Barriers and Facilitators in Utilizing Treatment Services for Substance Use Problems Among Youth in Ontario, Canada

A qualitative study from youth service providers’ perspectives

Lakostikova, Natalie
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Abstract

Problematic substance use is a continuing public health and safety concern in Canada, as is in many countries, and is seen as a health issue that can be prevented, managed, and treated through a proper focused response; however, according to recent studies and reports, Canadian youth are experiencing massive difficulty in accessing evidence-based services. The aim of this study is to explore youths’ barriers and facilitators in seeking and utilizing treatment services for substance use problems from service care providers’ perspectives in Ontario, Canada. In addition, treatment models that are organized to fit the needs of youth are also explored. A qualitative study with an inductive approach was used. Data was collected through six semi-structured interviews with youth service professionals working in school or community-based problematic substance use organizations in Ontario, Canada. The obtained data material has been analyzed by thematic analysis. The results showed that professionals viewed harm reduction and motivational interviewing models as designs fitted for youth. Professionals viewed unclear pathways to available services and stigma as external barriers to seeking treatment and shame and guilt and the loss of autonomy as internal barriers. Results viewed open conversation and active participation by schools as facilitators for seeking treatment. Further, professionals viewed insensitivity on behalf of the staff and funding as the main barriers for youth utilizing treatment, while sympathy from staff a major facilitator. This conclusion highlights the need for more open conversation and cooperation with the government and other youth service care professionals to coordinate effective and integrated services available for youth in school and community settings.

Keywords
Problematic substance use; youth; treatment; service care providers;
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1 Introduction

The life stages of adolescence and young adulthood are periods of significant development and involve a profound amount of change on all domains – biological, cognitive, psychosocial, and emotional (Ali et al., 2022, Bonnie & Backes, 2019, p. 38). Many unhealthy behaviours, such as smoking, drinking, and illicit drug use, often begin during adolescence, and carry on into later adulthood. These behaviours interrelate with increased morbidity and mortality, and represent major public health challenges (Das et al., 2016). As defined by the Canadian Public Health Association (2014), problematic substance use relates to the use of substances in ways that are associated with physical, psychological, economic, or social problems, or to use that poses health and/or security risks to the person and those around them. Problematic use has a profound impact on families and communities as its effects are often cumulative, contributing to costly social, physical, and mental health problems (Das et al., 2016).

Problematic substance use is a continuing public health and safety concern in Canada and is seen as a health issue that can be prevented, managed, and treated through a proper focused response (Background document: Public consultation on strengthening Canada’s approach to substance use issues, 2018). In Canada, alcohol is the most common substance for which people met the criteria for addiction at 18% (Substance use and addiction, 2023). According to the Ontario Ministry of Finance, there are approximately 2.47 million young people between the ages of 12 and 25 living in Ontario. In Ontario, substance use is quite common among the youth population and is marked higher compared to older populations (Ali et al., 2022). School surveys in Ontario, Canada found that 27% of youth in grades 7 to 12 (aged 12 to 17) reported current alcohol use (use of substances in the last 30 days), with 19% reporting cannabis use (Aderibigbe et al., 2022). Treatment services for problematic use among youth are available in Canada, however, Canadian youth are experiencing massive difficulty in accessing available and evidence-based treatment (Kourgiantakis et al., 2023). Available services are often described as being fragmented, untimely, inefficient in transitioning from youth to adult services, and without integrating youth-focused approaches (Ali et al., 2022,
Hawke et al., 2019, Henderson et al., 2017). Youth, as defined by United Nations (n.d.), are those persons between the ages of 15 and 24 years.

Problematic substance use among youth and service access in Ontario, Canada has been studied, although, previous research focused on both the service access of mental health and substance use problems (Kourgiantakis et al., 2023, Hawke et al., 2019, Henderson et al., 2017, Henderson et al., 2021). Further, for youth in Ontario, there are many more mental health services available than there are for problematic substance use (“Finding and navigating addiction services for children and youth,” 2016). This thesis, however, aims to explore both barriers and facilitators for youth seeking and utilizing treatment services exclusively for substance use problems in Ontario, Canada from professionals’ perspectives. The focus of substances in this study is primarily on alcohol, however, the programs address youth struggling with problematic use of alcohol, which may also take other substances. Although this thesis refers to problematic substance use, mental health issues may or may not co-exist with problematic substance use and is hence seen as a re-occurring theme (Chan et al., 2023, Leslie, 2008). The term “seeking treatment” refers to the youth who are actively trying to look for help, and “utilization of services/service utilization” refers to the continuation of attending treatment services.

