities that were adult-driven had a higher likelihood of failure, meaning the activity would be less likely to be utilized and more likely to be abandoned, than activities that were designed by other youth.

It may be beneficial to provide training to staff to develop their facilitation skills (Bonell et al., 2016). Collura et al. (2019) found that adult allies greatly benefitted from on-going support and guidance to learn evidence-based approaches to youth engagement and to apply those approaches to their desired youth-led initiatives. The adult allies' ability to support youth and truly share responsibility and power is critical to the success of youth-led initiatives (Collura et al., 2019).

Organizations must assess their own readiness to engage in mutual learning with youth—such as by reviewing organizational policies or practices that might support or interfere with youth participation, and assessing what changes can be made to support more meaningful engagement—and create a plan for how that will be accomplished (Blanchet-Cohen, Mack, & Cook, 2010).

Clearly defined roles

It is important to clarify expectations for youth's tasks, roles, and responsibilities, so they feel a sense of responsibility and commitment to the project. At the same time, it is important to give youth independence, so they have a sense of ownership over their work (Anderson & Sandmann, 2009).

The context for youth's responsibilities should be explained, and how their work helps to accomplish the goals of the project (Anderson & Sandmann, 2009). Youth need clarity on what happens with the work

they do, or the feedback they share, so they can be confident that their participation is meaningful (City of Toronto, 2015; D'Agostino & Visser, 2010).

Flexibility

Flexible meeting schedules can add more options for engaging youth who are unable to access services during typical office hours (Simmons et al., 2008; Stockburger, Parsa-Pajouh, de Leeuw, & Greenwood, 2005). Having programs or appointments which can be accessed in the evenings or weekends expands the demographic of youth who can access the programs to individuals who have different sleep patterns, have children, or have difficulties engaging between 9am and 5pm (Simmons et al., 2008; Stockburger et al., 2005; Turpel, & Ried, 2010).

Adapting to youth's schedules may include having outreach workers meet youth at a location convenient to the youth rather than requiring them to come to the service provider (Connolly & Joly, 2012). Outreach workers who use common relevant language, and rapport-building skills can foster quality, longer-term engagement with youth (Connolly & Joly, 2012).

Patterson and Panessa (2008) recommend consulting with youth on how they would like to participate. Discussions around a boardroom table may be unfamiliar and difficult spaces to facilitate a rich discussion, but alternative mediums such as story-telling, online discussion forums, art, or songs may be more effective tools to engage youth and to encourage them to share their thoughts (Iwasaki & Youth 4 YEG, 2015; Patterson & Panessa, 2008). Also, it can be helpful to offer youth something tactile to do, if they find it difficult to concentrate (Cox, Smith, Peled, et al., 2013).

Flexibility in the regulations and requirements have been shown to encourage more substantial levels of youth engagement (McKenzie, Drost, Hickford, & Miller, 2011). For example, flexibility in attendance or punctuality requirements can facilitate engagement among marginalized youth (McKenzie et al., 2011).

Strengths-based

Utilizing a strengths-based approach has been recognized as an effective framework for developing empowering relationships with youth and for fostering their healthy development (Iwasaki, 2015a). A strengths-based approach can be applied to the context of youth engagement in planning and decision-making by recognizing individuals' strengths and resources rather than their deficits, further developing those strengths, increasing their capacity for new strengths to grow, and applying youth's strengths to shape and update services for themselves and their peers (Hammond & Zimmerman, 2012).

Activities that a program might use (e.g., for engaging in policy and program planning) should seek to improve young people's internal strengths—such as self-esteem, self-efficacy, coping strategies, and critical thinking skills—as well as interpersonal skills, such as team-work, team-bonding, and collective efficacy, and action-oriented activities that facilitate the potential to create social change with achievable goals (Bulanda & Johnson, 2016). Activities must also consider and accommodate youth's interests so that their involvement is personally meaningful, as personally meaningful involvement is key to contributing to the systemic change required to improve the supports for marginalized youth (Iwasaki & Youth 4 YEG, 2015).

Safe space

Programs and services must establish a safe space for youth to discuss their experiences and their recommendations for how services can be improved.

One aspect of creating a safe space is to include unstructured time in which youth can socialize and build relationships with one another as well as with adults (Blanchet-Cohen et al., 2010). Access to the Internet and food help to make the space more appealing (Sullivan et al., 2010).

Offering a variety of opportunities

Iwasaki and Youth 4 YEG (2015) found that providing youth with a variety of opportunities for recreation, connection, employment, and education or training encouraged engagement. These opportunities had an impact on the youth's quality of life, which in turn helped them feel more connected to their roles within the organization and encouraged further participation. Males in particular were more likely to find job training and recreational opportunities to be helpful supports, while females were more likely to find that strong relationships with staff were important supports (RCY, 2016).

Reflections

An important factor in increasing youth engagement is hiring caring, non-judgmental, and respectful staff who make youth feel comfortable and safe. Without supportive adults who demonstrate genuine compassion, a program will not be as successful as it could be. Feeling a space is safe encourages youth to share their thoughts and ideas without fear of being judged.

It is important to give youth an appropriate amount of responsibility so that their voice is equal to adults', but not too much responsibility which can feeling overwhelming. Youth should be involved in deciding what the right amount of responsibility is for them.

Youth should have the opportunity to take part in an initiative from start to finish, as opposed to participating only on specific portions. Involvement throughout the process can make it feel more meaningful, and can help youth feel proud of their accomplishments.

Youth should be told at the start what is expected of them, and should be supported by adults to meet those expectations. If youth are on an advisory board, they should be given the meeting agenda ahead of time, so that they know what to expect and what might be expected of them.

Adults should support youth expression and participation by allowing some time to pass after asking a question, to give youth the time they need to think and share their opinion. Additionally, it may take youth time to muster up the courage to speak or to choose the right words, and adults should be respectful of this.

Youth voices could be supported by the use of multiple mediums when facilitating groups or asking for youth input. For example, giving youth the option to write ideas down anonymously for a facilitator to share could lead to more honest and personal expressions.

Adult supports should be careful with paraphrasing things a youth has said. It is easy for the meaning of statements to be changed once something is paraphrased. Youth should be consulted before their words are changed in any way.

It is also important to provide youth with food and compensation so they feel their time is valued.

Specific supports to engage low-resourced youth who use substances

In addition to the supports outlined for engaging youth, supports were identified for specifically engaging low-resourced youth who use opioids and other substances.

Inclusion of active substance users & harm-reduction

While the perspectives of former substance users are important to including when engaging youth in program planning and service delivery, it is also important to purposefully invite youth who still actively use substances to provide diversity of perspectives (Canadian HIV/AIDS Legal Network, 2006).

In addition, it is recommended that service-providers invite youth to nominate their peers for advisory tasks so that service providers do not consistently consult with the same youth whom they know and are already comfortable with (Canadian HIV/AIDS Legal Network, 2006).

Using a harm-reduction approach increases the likelihood that low-resourced youth who use opioids and other substances access the services they need and have a voice in program planning and decision-making (Marshall et al., 2016; Patterson & Panessa, 2008). For example, providing free drug-testing kits in a non-judgemental and accessible way can be a critical opportunity to not only reduce harm and increase safe usage among opioid users, but to also engage youth in conversations about harm reduction, and can open the door to further conversations (Schweitzer, Gill, Kennedy, & Eppler, 2018).

Employing a "come as you are" approach, where youth are invited to contribute and participate regardless of their stage of recovery, may reduce concerns of being shamed or judged, and encourage more hard-to-reach youth to engage (Connolly & Joly, 2012).

For youth who have often been excluded from opportunities to be heard because of their active substance use, inviting and supporting them to have a voice in program planning and service delivery can affirm their capacity for growth and change, and support their healthy development and connections to the community (Patterson & Panessa, 2008). Involving them in leadership capacities, such as peer mentorship, can facilitate the development of prosocial relationships and a greater sense of community stewardship (Marshall et al., 2016).

Duty of care

Adults have a duty of care when inviting low-resourced youth who use substances to participate in meaningful engagement activities. The youth may be in a vulnerable situation and it is important to ensure their needs are accommodated (Alberta Health Services, 2018; James, 2007).

For example, serving as an advisory committee member may take away from time they could be working or may cost them money to pay for childcare (Houwer, 2013). Agencies or programs should address this barrier by compensating youth for their time through the use of stipends or honoraria, or by offering them a longer-term job position (Houwer, 2013). Additionally, providing food and beverages at meetings mitigates some of the food insecurity which can also serve as a barrier (Cox, Smith, Peled et al., 2013).

Addressing transportation needs can reduce barriers to youth engagement. Ensuring that the location youth are expected to attend is transit accessible during the times of the meetings; paying for the cost

of transit; or providing lifts (especially in rural areas and for younger youth) will help remove this barrier (Cox, Smith, Peled, et al., 2013; James, 2007). Meetings should be held at a location that is accessible to youth and where youth feel safe and comfortable (Canadian HIV/AIDS Legal Network, 2006).

For young people who use opioids, adaptations may need to be made for opioid use during a meeting (e.g., possibly hosting the meeting at a safe use site). As with all youth projects, considerations should also be made for young people's literacy level if asking them to participate in something that requires these skills (Alberta Health Services, 2018). There should also be awareness that asking a single individual for input can make them feel vulnerable. Engaging a larger group can help youth feel safe, and allows for a range of voices to be heard (Alberta Health Services, 2018).

