

# Youth and Drug Addiction: Abstinence, Harm Reduction, Services, and Barriers

## Substance Use Treatment Services for Youth in Kamloops

### Bed-based programs:

- Day One Society's Phoenix Centre Detox (ages 12–24)
- A New Tomorrow Treatment Solutions (ages 12–18), providing medical detox, live-in recovery, and life-skills support.

### Community-based options:

- Interior Health's day treatment, one-on-one counseling, case management, and peer support groups like NA, AA, and SMART Recovery.

### Barriers to access:

- Long waitlists, referral requirements, abstinence prerequisites, self-stigma, and systemic disadvantages (e.g., homelessness, trauma).
- Research shows that marginalized youth, particularly Indigenous youth, face greater challenges in accessing care.

### Potential improvements:

- Expanding low-barrier treatment, increasing culturally competent services, accessibility, providing strengths-based group therapy, and improving support between detox and treatment programs.

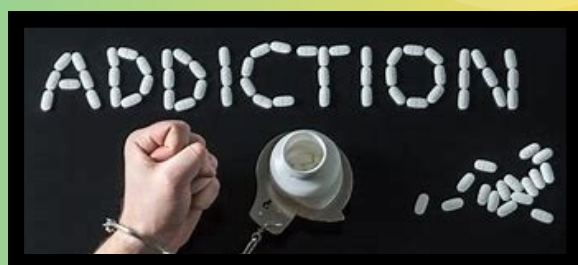
## Commonly Used Drugs by Youth in Kamloops, BC

1. **Cannabis:** The most commonly used substance among youth, with increased accessibility following legalization.
2. **Alcohol:** Remains a prevalent substance with associated rates of misuse and dependency among youth.
3. **Stimulants:** Cocaine: Its use is rising among youth, often in party or recreational contexts.  
Methamphetamine: Reports indicate an increase in use, posing significant health risks.
4. **Opioids:** Use of prescription opioids and synthetic opioids like fentanyl has surged, with significant consequences on health and safety.
5. **Hallucinogens:** Use of LSD, psilocybin mushrooms, and other hallucinogens has been reported in the youth demographic as recreational substances.
6. **Synthetic Drugs:** Increased risks associated with substances that feature in the illegal market, often leading to overdose incidents.

## Harm Reduction

*Youth Harm Reduction: A compassionate, evidence-based approach that seeks to reduce the health and social harms associated with substance use.*

- Harm reduction saves lives and empowers youth
- Indigenous and empowerment approaches foster safer and more inclusive care
- Remote and digital harm reduction can make services more accessible to youth

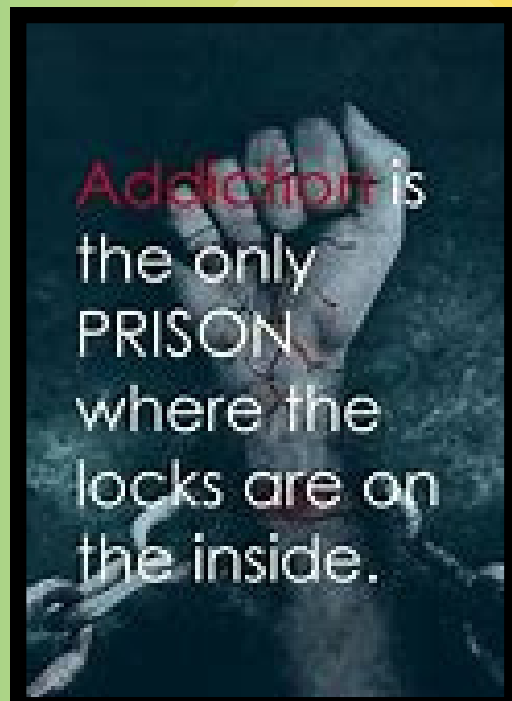


## Abstinence-Based Recovery in BC

- Programs exist but face barriers like long wait times, lack of youth-specific services, and high relapse rates. Access is inconsistent, and many require sobriety before entry.
- Portugal's Public Health Approach: Decriminalization in 2001 led to integrated recovery programs combining medical care, psychological support, and social reintegration, reducing stigma and improving access.
- Key Differences: Portugal offers timely, multidisciplinary care without criminalization, while BC struggles with fragmented services and systemic barriers.
- Lessons for BC: A more integrated approach—combining harm reduction, better accessibility, and social supports—could improve youth recovery outcomes.
- Conclusion: BC has made progress but could learn from Portugal's model by reducing wait times, increasing funding, and integrating holistic recovery strategies.

## Barriers Youth in Active Addiction Face

- Many detox and treatment centers have minimum age requirements, which means youth need to apply and wait for youth specific services to be available.
- Providers are more cautious when providing any medications or OAT based service to youth.
- Hospitals and emergency services have limited trauma informed practice/cultural services.
- Many people believe youth should stick to abstinence, and not utilize other resources (such as harm reduction)
- Much of the support for youth in active addiction is tailored towards abstinence only models
- Stigma: including stigma from service and health providers, friends, families, broader societal views, and self stigma
- Difficulty navigating resources



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