In working directly with the youth, professionals in this field hold a unique role in the delivery of youth-oriented services as well as insight in understanding potential barriers that may deter youth from seeking treatment. Previous research exploring barriers in service access among the youth population in Canada involved youth as the interviewees (Cheung et al., 2019, Hawke et al., 2019, Turuba et al., 2022). Although youth voice is an essential component in the planning and development of youth-oriented services, service providers may identify gaps in treatment and treatment support that may influence innovative program models for this age group (Ali et al., 2022). For this reason, their perspective is especially important, because treatment programs with a strong service provider buy-in are likely to be implemented effectively (Hawke et al., 2021). As a result, it is vital to include professionals’ perspectives when it comes to exploring appropriate treatment programs for this age group and addressing barriers and facilitators in access and utilization in treatment-seeking youth.

The following sections will discuss problematic substance use amongst youth, its relevance as a public health problem and introduce the model as well as the structure of youth substance
use services in Ontario, Canada. Further, past research on the barriers and facilitators youth face when seeking and utilizing treatment services will be summarized.

1.1 Problematic Substance Use as a Public Health Problem

Neurobiological alterations that underlie the critical developmental processes in this life stage may predispose adolescents to initiate substance use, develop problematic substance use patterns, thereby resulting in long-term substance-related adverse consequences and mental health issues (Ali et al., 2022, Gray & Squeglia, 2018). Throughout this study, substances involved in problematic substance use will refer to alcohol and cannabis. Problematic substance use behaviour is complex and suggests an interplay between a cumulative number of risk factors on familial, societal, and socio-economic levels, that work together to amplify one’s likelihood to engage in early and problematic substance use behaviours (Ali et al., 2022). Many young people experiment with substances in their adolescent years without developing problematic use or addiction and can cut down on their use alone; however, some may experience ongoing substance related problems (Substance use and addiction, 2023).

Problematic substance use in the youth population differs from that of adults, in both the meaning and factors accompanying problematic use. Youth live in a culture where often family, social and community influences propagate pro-substance use messages creating an environment that normalizes substance use as an expected behaviour, rather than a health risk (Feinstein et al., 2012). Peer substance use has consistently been shown to be one of the strongest predictors of substance use among youth (Canadian Centre on Substance Abuse, 2007). Propagation of the “drinking culture” and public discourse essentially encouraging alcohol and cannabis use through normalization of these substances also influence a youth’s decision to use (Ali et al., 2022).

Susceptibility to problematic substance use and other traumatic events is usually greater for youth than adults (Canadian Centre on Substance Abuse, 2007). Feinstein and colleagues (2012) as well as Gray and Squeglia (2018) note that adolescents and young adults are particularly susceptible to the initiation of substance use and the future development of problematic use. This is because the adolescent brain is still developing; individuals at this stage demonstrate an increased tendency to take risks, including those involving smoking, drinking and other drugs. Theories in this domain suggest an ‘imbalance’ between brain
development inclination in partaking in risky behaviours, and the emotion and reward system
developing before cognitive control systems. With this, adolescent decisions may favour
direct reward over consideration of long-term consequences (Gray & Squegia, 2018).
Further, Henderson and colleagues (2017) note that the disease burden associated with
substance use problems is much greater than all cancers and infectious diseases, highlighting
the magnitude of substance use as a public health problem. Despite the negative toll that
addictive substances have on health and well-being, alcohol is reported to be the most used
substance amongst youth, with 72.5 % of students reporting its use, followed by cigarettes and
marijuana, and among those who have reported their use, 19.4% meet the criteria for a
substance use disorder (Feinstein et al., 2012, Gray & Squeglia, 2018). Beyond the harms that
problematic substance use inflicts on individuals, their families and the communities, failure
to prevent and treat problematic use results in an enormous economic burden on the health
care, education, and justice systems (Feinstein et al., 2012). Therefore, age-appropriate
evidence-based, treatment services are required for youth to be able to safely address and
open-up about seeking help about problematic substance use issues.