It is also important to ensure that youth's participation does not entrench them as 'professional advocates.' This can detract from their recovery and from them pursuing other interests (James, 2007).

Individualized

It is important to acknowledge that young people who use substances are diverse. They are not a homogeneous group, and can vary in developmental stage, experience with substance use, knowledge, and skills (James, 2007). This is particularly true for young people who use opioids (Marshall et al., 2016). Initiatives must consider this diversity when trying to engage youth who use opioids, to ensure the experience is meaningful and safe.

Holistic

Substance use interventions and engagement opportunities should take a holistic approach to address a range of youth's experiences, challenges, and strengths. It is important to understand the reasons a young person might be using substances, including mental health challenges (Peled, Smith, & McCreary Centre Society, 2014; RCY, 2018).

A holistic approach also incorporates youth's culture and ensures that services and engagement opportunities are culturally relevant and safe (Stockburger et al., 2005). In addition, a holistic approach accounts for the role of family and peers when engaging youth in accessing needed supports, and in designing programs for low-resourced youth who use substances (Stockburger et al., 2005).

Trauma-informed

A trauma-informed approach is needed for low-resourced youth to access services and when inviting them to engage in decision-making relating to substance use supports. This requires a staff team which is skilled in recognizing potential triggers and in responding to trauma-related behaviours with compassion rather than punitive action (Bulanda & Johnson, 2016).

By asking youth to discuss systemic issues in the services they have accessed, low-resourced youth who use substances are typically also being asked to confront their own trauma, oppression, and discrimination (Bulanda & Johnson, 2016). Programs that consult youth must actively seek to put measures into place that help prevent re-traumatization. For example, creating a group agreement where participants are able to share how they would like to be treated may be helpful, and employing a policy such as 'ask permission before you touch someone in any way' may be helpful practices to

prevent triggers and re-traumatization (Bulanda & Johnson, 2016). Setting expectations for what youth can expect from one another, as well as their adult supports, fosters a sense of safety and sets a foundation to communicate respectfully and learn from one another (Iwasaki & Youth 4 YEG, 2015).

A trauma-informed approach also acknowledges that adult supports may be at risk of vicarious trauma or grief and loss, for example if there is an opioid-related death of a youth participant. Adults working with youth who use opioids and other substances should have supports in place, or know where to access needed supports, to manage these feelings and experiences (Alberta Health Services, 2018).

Relatability of adult supports

Employing adult supports who youth find relatable makes it easier for youth who use substances to feel comfortable connecting and participating. Relatability may include an adult having lived experience with opioid use which is similar to the youth's experience, or it may encompass sharing a spiritual belief or culture (Cox, Smith, Peled, et al., 2013; Stockburger et al., 2005). A helpful adult support is able to connect with youth on more than just their addiction—they are able to talk about other topics as an equal, and demonstrate respect and healthy boundaries while being friendly and caring (Cox, Smith, Peled, et al., 2013).

Peer support

Youth who use substance have identified peer support as an important element for an effective substance use program or engagement initiative (Stockburger et al., 2005). Also, programs which support youth to develop healthy peer relationships have been found to be effective in reducing youth's harmful substance use (Smith, Peled, et al., 2018).

Peer support can be an opportunity for young people to offer genuine empathy and support to those who have shared a similar experience and to contribute to the healing process (Mead & MacNeil, 2006). Programs which include peer support should provide training, support and supervision, and engage young people who can model healthy behaviours and decision-making (Cox, Smith, Peled, et al., 2013).

When adult supports in a program do not have lived experience with what the youth are going through, the availability of peers with such experience to inform and influence the program can make youth participants feel more comfortable and secure (Stockburger et al., 2005).

Reciprocity of lived experiences is at the core of peer support, and it is important that peer mentors are able to actively steer independent, peer-led activities (Goering et al., 2014). In the context of engaging youth who use substances, it means giving those who run peer-based initiatives the ability to choose their own activities through a strengths-based approach, as well as letting them lead these activities in the way that they feel suits their experience. This involves support from an adult ally as well as adequate trauma-informed and strengths-based training to support their peers (Goering et al., 2014).

Reflections

We think the supports identified in the literature review can really help with meaningful engagement. For example, adults involved in youth engagement initiatives should be trauma informed, in order to best support youth.

Youth should be viewed as experts in their own lives, and workers and programs should not project onto youth assumptions about who youth are, what the problem is, and what the solution is. Youth's views and opinions should be respected and heard when it comes to decision-making about their substance use treatment and other aspects of their lives.

Having staff, peer-supports and volunteers with similar lived experiences as youth participants helps youth feel welcomed, connected, and understood. Also, if staff are willing to be open about their experiences, youth might feel more comfortable to open up. Having authentic staff gives permission for youth to be authentic as well.

In addition, receiving support from individuals with lived experience can encourage youth to take on greater engagement roles within programs and support services, as they see examples of people like them in these roles. It can also give youth hope that they can succeed when they see that someone with similar experiences has made something of themselves.

Youth and substance use program alumni should be hired as staff members, volunteers, and peer support workers whenever possible, because they have a good understanding of the current climate, and they will be more relatable to youth participants.

High staff turnover can be very damaging to building meaningful relationships. It is difficult when a staff member that a youth has connected with leaves abruptly. More should be done to support longer-term relationships, such as "check-ins" with staff which continue after a youth graduates from a program, and meet-ups for former program participants.

Programs and agencies should evaluate the staff they employ on a regular basis, and should ensure that the diversity of their client base is reflected in their staff.

Harm-reduction policies should be implemented in treatment programs. Youth should not be kicked out of treatment for breaking rules, and instead supportive staff should work with youth to ensure completion of a program to the best of the youth's ability.

Rules and expectations should always be explained to youth at the outset, and the reasons behind each rule should also be explained. Youth should be involved in discussions about how a program is run, including discussions about the rules.

Focusing on improving all aspects of youth's lives is much more successful than solely focusing on substance use. Dealing with the causes and circumstances surrounding an addiction—such as mental health issues or their family situation—helps youth to manage substance use and addiction.

Substance use programs and projects should broaden their definition of success and include youth's definition. If adults are too focused on one version of success, they may fail to recognize a youth's other achievements. For example, a youth might not abstain from substance use as a result of accessing services, but they may feel safer or feel heard, which are improvements that should be valued.

Engaging specific groups of low-resourced youth

Among LGBTQ2S+ youth, experiences of rejection by family, peers, and others in the community are often cited as a root cause of substance use. These youth may be resistant to accessing needed supports because of fear of further rejection and judgment. Developing a trusting relationship with adult allies takes time, and LQGBTQ2S+ youth might be more inclined to engage casually, such as through playing video games, before they become more receptive to the idea of connecting to formal supports (RCY, 2018). Also, when engaging with youth who use substances, it is important to not make assumptions about their sexual orientation (e.g., that they are straight) and their gender identity (Crisp, 2006).

Among Indigenous youth, opportunities to connect or reconnect to their culture have been recognized as an important part of the healing process (RCY, 2018). Facilitating cultural connection may include providing opportunities for youth to visit their home community (when appropriate), to participate in cultural activities or ceremonies, and opportunities to learn and practice their language (RCY, 2018).

It is important to ensure that staff and programs wanting to meaningfully engage Indigenous youth are culturally sensitive and responsive (Smith, Beggs, et al., 2019). Staff need to be aware of the impacts of colonization and intergenerational trauma to help Indigenous youth feel safe, supported, and understood (RCY, 2018). Intergenerational trauma from parents and grandparents experiencing residential school, the 60's Scoop, and other effects of colonization should be considered. Involving community members and Elders, and hiring Indigenous staff members from a variety of Indigenous nations, can help to facilitate Indigenous youth's engagement (Smith, Beggs, et al., 2019).

Immigrant and refugee youth are often exposed to social conditions that can contribute to substance use problems, including racism, disruption of home life, and language difficulties (RCY, 2016). It is therefore important that racism and language barriers are addressed, and that these youth and their perspectives are specifically welcomed and accommodated.

Strategies to engage homeless youth often look different to those for engaging youth who have more stability in their lives, as greater flexibility is needed. Homeless youth often lack the support of parents or other adults in their lives and this makes it challenging to commit to something in a consistent manner (Baer et al., 2004).

Engaging active substance users requires offering opportunities which are easily accessible and provide an attractive alternative to substance use where youth can feel empowered and can re-imagine the choices available to them (Fast, Small, Krüsi, Wood & Kerr, 2010).

Reflections

Providing meaningful opportunities for Indigenous youth to get involved, at their level of readiness, is one of the more important aspects of program development. Oftentimes, programs are based on Western thought which do not include land-based learning or the medicine wheel. The medicine wheel outlines physical, emotional, spiritual, and intellectual aspects of each human. When one of those is out of sync then the whole is no longer balanced; all aspects of the wheel need to be addressed when engaging Indigenous youth, not just one. When programs are administered alongside the medicine wheel, and by a knowledge keeper or Elder, youth who are Indigenous and non-Indigenous, can take away meaningful learning.

