Evidence-based strategies for preventing substance use-related harms among youth aged 15-24 years in Ontario

The COVID-19 pandemic has negatively impacted the mental health of Canadian youth, resulting in a rise in opioid-related harm among Ontario's 15-24 year old age group. This locally-driven collaborative project (LDCP) aims to identify evidence-based prevention strategies, emphasizing program planning, community partnerships, and addressing contextual factors.

Factors influencing substance use prevention efforts for youth in Ontario

PROGRAM PLANNING, DELIVERY, & EVALUATION
- Understanding local context
- Data availability
- Evaluation methods & challenges

ROLE OF PARTNERS, PUBLIC HEALTH, & YOUTH
- Importance of partnerships
- Collaborative public health programs with policy/decision makers & community partners
- Engaging youth & equity deserving populations

CONTEXTUAL FACTORS
- Impact of public health measures during COVID-19 on programs & structures
- Vertical public health structures & programs
- Shifting public health priorities
- Political priorities & availability of resources

NATURE OF YOUTH RISK & PROTECTIVE FACTORS
- Need to enhance prioritization of risk and protective factors
- Broad scope & impact of upstream interventions
- Substance use prevention is complex and multidimensional

Comprehensive overview of risk and protective factors of opioid and substance use amongst youth through the socio-ecological model

RISKS FACTORS

PROTECTIVE FACTORS

INDIVIDUAL

Risks:
- Genetic predisposition or family history of substance use disorders
- Mental health conditions

Protective:
- Cultural and ethnic identity
- Self-control/regulation

INTERPERSONAL

Risks:
- Peers who engage in drug use or have positive attitudes toward drug use
- Peer pressure and influence to experiment with drugs

Protective:
- Peer influence (discouraging risky behaviour)
- Prosocial peer network against bullying

MICROSYSTEM (school, family)

Risks:
- Poor academic performance or school disengagement
- Inadequate parental supervision or inconsistent discipline

Protective:
- Strong social support networks and participation in extracurricular activities
- Positive family relationships and parental involvement

MACROSYSTEM (community, society)

Risks:
- Neighborhood poverty, crime rates, and availability of drugs
- Limited access to education, employment, and recreational opportunities

Protective:
- Community monitoring
- Community support

Evidence-based strategies to promote prevention of substance use among youth aged 15-24 years

STRATEGY #1

Address the factors that prevent substance use among youth, taking into account various levels within the socio-ecological model

Implement interventions and strategies that acknowledge the role of social determinants of health and positive/adverse childhood experiences (PACE) that overlap with mental health

Initiate these interventions early in life to maximize their impact

Prioritize various key factors with emphasis on parental skills, school-based strategies and healthy peer pressure refusing skills

Focus on common risk and protective factors for multiple problem behaviours to enhance program effectiveness

STRATEGY #2

Capitalize on opportunities to align public health efforts with community-based initiatives and partnerships

1. **Comprehensive assessment** of community's needs, assets, and gaps related to substance use prevention
2. **Holistic framework** that addresses prevention, early intervention, and harm reduction simultaneously
3. **Coordinated planning** by integrating different programs and services to develop and comprehensive approach to substance use prevention
4. **Shared resources and expertise** among different programs and services leads to increased efficiency, reduced duplication of efforts, and improved coordination
5. **Continuous evaluation and improvement** to assess the impact of interventions, identify gaps, and make informed decisions about modifications and resource allocation

STRATEGY #3

Apply multi-faceted interventions through integration of different components that address prevention, early intervention, and harm reduction simultaneously

Program integration enables the implementation of multifaceted interventions that adequately address various aspects of prevention

Upstream strategies focus on addressing social determinants of health, promoting mental health, and building resilience in young children and communities
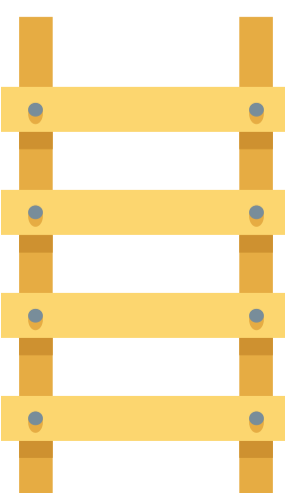
Midstream strategies target at-risk populations, such as youth, through school-based early intervention programs, community outreach, and peer support initiatives

Downstream strategies involve harm reduction, treatment, and recovery support services

Next Steps

Public health units can pursue these strategies and monitor their practices with evidence-based indicators, with a focus on representing diverse perspectives and assessing gaps in implementation.

Some common indicators include:

Reach and accessibility
Assesses the extent to which interventions are reaching the target population

Implementation fidelity
Involves assessing the extent to which interventions are delivered as intended

Participant engagement and satisfaction
Captures the perspectives and experiences of individuals involved in the intervention

Health outcomes
Monitors the impact of interventions. However, these indicators must be monitored over the long term, and are influenced by many factors beyond specific public health interventions