

# 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

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

### INDIVIDUAL

- Cultural and ethnic identity
- Self-control/regulation

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

### INTERPERSONAL

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

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

### MICROSYSTEM (school, family)

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

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

### MACROSYSTEM (community, society)

- 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 a 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

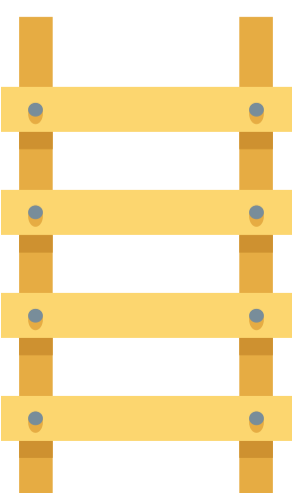


**Midstream strategies** target at-risk populations, such as youth, through school-based early intervention programs, community outreach, and peer support initiatives



**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

## For more information

Zayed, R., Sadare, L., MacDermid, L., Cook, A., Duivesteyn, T., Mighton, K., Phillips, N., Simon, L., Brown, M., Myer, D., Juando-Prats, C., Wiggle, J., Shearer, D., Gomes, T., Tran, T., Prikrly, E., Leece, P. (2023). *Implementing an evidence-informed public health approach to health promotion around substance use and preventing substance-related harms among youth aged 15-24 years in Ontario*. Grey Bruce Public Health.

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