Offering traditional practices from across Canada such as sweat lodges, smudges, dancing, and drumming, are powerful tools to aid in healing. These practices must be provided by an Elder or community member with knowledge of policies and protocols around sobriety, moon time, and when youth are not to engage in these ceremonies. When youth are actively using or have not been sober for the required amount of time it is important for them to not be excluded but given certain responsibilities which allow them to observe and take part while still honouring the protocols. Also, providing opportunities for youth to partake in the building of the sweat lodge or harvesting of the medicines allows them to have a sense of responsibility. Programming needs to be developed by Elders and Indigenous community members to avoid being tokenistic or decorative in nature. Elders and community members should be involved in all aspects of planning and administration.

Allowing youth to spend time in nature, both alone and in groups, is important as mother earth has a lot to teach youth and can handle any traumatic energy they may have. Learning and healing inside four walls is difficult, and especially for youth with Indigenous heritage it can hinder progress.

Programs need to be trauma-informed, which includes intergenerational trauma. Adults and peer-leaders need to understand the history of oppression against Indigenous peoples in Canada, and how to facilitate and provide a supportive environment to Indigenous youth especially when programs are not exclusively Indigenous.

For LGBTQ2S+ youth, it can take time for them to feel safe in a space because of the risk of homophobia and transphobia, and it can inhibit their participation in a group. Separate programs for LGBTQ2S+ youth may help youth feel safer. When this is not possible, it is important for staff to be skilled in redirecting and addressing disrespectful behaviour. A zero-tolerance policy for hateful comments and intentionally demeaning behaviours would be helpful, and staff should work with people who are unfamiliar with how to be respectful to LGBTQ2S+ youth to inform them. Staff should also support youth in respecting themselves and discourage self-deprecating behaviour. In addition, including signage and policy that explicitly state that LGBTQ2S+ youth are welcome would help youth identify a space as safer and feel more confident that their needs and safety would be prioritized.

Programs should provide space for youth to identify their preferred names and pronouns. This applies both to group introductions as well as when filling out paperwork. If a document requires a legal name, provide space for the youth to indicate their preferred name as well.

The reality that homeless youth may not have eaten or slept should be recognized, and ideally youth should be supported to secure housing and have their basic needs met so they can fully participate. Also having greater flexibility, providing immediate incentives (including food), and allowing youth time to build trust can help homeless youth feel included.

Continuum of Strategies

Youth engagement in substance use treatment may occur in a variety of different ways. Since not every youth will want or be able to participate in planning and decision-making to the degree of Hart's (1992) highest rung, in which youth initiate and share their decisions with adults, it is important to consider a continuum of ways that youth can be engaged in substance use services.

CARES dimensions

Based on input from service providers and youth, Pullmann and colleagues (2013) categorized engagement in substance use treatment into five general dimensions: Conduct, Attitudes, Relationships, Empowerment, and Social context (CARES). Conduct refers to observable behaviours, such as attendance at treatment sessions, treatment compliance, and making progress toward goals. This dimension was not seen as a good measure of authentic engagement because it is tied to youth's compliance with external demands (e.g., a condition of their probation). The dimension of Attitudes includes buy-in to the treatment process, emotional involvement in the sessions, and motivation to change. Relationships refers to a shared understanding and trust between youth and the therapist (i.e., therapeutic alliance); agreement on goals; a sense that treatment involves collaboration between youth and the therapist; and youth's perception that a therapist understands and respects the youth's cultural background and "youth culture."

Pullmann et al. (2013) noted that the two remaining dimensions of Empowerment and Social context did not typically appear in the literature on this topic. Empowerment refers to youth having roles in the treatment process that go beyond the traditional client role, such as involvement as a board member, in youth-driven participatory action research, or as a peer-support specialist. This dimension involves youth being seen as a resource in their own treatment and in that of others. The Social context dimension was defined as family-, social-, and community-level involvement in treatment and recovery. The idea is that therapists can engage family members, peers, and other important people in youth's lives into the treatment process. This dimension also includes youth taking part in healthy activities outside of treatment (e.g., sports, hobbies, and other extracurricular activities) and in supporting youth with employment and volunteer opportunities in the community. In addition, this dimension includes community-level approaches to reduce stigma relating to youth substance use and treatment, such as involvement in booths at community events, and doing presentations in the community (Pullmann et al., 2013).

Mechanisms of engagement

Dunne and colleagues (2017) identified six categories of engagement, in their review of 40 papers on youth engagement in mental health and substance use interventions. These categories are engagement through participation in program development, through parental relations, through technology, through medical or mental health clinics, through school, and through social marketing.

Engagement through program development can range from filling out an evaluation survey about substance use services, to involvement in decision-making in program design, implementation, and evaluation. Youth might sit on boards and committees or might participate as peer-support workers or researchers. Young people's engagement in decision-making about service development, delivery, and evaluation can help them focus on their recovery, and gain coping skills and employment-related skills (Dunne et al., 2017).

Engagement through parental relations has been identified as important because recruiting parents and others to advocate for youth's care has been associated with successfully engaging youth in substance use treatment (Dunne et al., 2017). Engagement through school can be a way to target a broad youth audience through formal curriculum as well as informal means (Dunne et al., 2017). Engagement through health clinics is most effective at clinics that are conveniently located, have flexible hours, welcoming staff, wrap-around and diverse services, which respect youth's privacy, and which include family in treatment decision-making (Dunne et al., 2017).

Engaging youth through technology, and specifically online interventions, can be beneficial for connecting with hard-to-reach youth, such as marginalized youth who do not attend school and those who live in areas where needed supports are not available. It is important that young people are involved in the design, delivery, and evaluation of the online intervention to ensure the intervention is engaging to youth (Dunne et al., 2017). Engagement through technology may be most effective when paired with opportunities for face-to-face engagement. Similarly, engagement though social marketing campaigns (e.g., advertising) can contribute to healthier attitudes and behaviours around substance use but appear to be most effective when paired with other intervention strategies (Dunne et al., 2017).

Dunne and colleagues (2017, p. 511) conclude that there is "no single 'most effective' way to engage youth" when designing a mental health and substance use program, and that the "best recipe for success may involve a combination of approaches based on the local needs, desires, and resources available."

Reflections

It is important to offer youth diverse engagement opportunities and the option to engage on a variety of levels. Some youth may feel ready or feel they have the capacity to help with the delivery of the program, whereas others may prefer and be able to work alongside the decision-makers in developing the curriculum. Allowing for youth to enter into different aspects of the project rather than requiring linear engagement is important in ensuring inclusivity of all youth and meeting them where they are at.

Having multiple modes of engagement with service planning—such as online, one-on-one, or groups— also provides more avenues to have youth participate. Some youth might not have access to the Internet, while others—such as those who experience social anxiety or are unable to travel—may benefit from online involvement. By having multiple modes of engagement, it gives youth different options and allows for a more diverse group of youth to engage in planning.

Engagement should be on a volunteer basis rather than mandated, because volunteering requires a certain level of responsibility and willingness from youth to participate. Youth should be provided with the choice to contribute or not, and it should be made clear to them that if they are not ready to engage or to take on larger roles that it is not a failure.

In terms of family involvement, the level to which a youth's family members are involved in youth's substance use treatment should depend on the relationship that each youth has with their family. Ultimately, it should be the youth's choice about how involved their family is in decision-making. For youth who choose to access a treatment program, it could be beneficial for youth and family members to take part in therapy sessions together. However, if a youth's family might be involved in this way, it would be ideal to first have an unbiased evaluation to see if family members' involvement would likely be supportive or detrimental to the youth's treatment and recovery. Another way to involve family could be for relatives to take part in separate sessions from the youth, to support their understanding of the youth, without directly participating in the youth's sessions. It is important for youth to have the opportunity to stay connected to their family if they want to do so, even when in residential treatment, and programs should make space for that.

Promising Practices for Youth Engagement in Decision Making

This section includes examples of promising programs or policy-development initiatives which have successfully engaged youth. Some of the initiatives have engaged low-resourced youth who use substances in their own treatment planning and goal setting, while others have engaged young people in decision-making regarding broader program planning. The examples represent initiatives in a range of settings (e.g., treatment programs, school, health care agencies, community).

Outreach Youth Engagement Program (YEP)

St. John of God Hospital and Barwon Youth, in Australia, ran a harm-reduction Outreach Youth Engagement Program (YEP) for youth who were using substances and who were disengaged or at risk of disengaging from school (McKenzie et al., 2011). Youth could self-refer or be referred to the program by another service provider.

The program's youth workers met regularly with the youth in their local community or homes (McKenzie et al., 2011). Consistently connecting with youth while maintaining the flexibility to adapt to youth's changing schedules and situations helped to develop and maintain connection between young people and the workers (McKenzie et al., 2011).

Through one-to-one conversations, individualized care plans were developed in collaboration with the youth that addressed their own personal difficulties and goals, even if those goals were not directly related to substance use (McKenzie et al., 2011). For example, youth were offered support to return to school, if they were interested in doing so (e.g., they could be provided with a tutor to help with learning challenges). The program also offered family mediation, and provided housing support.

This flexible and holistic approach prioritized relationships, individualized care, and the ability to use a variety of therapeutic approaches (e.g., solution-focused and narrative therapy) in order to help reduce the harm of substance use and develop youth's coping skills, independence, resilience, and community connectedness (McKenzie et al., 2011).

There were clear expectations for the workers and youth, while still allowing for flexibility based on the youth's needs (McKenzie, et al., 2011). For example, youth were expected to meet with their worker on a weekly basis, but could meet with their worker more often if needed, and take part in street outreach (McKenzie et al., 2011).

In McKenzie et al.'s (2011) evaluation of the program, strong relationships between youth and adults were identified as one of the critical components of this program. For example, by initially building relationships through recreational activities and addressing non-substance related goals, such as housing and transportation, youth participants reached a place where they felt comfortable to address their substance use (McKenzie et al., 2011). The program also had access to a bus equipped with free harm-reduction supplies, which staff drove to areas that youth frequented (McKenzie et al., 2011).

Reflections

The *Outreach Youth Engagement Program* is a strong example of a program that effectively engaged youth in a helpful service. Strengths of the program included that it welcomed self-referrals. Also, the program provided unique solutions to difficult problems (e.g., provided a youth with a camper to live, which was placed on the family's property, while the family took part in mediation).

The services were tailored to what the individuals wanted. If a youth did not want to address their substance use, they were not forced to. Listening to what young people think is most important for them is an important factor in respecting them.

The program was effective because it provided assistance with more than just substance use. By addressing what the youth want to address, such as housing, mental health, or other aspects of their life, the program was effective at treating the underlying causes of substance abuse. Even if helping a youth manage their mental health does not affect their substance use immediately, it opens the door for future work with that youth when they feel ready.

McCain Y-AP

The McCain Youth-Adult Partnership model (McCain Y-AP) has been an effective model for involving experiential youth in decision-making in youth mental health and substance use initiatives (Heffernan et al., 2017). Youth, in the role of youth engagement facilitator, are engaged in various research projects, conferences and presentations on mental health and substance use, and work alongside two mental health professionals in organizational decision-making and programming, at the McCain Centre at the Centre for Addiction and Mental Health. Those involved in the McCain Y-AP also created the National Youth Advisory Committee, for youth aged 12 to 29 with experience or an interest in mental health and substance use issues (Heffernan et al., 2017). The youth engagement facilitators assist the Advisory Committee in developing various mental health projects and connect members of the Committee to related opportunities inside and outside the McCain Centre.

Heffernan et al. (2017) credit four attributes of the model as vital to its success: flexibility, mentorship, authentic decision making, and reciprocal learning. An example of flexibility has been in scheduling (recognizing most youth are more likely to be available during evenings and weekends than during conventional work hours), and having youth engagement facilitators create their own working schedules accordingly. Flexibility is also extended to the Youth Advisory Committee, in that members are matched with opportunities that their skills and interests most closely align with.

The mentorship component of the model includes both formal and informal mentorship (Heffernan, 2017). Adult supports provide the two youth engagement facilitators with mentorship in areas such as research design and professional development. The Youth Advisory Committee also benefits from informal mentorship from the youth engagement facilitators (Heffernan et al., 2017).

The component of authentic decision-making has ensured that the involvement of the youth engagement staff has been genuine. It also ensures Youth Advisory Committee members have had opportunities to co-create their own projects, with support and guidance from the youth engagement facilitators (Heffernan et al., 2017).

Reciprocal learning among the youth and adult staff has been beneficial to everyone involved, where "all parties [have been] both teachers and learners" (Heffernan et al., 2017, p. 1184). Not only have the youth benefited by gaining work experience, developing transferable skills, and learning valuable health information, but the adult members have benefited by learning how to engage with youth more effectively. Additionally, the Youth Advisory Committee adds another layer of reciprocal learning where they can teach and learn from the youth engagement facilitators and the adult supports (Heffernan et al., 2017). While this model has been successful in the setting where it was developed, Heffernan and colleagues emphasized the importance of adapting any Youth-Adult Partnership model to the particular context where it will operate, so that it addresses the unique needs of the parties involved and the objectives of any youth engagement activities.

Reflections

A partnership between youth and mental heath professionals can be beneficial in the development and improvement of services, because these professionals are often aware of the mental health and substance use services currently available, how youth might access them, and how the services can be improved.

It is important to engage youth who are active substance users, as opposed to only including youth who used substances in the past, because it would allow youth's insights into the current system, as opposed to feedback about services which may no longer exist.

Flexibility with scheduling is very helpful. Some youth might find it easier to attend meetings if they are scheduled later in the day or in the evening, as opposed to in the morning.

Youth Mental Health and Addictions Champions

The Registered Nurses' Association of Ontario (RNAO) introduced a school-based youth engagement, peer-led model to address mental health and substance use. Youth Leads work with their local public health unit and school staff to mentor other young people (Youth Champions) to design, implement, and evaluate youth engagement activities in their schools and communities (RNAO, 2014).

The pilot program engaged over 60 young people and resulted in more than 75 activities which were implemented across Ontario, over the school year, relating to mental health promotion and substance use awareness. The Youth Leads and Champions demonstrated increased knowledge and awareness of strategies to promote mental health and reduce substance misuse. Also, there was a shift in people's attitudes, from a mental illness focus toward mental health promotion (RNAO, 2015).

Reflections

The involvement of the local public health unit and school staff makes this initiative very strong. Involving stakeholders from different areas, all with a shared mission, helps to bring more knowledge to the table and can be beneficial throughout each phase of the initiative. It can also help to spread awareness of the initiative and of supports which address mental health and substance use.

Having peer-led programs which have a mental health clinician or other informed professional is a good way to ensure access to skilled professionals. It is important that peer leaders have access to a skilled professional who can support them in their own recovery as well as in supporting other youth.

If this initiative were to take place locally, it could include representatives from Vancouver Coastal Health and Vancouver School District, as well as youth coming together to provide programming to schools, community centres, and/or youth clinics. It would be important for the Youth Leads to be comprised of a diverse group of young people, and not just a few youth with similar experiences.

STARRS II: Substance use intervention for homeless youth

STARRS (Street Teen Alcohol Risk Reduction Study) was an individual counselling program, consisting of one session, to support homeless youth who were drug dependent (Baer, Peterson, & Wells, 2004). The authors modified this program, based on feedback they received from youth and from evaluation results that suggested the program needed to be tailored to the unique needs of homeless youth. The adaptation—STARRS II—consisted of a series of shorter counselling sessions, as opposed to one longer session, because the authors recognized that longer interview-style sessions were often fatiguing for this group of youth, and that trust can take time to develop between counsellors and youth. They also changed the focus from alcohol use to poly-substance use, based on youth's input that poly-substance use was a bigger issue for them. In addition, they added more colourful infographics, based on youth's feedback. They provided incentives for youth to attend sessions, as they found it helped to keep youth engaged in more than one session (Baer et al., 2004).

A preliminary evaluation of STARRS II suggested reduced substance use from Time 1 (baseline) to Time 2 (one month after the intervention). The authors suggested that a key to success was to take a low-barriered approach, and to not dictate which behaviours youth should change. The counsellors were also open and supportive to discussing a variety of issues in youth's life, beyond substance use. The researchers also listened to youth's voice to adapt the program to make engagement more likely. However, they recognized that their brief intervention did not develop in true partnership with homeless youth, and that youth were not involved in delivering the program (e.g., as peer leaders; Baer et al. 2004).

Reflections

A strength is that the original program was modified based on feedback from youth. The change from offering one session to multiple sessions could be beneficial. However, neither the one-session model nor the short-term smaller sessions would be sufficient for some youth. It can take time to develop trust and a relationship, especially when youth are talking about traumatic experiences.

Focusing on a youth's type of substance use, whether it is alcohol or poly-substance use, can feel like youth are being identified by their substance use. Sometimes, when youth identify themselves by their mental illness or substance use, it can create barriers to their healing. It is good the program was open to discussing a variety of issues in youth's life, but it seems the program could have done more to take a holistic approach and to engage youth in more meaningful ways.

Peer-Led Risk Reduction Project for Homeless & Runaway Youth

This peer-led program was aimed at homeless/runaway youth in the US. It was implemented in shelters and was designed as a two-week program that consisted of four sessions led by youth leaders (Fors & Jarvis, 1995). The program used short videotapes to spark discussion with youth about their experiences with substances. It covered topics such as the reasons people use, the effects of using and abusing various drugs, how to intervene if a friend or family member uses substances, and how to access help. Role-playing and group exercises were used as a way to engage participants.

An evaluation of this program involved comparing three groups: peer-led, adult-led, and a group of youth who did not take part in the program. The peer-led and adult-led groups followed the same curriculum, which had been developed by the organization running the program. Findings from baseline to post-treatment showed that the peer-led group was the only group in which participants demonstrated improved knowledge of substances; a healthy shift in attitudes about substance use; and a greater willingness to help their friends access needed substance use supports. Findings also showed that the peer-led group was most effective for youth aged 10 to 13, specifically for improving participants' willingness to help their friends who use substances (Fors & Jarvis, 1995). The evaluators highlighted the importance of properly training peer leaders and offering them support and guidance throughout the process.

Reflection

The peer-led programming within this initiative gave youth an opportunity to gain skills in leadership. At the same time, it allowed homeless youth participants to realize there are leadership and other opportunities available to them, which may have given them hope for their future.

Even though youth did not develop the program curriculum, this program shows strengths because of the positive benefits experienced by the peer leaders and youth participants. It would be important for the peer leaders to be properly trained for this role, and to be given the support they needed.

Keepin' it REAL (kiR) program

Youth who are not motivated to reduce or stop using substances typically do not benefit from substance use prevention or abstinence programs. Also, youth who use substances but not at levels that necessarily require intensive addiction treatment programs seem to show mixed results from these programs (Steiker, Powell, Goldbach, & Hopson, 2011). The Keepin' it REAL (kiR) program in Texas—originally designed to promote substance use prevention—identified this gap in supports and piloted an intervention which aimed to shift young people's pro-drug attitudes and behaviours by engaging them as experts on youth substance use.

These youth took on the role of experts by making meaningful adaptions to the kiR program which would be rolled out to other youth in their community who were engaged in substance use. It was also believed that by engaging youth in this way, they would develop a strong connection and sense of ownership over the work, and consequently learn more about the potential harms of substance use and confront the contradiction between the messages they were helping to promote and their own behaviours (Steiker et al., 2011).

The youth experts worked on adapting the kiR program to be carried out at 10 diverse sites (including an LGBTQ youth drop-in centre, alternative schools, a homeless youth shelter, a youth advocacy group, and a juvenile justice day program). While the core curriculum stayed the same across sites, the youth made adaptations to the material to fit the unique needs and culture of each group. For example, the youth developed scenarios, based on their own experiences with substance use, and also created videos about refusal skills, to facilitate their own learning about drugs in a productive way (Steiker et al., 2011).

Findings from the evaluation suggested that the youth experts demonstrated shifts in their perceptions of substance use, including healthier attitudes towards their own use. Also, the adaptions to the program material was found to be engaging to the youth receiving the curriculum (Steiker et al., 2011).

YRA's reflections

Strengths of this program are that youth had input into adapting the material and that they led the groups. Also, for youth participants, learning from other youth probably felt more relevant and was likely better received than if adults had led the groups. Youth often feel that the substance use information they receive from adults is not trustworthy.

It is important for youth who are actively using substances to be engaged as experts and for their suggestions to be implemented, because they may have different perspectives compared to youth who no longer use substances. Including youth who currently use substances, as well as those who previously used, is a way to ensure all voices are heard.

Project Reach Out!

Reach Out! is a project in Australia that provides online support and resources for youth aged 16–25 on mental health, substance use, and coping skills.

The *Reach Out!* model, informed by Hart's Ladder of Participation, offers youth a variety of ways to contribute—as much or as little as they would like—to the development and delivery of the program (Oliver, Collin, Burns, & Nicholas, 2006). They established a continuum of engagement opportunities to

ensure that youth had a variety of ways to share their ideas and contribute to decisions that affect them, and to ensure that youth could participate in all levels of the initiative (Oliver et al., 2006).

At one of their highest levels of youth engagement is their Youth Advisory Board and Youth Ambassador Program. The Youth Advisory Board consists of about eighteen young people from across Australia, including rural and urban areas, who self-nominate and apply for the position (Oliver et al., 2006). Youth sit on the board for twelve weeks to engage in online discussions, which are supported by staff members who ask questions to encourage discussion and mediate as needed, to influence the direction of the initiative and its resources (Oliver et al., 2006). Youth who sit on the advisory board may share and form new ideas for service delivery, come up with ideas and plans to promote the resource online and in their community, and create new website content such as interviews, stories, and fact sheets (Oliver et al., 2006).

Youth Advisory Board participants, as well as youth who have been involved in more casual roles within the initiative, are invited to become Youth Ambassadors (Oliver et al., 2006; ReachOut Australia, n.d.). Youth Ambassadors assist in all areas, including providing guidance on the resources' accessibility and relevance, sharing their stories with *Reach Out!* staff and supporters, participating and initiating fundraising events, participating in media interviews, contributing to online content, building awareness of the resources in their community, participating in presentations to donors and stakeholders, and participating in project evaluation and research (Oliver et al., 2006; ReachOut Australia, n.d.).

Both the Youth Advisory Board participants and the Youth Ambassadors have a high degree of participation and control over in the initiative. *Reach Out!* also offers several avenues of participation that are less demanding on youth.

Reach Out! welcomes casual volunteers to participate as a Crew member, and requires no minimum time commitment or special training to participate in this role (ReachOut Australia, n.d.). Crew members receive information about online and offline events that they are welcome to participate in, if and as much as they are able to (ReachOut Australia, n.d.). Duties that a Crew member may take on include promoting *Reach Out!* online, completing surveys, promoting the resource in their school or communities, 'liking' social media posts, or reviewing and providing feedback on new content (ReachOut Australia, n.d.).

Crew members who have been active in the resource for at least three months may decide to take on a more committed role online and can apply to become Builders (ReachOut Australia, n.d.). Builders are youth who receive training in peer support, and contribute two hours or more per week to the *Reach Out!* online forums by providing peer support and maintaining a safe and supportive online space for youth to connect (ReachOut Australia, n.d.).

Youth who want to increase their participation in the online resource can apply to become Peer Moderators, who take on a more active role in maintaining the online forums by providing support to youth who access the resource, as well as to Builders (ReachOut Australia, n.d.). Peer Moderators perform many of the same tasks as Builders, with the added responsibility of facilitating weekly online discussions on various topics such as family changes, motivation, or self-positivity, and of hosting online discussions with mental health professionals on a monthly basis (ReachOut Australia, n.d.). Peer Moderators participate in a three-day training workshop to hone their skills and abilities as peer supporters and leaders (which includes training in basic mental health awareness, community

engagement, and how and when to seek help for themselves or for the youth who access the project's resources (ReachOut Australia, n.d.).

Youth in all levels of participation have opportunities to access trainings to build their skills (Oliver et al., 2006; ReachOut Australia, n.d.). No evaluation results could be found, but a fundamental intention of *Reach Out's* model of youth engagement is to enhance youth's feelings of meaning, connection, and impact in order to foster resiliency and capability, as well as supporting the development of young people's identity formation, emotional regulation skills, social skills, and the development of meaningful relationships with adults (Oliver et al., 2006).

Reflections

This type of project can help to engage a wide range of youth because it offers a variety of opportunities as well as different levels of participation. It also makes it easy for youth to get involved as little or as much as they want.

It can be stressful when adults impose their own expectations on youth regarding the type or level of youth engagement and commitment that youth should take on. To be able to participate based on where they're at, and not where they're expected to be, is a meaningful way to engage youth. Adults should work with youth at the start to help them figure out the type and level of engagement they would feel comfortable doing, and what would be meaningful to them.

Working their way through the volunteering positions could help youth develop skills, work ethic, initiative, and help them feel a sense of purpose. Supporting others may also help improve their own self-esteem. The project could be particularly beneficial for youth who are not comfortable reaching out for help in person, especially those with anxiety.

It is good that youth who reach out through this platform can get support instantly instead of having to wait for an appointment. However, because the service is primarily online, it might fail to reach hard-to-reach youth, such as those who are homeless and do not have easy access to the Internet.


Gamification to engage people who misuse opioids

In an attempt to help counter the increase in opioid use and the rising number of opioid overdoses, Eskenazi Hospital in Indianapolis created Project POINT, an outreach and intervention initiative that connects individuals that have experienced non-fatal overdoses with recovery services and outreach workers. Project POINT staff had observed that many non-fatal overdose patients were not ready to engage with outreach workers or recovery services, and that many of those who did engage had stopped their contact with Project POINT once they left the hospital or shortly after (Research Jam, 2017)

In an effort to increase engagement and learn more about individuals' experiences in relation substance use, Project POINT partnered with Research Jam to develop an innovative engagement strategy. Research Jam built upon the research tool of experience mapping and gamified it.

Research mapping is an exploratory research tool that encourages participants to share their experiences about a particular event or set of events. Research mapping often does this by asking its

participants to draw out their experiences to make a timeline of an event or multiple events (Research Jam, 2017).

Research Jam believed that creating a gamified version of research mapping would increase the participatory atmosphere and create a more open, familiar environment where participants would feel more comfortable sharing their experiences relating to opioid use, and their views on how people who use opioids can be best supported. Elements of party card games were also added to help stimulate discussion. Additionally, the gamifying research mapping allowed for facilitators to more easily guide the group discussion as the activity followed a traditional boardgame format based on turn-taking (Research Jam, 2017).
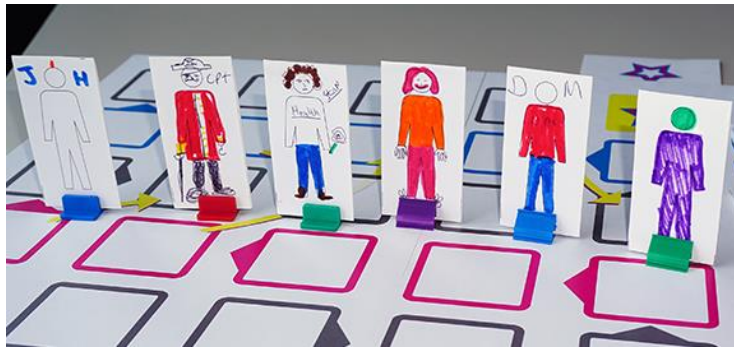
Staff with Project POINT and Research Jam have praised the innovative method in its ability to engage individuals who use opioids and to learn about their experiences (Research Jam, 2017). However, no formal evaluations of this initiative were found.

Reflections

It is unclear if the target group for this project was adults or youth. This approach could be beneficial for youth who use opioids, particularly hands-on learners. It might assist youth in processing their own experiences, relating to opioid use, in a way that they had previously not done, which could be helpful.

Checklist of Successful Practices

The YRA & YAC reflections and recommendations for engaging low-resourced youth who use substances:

- Treat youth as experts when it comes to decision-making about issues that affect their lives. Their views and opinions should be respected and heard just as much as adults'.

- Be mindful of the barriers that low-resourced youth face to meaningful engagement, and take steps to alleviate those barriers. For example, offer food and transit support, as well as childcare support to participants with children. Also, provide financial compensation for youth's time (e.g., in the form of gift cards, wages or honoraria).

- Adults working with youth who use substances should be caring, supportive, non-judgemental, and relatable (e.g., have had experience with substance use). Caring and relatable adults contribute to creating a safe space for youth, which encourages youth to share their views without fear of judgment, and to feel heard and valued.

- Follow a harm-reduction approach, and include youth who currently use substances in any planning and decision-making processes.

- Take a trauma-informed approach, and ensure adult supports receive training around trauma-informed practice.

- Explain rules and expectations to youth at the outset, and involve them in discussions about the rules. The rules, and youth's roles, should be clearly defined, but there should be flexibility to account for young people's individual needs.

- Support youth's engagement to whatever degree they feel comfortable.

- Offer youth the opportunity to be engaged in an initiative throughout the entire process, from start to end, as opposed to engaging them in only specific portions. Ensure that youth are invited to give input on important decisions, not just superficial matters.

- Youth, including those on advisory boards, should be given authentic opportunities for engagement and decision-making. Youth should be informed when their recommendations have been implemented.

- Set youth up for success by ensuring they know the limitations of what they are being asked to contribute to. It can be very disheartening to come up with a plan only to find out that a program does not have the funding to follow through with it.

- Give youth a reasonable amount of responsibility, coupled with guidance from supportive adults. Youth should be involved in deciding what is too much or too little responsibility for them.

- When appropriate, offer peer-support roles (including from program alumni), and ensure young people in those roles receive guidance and supervision from adults.

- Give youth time and space to express their views, and offer them a variety of ways to do so (talking, writing, drawing, etc.)

- To support youth's healthy development and well-being, focus on all aspects of youth's lives, including mental health and relationships, rather than only on substance use.

Final Reflections

Meaningfully engaging low-resourced youth who use substances in the design and development of programs is very important. Youth often have negative experiences accessing substance use resources. They should be included in program design and decision-making processes, since they are the ones accessing services.

It is extremely important for adult supports to ensure that youth feel safe during the engagement process. Adult supports should receive training in trauma-informed practice, and in creating a safe space.

Adults should make every effort to include low-resourced youth in engagement initiatives who might be facing additional challenges, such as Indigenous and LGBTQ2s+ youth. These youth have unique experiences and needs, and their voices should be heard.

It is important for adults to focus on youth's strengths and what they bring to the table. Youth who use substances should not be seen as their substance use problem, but as a whole person.

References

Alberta Health Services. (2018). Engaging individuals with lived experience: Primary health care opioid response initiative. Retrieved from https://www.topalbertadoctors.org/file/engaging-lived-experience-framework.pdf

Anderson, K. S., & Sandmann, L. (2009). Toward a model of empowering practices in youth-adult partnerships. *Journal of Extension, 47*(2), 1-8. Retrieved from https://www.researchgate.net/publication/228477713_Toward_a_Model_of_Empowering_Practices_in_Youth-Adult_Partnerships

Baer, J.S., Peterson, P.L, & Wells, E.A. (2004). Rationale and design of a brief substance use intervention for homeless adolescents. *Addiction Research and Theory*, *12(4),* 317-334.

BC Healthy Communities. (2011). *Provincial youth engagement scan.* Retrieved from http://bchealthycommunities.ca/res/download.php?id=961

BC Coroner Service. (2019, October 16). BC Coroner Service Fentanyl-Detected Suspected Illicit Drug Toxicity Deaths, 2012-2019. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/fentanyl-detected-overdose.pdf.

Bernard, M. (2016). Affirmative governmentality and the politics of youth inclusion: A critical analysis of youth voice and engagement in dominant political discourse in Ontario. *Canadian Review of Social Policy/ Revue Canadienne de Politique Sociale*, *75*, 113-137.

Blanchet-Cohen, N., Mack, E., & Cook, M. (2010). *YouthSpace guidebook: Changing the landscape.* Retrieved from http://www.mcconnellfoundation.ca/assets/Media%20Library/Reports/YS_Guidebook_Web.pdf

Bonell, C., Dickson, K., Hinds, K., Melendez-Torres, G.J., Stansfield, C., Fletcher, A., ... Campbell, R. (2016). The effects of Positive Youth Development interventions on substance use, violence and inequalities: systematic review of theories of change, processes and outcomes. *Public Health Research,* 4(5).

Bozinoff, N., DeBeck, K., Fast, D., Long, C., & Small, W. (2017). Still "at risk": An examination of how street-involved young people understand, experience, and engage with "harm reduction" in Vancouver's inner city. *International Journal of Drug Policy. 45,* 33-39. https://doi.org/10.1016/j.drugpo.2017.05.006.

Braciszewski, J. M., Tran, T. B., Moore, R. S., Bock, B. C., Tzilos Wernette, G. K., Chamberlain, P., … Vose-O'Neal, A. (2018). Feeling heard and not judged: Perspectives on substance use services among youth formerly in foster care. *Child Maltreatment Vol. 23(1) 85-95*. DOI 10.1177/1077559517729486

British Columbia Centre on Substance Use [BCCSU], B.C. Ministry of Health, & B.C. Ministry of Mental Health and Addictions. (2018). A guideline for the clinical management of opioid use disorder – youth supplement. Retrieved from: http://www.bccsu.ca/care-guidance-publications/

British Columbia Centre on Substance Use [BCCSU], At Risk Youth Study [ARYS]. (n.d.). Retrieved from https://www.bccsu.ca/arys/.

British Columbia Ministry of Child and Family Development [MCFD]. (2013). *Youth engagement toolkit: Resource guide.* Retrieved from http://www.mcf.gov.bc.ca/youth_engagement/pdf/yet_resource_guide.pdf

British Columbia Representative for Children and Youth [RCY]. (2016). *A review of youth substance use services in B.C.* May 2016. Retrieved from https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy_reviewyouth substance-final.pdf

British Columbia Representative for Children and Youth [RCY]. (2018). *Time to Listen: Youth Voices on Substance Use.* Retrieved from https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/timetolisten-youthvoicesonsubstanceuse-2018-web-final.pdf

Bulanda, J., & Johnson, T. B. (2015). A trauma-informed model for empowerment programs targeting vulnerable youth. *Child and Adolescent Social Work Journal, 33*(4), 303-312 DOI 10.1007/s1056-015-0427-z

Campbell, D., Erbstein, N., Kubo, M., Fabionar, J., Wilcox, W., & Carrasco, L. (2009). *Sierra Health Foundation REACH Youth Development Initiative: First Interim Evaluation Report*.

Canadian HIV/AIDS Legal Network. (2006). *Nothing about us without us: a manifesto by people who use illegal drugs*. Retrieved from http://www.aidslaw.ca/site/nothing-about-us-without-us-a-manifesto-by-people-who-use-illegal-drugs/?lang=en.

Canadian Institute for Substance Use Research. (2013). Understanding substance use: A health promotion perspective. Retrieved from: https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective

CBC News. (2019, October 15). *Alberta governments joins B.C. lawsuit to recover costs related to opioid crisis*. Canadian Broadcasting Company. Retrieved from https://www.cbc.ca/news/canada/calgary/alberta-opioid-cost-recovery-addiction-crisis-drugs-1.5321058

Centre for Addiction and Mental Health [CAMH]. (n.d.). Opioid addiction. Retrieved from: https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/opioid-addiction

Centre for Addiction and Mental Health [CAMH]. (n.d.-a) Prescription opioids. Retrieved from: https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/prescription-opioids

Centre for Addiction and Mental Health [CAMH]. (n.d.-b). *Straight talk: Street fentanyl* [brochure]. Retrieved from https://www.camh.ca/-/media/files/guides-and-publications/straight-talk-fentanyl.pdf?la=en&hash=A507A676DED69E1D16CF367BDD3C6A6DE11FBF3B

Centre for Addiction and Mental Health [CAMH]. (n.d.-c) Youth and prescription painkillers. Retrieved from: https://www.camh.ca/en/health-info/guides-and-publications/youth-and-prescription-painkillers

Checkoway, B. (2011). What is youth participation? *Children and Youth Services Review, 33*(2)*,* 340–345.

City of Toronto, Planning Division. (2015). *Toronto city planning youth engagement strategy: Getting involved in city planning.* Retrieved from https://www.toronto.ca/wp-content/uploads/2017/11/9151-YouthEngagementStrategy_FinalReport-accessible2_sm.pdf

Collura, J. J., Raffle, H., Collins, A. L., & Kennedy, H. (2019). Creating spaces for young people to collaborate to create community change: Ohio's youth-led initiative. *Health Education & Behavior*, *46*(1_suppl), 44S-52S. doi:10.1177/1090198119853571

Connolly, J. A., & Joly, L. E. (2012). Outreach with street-involved youth: A quantitative and qualitative review of the literature. *Clinical Psychology Review*, *32*(6), 524–534. doi:10.1016/j.cpr.2012.05.006.

Cox, K., Smith, A., Peled, M., and McCreary Centre Society (2013). Becoming whole: Youth voices informing substance use system planning. Vancouver, BC: McCreary Centre Society.

Cox, K., Smith, A., Poon, C., Peled, M., and McCreary Centre Society. (2013). *Take me by the hand: Youth's experiences with mental health services in BC.* Vancouver, BC: McCreary Centre Society.

Crisp, C. (2006). The Gay Affirmative Practice Scale (GAP): A New Measure for Assessing Cultural Competence with Gay and Lesbian Clients. *Social Work*, *51*(2), 115–126. doi:10.1093/sw/51.2.115

D'Agostino, M. J., & Visser, A. (2010). Addressing and overcoming barriers to youth civic engagement. *International Public Management Review, 11(3),* 88-103. Retrieved from http://journals.sfu.ca/ipmr/index.php/ipmr/article/viewFile/89/89

DeBeck, K., Kerr, T., Nolan, S., Dong, H., Montaner, J., & Wood, E. (2016). Inability to access additional treatment predicts injection initiation among street-involved youth in a Canadian setting. *Substance Use Treatment, Prevention, and Policy. 11*(1). doi: https://dx.doi.org/10.1186%2Fs13011-015-0046-x

Department of Children and Youth Affairs [DCYA]. (2015). *National strategy on children and young people's participation in decision-making, 2015 – 2020*. Dublin: Government Publications.

Dunne, T., Bishop, L., Avery, S, & Darcy, S. (2017). A review of effective youth engagement strategies for mental health and substance use interventions. *Journal of Adolescent Health, 60(5)*, 487-512.

Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*, 4(1), 69-85. doi:10.1080/19361521.2011.545047

Fast, D., Small, W., Krüsi, A., Wood, E. & Kerr, T. (2010). 'I guess my own fancy screwed me over': transitions in drug use and the context of choice among young people entrenched in an open drug scene. *BMC Public Health* **10,** 126 doi:10.1186/1471-2458-10-126

Fast, D., Small W., Wood, E., & Kerr, T. (2009). Coming 'down here': young people's reflections on becoming entrenched in a local drug scene. *Social Science & Medicine, 69(8),* 1204–1210.

Fleming, J. (2013). Young people's participation—where next? *Children & Society, 27,* 484–495.

Fors, S. W., & Jarvis, S. (1995). Evaluation of a peer-led drug abuse risk reduction project for runaway/homeless youths. *Journal of Drug Education, 25*(4), 321-333.

Foster, C.E., Horwitz, A., Thomas, A., Opperman, K., Gipson, P., Burnside, A., … King, C. A. (2017). Connectedness to family, school, peers, and community in socially vulnerable adolescents. *Children and Youth Services Review*, *81*, 321-331. doi:10.1016/j.childyouth.2017.08.011

Goering, P., Veldhuizen, S. Watson, A., Adair, C., Kopp, B., Latimer, E., … Aubry, T. (2014). National at home/chez soi final report. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca

Gottfredson, D. C., & Wilson, D. B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, *4*(1), 27-38. doi:10.1023/A:1021782710278

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*(1), 113-113. doi:10.1186/1471-244X-10-113

Hammond, Z., & Zimmerman, R. (2012). A strengths-based perspective. *Resiliency Initiatives.* Retrieved from https://www.esd.ca/Programs/Resiliency/Documents/RSL_STRENGTH_BASED_PERSPECTIVE.pdf

Hart, R. A. (1992). *Children's Participation: from Tokenism to Citizenship.* Retrieved from http://www.unicef-irc.org/publications/pdf/childrens_participation.pdf

Head, B.W. (2011). Why not ask them? Mapping and promoting youth participation. *Children and Youth Services Review, 33*(4), 541-547. DOI: 10.1016/j.childyouth.2010.05.015

Health Canada. (March 2019). Canada's opioid crisis [Fact Sheet]. Retrieved from https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-opioid-crisis-fact-sheet.html

Health Canada (June 2019). Federal actions on opioids - overview. Retrieved from https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/federal-actions/overview.html

Hedegaard, H., Chen, L.H., & Warner, M. (2015). *Drug-poisoning deaths involving heroin: United States, 2000–2013*. NCHS Data Brief, *190*. National Center for Health Statistics.

Heffernan, O. S., Herzog, T. M., Schiralli, J. E., Hawke, L. D., Chaim, G., & Henderson, J. L. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: Challenges and successes. *Health Expectations, 20*(6), 1183–1188. https://doi.org/10.1111/hex.12554

Houwer, R. (2013). *Changing leaders, leading change: A leadership development model for marginalized youth in urban communities*. York University.

Iwasaki, Y., & Youth 4 YEG. (2015). *Working with high-risk, marginalized youth: Youth-led development of a framework of youth engagement final report.* Edmonton, AB: Homeward Trust Edmonton.

Iwasaki, Y. (2015a). The role of youth engagement in positive youth development and social justice youth development for high-risk, marginalised youth, *International Journal of Adolescence and Youth*, *21*(3), 267-278, DOI: 10.1080/02673843.2015.1067893

Iwasaki, Y. (2015b). *Youth engagement-engaging for a change: Changing for engagement*. Retrieved from http://jces.ua.edu/youth-engagement-engaging-for-a-change-changing-for-engagement/.

James, A.M. (2007). Principles of youth participation in mental health services. *Medical Journal of Australia, 187*(7), S57-S60.

Joint Consortium for School Health [JCSH]. (2009). Addressing substance use in Canadian schools: Responding to the needs of higher risk youth [PDF file]. Retrieved from: https://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Higher%20Risk%20Youth%20v1.pdf

Kadusin, C. Reber, E., Saxe, L., & Livert, D. (1998). The substance use system: Social and neighborhood environments associated with substance use and misuse. Substance Use & Misuse, *33*(8), 1681-1710. DOI: 10.3109/10826089809058950

Libby, M., Rosen, M., & Sedonaen, M. (2005). Building youth-adult partnerships for community change: Lessons from the Youth Leadership Institute. *Journal of Community Psychology, 33*(1), 111–120.

London, J., Zimmerman, K., & Erbstein, N. (2003). Youth-led research and evaluation: Tools for youth, organizational, and community development. *New Directions for Evaluation*, *98*, 33–45.

Marshall, B. D., Green, T. C., Yedinak, J. L., & Hadland, S. E. (2016). Harm reduction for young people who use prescription opioids extra-medically: Obstacles and opportunities. *International Journal of Drug Policy*, *31*, 25–31. doi: 10.1016/j.drugpo.2016.01.022

McCabe, H. A., & Wahler, E. A. (2016). The affordable care act, substance use disorders, and low-income clients: Implications for social work. Social Work, *61*(3), 227-233.

McCreary Centre Society (2016). VYPER evaluation report: Youth engagement through youth-adult partnerships. Vancouver, BC.

McCreary Centre Society (2019). Youth Research Slam: A youth-led research project about substance use. Vancouver, BC.

McKenzie, S., Droste, N., Hickford, S., & Miller, P. (2011). Reducing alcohol and other drug-related harm in young people. *Youth Studies Australia*, *30*(4), 51-59.

Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation, 10*(2), 29-37.

Miech, R., Johnson, L., O'Malley, P.M., Keyes, K.M., & Heard, K. (2015). Prescription opioids in adolescence and future opioid misuse. *Pediatrics, 136*(5), e1169-e1177. doi:10.1542/peds.2015-1364.

Murray, L. F., & Belenko, S. (2005). CASASTART: A community-based, school-centered intervention for high-risk youth. *Substance Use & Misuse, 40*(7), 913-33. DOI: 10.1081/JA-200058851.

National Center for School Engagement [NCSE]. (n.d.) Serving at-risk youth. Retrieved from http://schoolengagement.org/school-engagement-services/at-risk-youth/

National Institute on Drug Abuse [NIDA]. (2014). Principles of adolescent substance use disorder treatment: A research-based guide [PDF file]. Retrieved from: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podata_1_17_14.pdf

National Institute on Drug Abuse [NIDA]. (2017). Addressing the opioid crisis means confronting socioeconomic disparities. Retrieved from: https://www.drugabuse.gov/about-nida/noras-blog/2017/10/addressing-opioid-crisis-means-confronting-socioeconomic-disparities

National Institute on Drug Abuse [NIDA]. (2018). Misuse of prescription drugs [PDF file]. Retrieved from: https://www.drugabuse.gov/node/pdf/2609/misuse-of-prescription-drugs

National Institute on Drug Abuse [NIDA]. (2019). Prescription opioids [PDF file]. Retrieved from: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/drugfacts-prescriptionopioids.pdf

Oliver, K.G., Collin, P., Burns, J. & Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian e-Journal for the Advancement of Mental Health, 5*(1).

Ortega-Williams, A., Wernick, L. J., DeBower, J., & Braithewaite, B. (2018). Finding relief in action: The intersection of youth-led community organizing and mental health in Brooklyn, New York City. *Youth & Society. DOI: 10.1177/0044118X18758542*

Patterson, B. L., & Panessa, C. (2008). Engagement as an ethical imperative in harm reduction involving at-risk youth. *International Journal on Drug Policy, 19(1), 24-32.*

Peled, M., Smith, A., & Martin, S. (August, 2019). *Youth Research Slam: Engaging at-risk youth in research to support their well-being.* Oral presentation at the 7ᵗʰ Conference of the International Society for Child Indicators (ISCI), Tartu, Estonia.

Peled, M., Smith, A., & McCreary Centre Society (2014). Breaking through the barriers: Supporting youth with FASD who have substance use challenges. Vancouver, BC: McCreary Centre Society.

Phillips, M., DeBeck, K., Desjarlais, T., Morrison, T., Feng, C., Kerr, T., & Wood, E. (2014). Inability to access addiction treatment among street-involved youth in a Canadian setting. *Substance Use & Misuse*, *49*(10), 1233-1240. doi: 10.3109/10826084.2014.891618

Pullmann, M.D., Ague, S., Johnson, T., Lane, S., Beaver, K., Jetton, E., & Rund, E. (2013). Defining engagement in adolescent substance abuse treatment. *American Journal of Community Psychology, 52*(3-4), 347–358.

Ramey, H. & Rose-Krasnor, L. (2015). The new mentality: Youth-adult partnerships in community mental health promotion. *Children and Youth Services Review, 50*, 28–37.

ReachOut Australia. (n.d.). Retrieved from https://au.reachout.com/

Registered Nurses' Association of Ontario [RNAO]. (2014). Youth mental health and addiction champions (YMHAC) initiative toolkit. Retrieved from https://ymhac.rnao.ca/sites/default/files/2016-10/Youth%20Mental%20Health%20and%20Addiction%20Champions%20%28YMHAC%29%20Initiative%20Toolkit.pdf

Registered Nurses' Association of Ontario [RNAO]. (2015). Youth mental health and addiction champions (YMHAC) initiative: Evaluation Report Executive Summary.

Research Jam. (2017). Using gamification to engage people with opioid use disorder in human-centered research. Retrieved from https://researchjam.org/gamification-opioid-use-disorder/

Reyes, R., & Rogers-Bursen, M. (n.d.). 10 ways to overcome barriers to youth engagement. *Everyday Democracy: Ideas & Tools for Community Change*. Retrieved from https://www.everyday-democracy.org/tips/5-ways-overcome-barriers-youth-engagement

Sawula, E., Greenaway, J., Olsen, C., Jaun, A., Flanagan, Q., Leiterman A., & Groot, E. (2018). Opioid use and impacts in Thunder Bay District [PDF file]. *Thunder Bay District Health Unit*. Retrieved from: https://www.tbdhu.com/sites/default/files/files/resource/2018-03/Opioid%20Use%20and%20Impacts%20in%20Thunder%20Bay%20District%202018.pdf

Scheve, J. A., Perkins, D. F., & Mincemoyer, C. C. (2006). Fostering youth engagement on community teams. *Journal of Youth Development, 1*(1), 67–77. https://doi.org/10.5195/JYD.2006.400

Schrager, S.M., Kecojevic, A., Silva, K., Bloom, J.J., Iverson, E., & Lankenau, S.E. (2014). Correlates and consequences of opioid misuse among high-risk young adults [PDF file]. *Journal of Addiction*. Retrieved from: http://downloads.hindawi.com/journals/jad/2014/156954.pdf

Schweitzer, C., Gill, S., Kennedy, A., and Eppler, K. (2018). Youth and the opioid crisis: Strategies for intervention and the British Columbian experience. *UBCMJ 9*(2), 34-35.

Sharma, B., Bruner, A., Barnett, G., & Fishman, M. (2016). Opioid use disorders. *Child and Adolescent Psychiatric Clinics of North America, 25*(3), 473-487. DOI: 10.1016/j.chc.2016.03.002

Simmons, R., Ungemack, J., Sussman, J., Anderson, R., Adorno, S., Aguayo, J., … Timady, R. (2008) Bringing adolescents into substance abuse treatment through community outreach and engagement: The Hartford Youth Project. *Journal of Psychoactive Drugs, 40*(1), 41-54, DOI: 10.1080/02791072.2008.10399760

Smith, A., Beggs, M.K., Horton, K., Martin, S., & McCreary Centre Society. (2019). Beyond a Dreamcatcher: A youth led study aiming to improve services to Indigenous justice-involved youth who experience substance use challenges. Vancouver, BC: McCreary Centre Society.

Smith, A., Peled, M., Hoogeveen, C., Cotman, S., & McCreary Centre Society. (2009). A Seat at the Table: A Review of Youth Engagement in Vancouver. Vancouver, BC: McCreary Centre Society.

Smith, A., Peled, M., Poon, C., Martin, S., Horton, K., Jones, G., & Forsyth, K. (2018). Substance use and critical injuries. Vancouver, BC: McCreary Centre Society.

Smith, A., Peled, M., Poon, C., Stewart, D., Saewyc, E., & McCreary Centre Society. (2015). We all have a role: Building social capital among youth in care. Vancouver, BC: McCreary Centre Society.

Smith, A., Poon, C., Beggs, M., Ferguson, M., Peled, M., & McCreary Centre Society's Youth Research Academy. (2018). Starting a conversation: An upstream approach to reducing potentially harmful substance use among BC youth. Vancouver, BC: McCreary Centre Society.

Smith, A., Stewart, D., Poon, C., Peled, M., Saewyc, E., & McCreary Centre Society. (2015). Our communities, our youth: The health of homeless and street-involved youth in BC. Vancouver, BC: McCreary Centre Society.

Smith, A., Stewart, D., Poon, C., Saewyc, E., &McCreary Centre Society. (2010). Fact Sheet: Drug use among 16 to 18 year old BC students. Vancouver, BC: McCreary Centre Society.

Special Advisory Committee on the Epidemic of Opioid Overdoses. (September 2019). *National report: Apparent opioid-related deaths in Canada (January 2016 to March 2019)* [Web Based Report]. Ottawa: Public Health Agency of Canada. Retrieved from https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html

Steiker, L.H., Powell, T., Goldbach, J., & Hopson L. M. (2011). Dissonance-based interventions for substance using alternative high school youth. *Alcohol and Other Drugs in Social Work Practice*. *23*(4), 235-252. DOI: 10.1080/09503153.2011.597209

Stockburger, J., Parsa-Pajouh, B., de Leeuw, S., & Greenwood, M. (2005). Youth Voices on the Prevention and Intervention of Youth Substance Abuse. *Substance Abuse Task Force: University of Northern British Columbia*. doi: 10.1.1.470.259

Sullivan, E., Sullivan, N., Cox, D., Butt, D., Dollemont, C., & Shallow, M. (2010). 'You are taking who?! To a national conference on social policy?': A place for youth in the social policy life of their communities. *Community Development Journal, 46*(4), 511–525.

Toumbourou, J., Stockwell, T., Neighbors, C., Marlatt, G., Sturge, J., & Rehm, J. (2007). Interventions to reduce harm associated with adolescent substance use. *Lancet*, *369*(9570), 1391–401.

U.S. Department of Health and Human Services [HHS]. (n.d.) Opioids and adolescents. Retrieved

from: https://www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/opioids/index.html#risk

United Nations Office on Drugs and Crime [UNODC]. (2003). *Peer to peer: Using peer to peer strategies in drug abuse prevention*. Retrieved from: https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf

Ure, J. (n.d.). *The youth engagement spectrum*. Heartwood Centre for Community Youth Development. Retrieved from: https://heartwood.ns.ca/wp-content/uploads/2013/07/YouthEngagementSpectrum.pdf

White, A.M., Hingson, R.W., Pan, I.J., & Yi, H.Y. (2011). Hospitalizations for alcohol and drug overdoses in young adults ages 18–24 in the United States, 1999–2008: Results from the Nationwide Inpatient Sample. *Journal of Studies on Alcohol and Drugs*, *72*(5), 774–786.

Wong, N.T., Zimmerman, M.A., & Parker, E.A. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology, 46*(1-2)*,* 100-114.

Youth.gov. (n.d.). Risk & protective factors. Retrieved from: https://youth.gov/youth-topics/risk-and-protective-factors.

Zeldin, S., Camino, L. & Mook, C. (2005). The adoption of innovation in youth organizations: Creating the conditions for youth-adult partnerships. *Journal of Community Psychology, 33*(1), 121–135.

Zeldin, S., Christens, B. D., & Powers, J. L. (2013). The psychology and practice of youth-adult partnership: Bridging generations for youth development and community change. *American Journal of Community Psychology, 51*(3-4), 385–397.

Zeldin, S., Petrokubi, J., McCart, S., Khanna, N., Collura, J., & Christens, B. (2011). Strategies for sustaining quality youth-adult partnerships in organizational decision making: Multiple perspectives. *The Prevention Researcher, 18*, 7–11.