1.2 Problematic Substance Use Among Ontario Youth
Previous research often clumps mental health and substance use disorders together, as one
often influences the other, making it a focus for youth to be able to have access to treatment
services that integrate mental health and substance use issues as related and not separate
(Hawke et al., 2019, Turuba et al., 2022). Within a Canadian context, Canadian youth exhibit
some of the highest rates of mental health and addiction concerns than other age groups, with
more than 20% suffering of mental health concerns and 12% with substance use concerns
(Kourgiantakis et al., 2023). In a 2007 report on problematic substance use among youth in
Canada, up to 50% of those who sought treatment for problematic substance use had a
concurrent mental health disorder, such as anxiety or depression, and have hence been
associated to be relevant risk factors that may co-exist with substance abuse among young
people (Leslie, 2008). The 2019 Ontario Student Drug Use and Mental Health Survey
(OSDUHS) reported tobacco, alcohol, and cannabis as the top substances most frequently
used by more than one-fifth of Ontario high school students, with additional provincial school
surveys indicating that around 15% of students drink alcohol at a hazardous level (Ali et al.,
2022, Canadian Centre on Substance Abuse, 2007). Binge drinking is a common behaviour
during adolescence and young adulthood. In accordance with the Centre for Disease Control
In general, the structure of youth substance use programs in Canada often differs from those available for adults. For example, youth often lack financial independence and stability in many of life’s domains, such as having a job and housing (Canadian Centre on Substance Abuse, 2007). Since much of the youth population still live at home and attend school daily, much of the services aim to focus on these parts of the young individual’s environment. Further, youth tend to be involved in multiple service sectors, such as those that focus on mental health, for example, and may seek support from school guidance counsellors or social workers present in this environment, rather than accessing substance use systems directly. Services tend to support the family members separately, as well as together with the young person. Youth-oriented treatment programs also focus on fostering a harm-reduction approach which is different from the abstinence approach generally involved with adult treatment. Harm-reduction approaches aim to reduce the harms related to their use with a focus on cutting back according to everyone’s goals and what looks realistic for them (Canadian Centre on Substance Abuse, 2007, “Finding and navigating addiction services for children and

### 1.3.1 Youth Treatment Services in Ontario, Canada

The organization of Canada’s health care system is largely determined by the Canadian Constitution; with this, the roles and responsibilities are divided between the federal, provincial, and territorial governments (Health Canada, 2019). The federal government is responsible for setting and administering national principles for the system under the *Canada Health Act* whose basic principle is "to protect, promote and restore the physical and mental well-being of residents of Canada, and to facilitate reasonable access to health services without financial or other barriers" (*Canada Health Act*, R.S.C., 1985, c. C-6). Under this Act, provinces and territories are required to provide reasonable access to medically necessary doctor and hospital services without any extra-billing fees (Health Canada, 2019). The provincial and territorial governments hold most of the responsibility for delivering health and other social services, and thus, deliver most of Canada’s health care services (Health Canada, 2019).

When Canadians need health care, primary health care services are those that they most often turn to as they are the first point of contact with the health care system. In Ontario, Community Health Centers and Family Health Teams are the top interprofessional primary health care models (Hutchison et al., 2011, p. 66). Although family physicians are the first point of contact when accessing health care services, many do not have proper coordination to navigate between specialized health services. Population survey data demonstrated that only 15% of Canadians aged 15 and older, with only problematic substance use issues felt that all their health care needs were met (*Background document: Public consultation on strengthening Canada’s approach to substance use issues*, 2018). This seems to be especially challenging when finding appropriate problematic substance use services for transitional-aged youth; young individuals who are “transitioning” from youth to adult services. The Ministry of Children and Youth Services funds those for youth up to age 16. Adult programs include those from the age of 16 and older and are funded by the Ministry of Health and Long-term Care. However, youth develop at different ages, so youth seeking services do not always fit in these age categories.
1.4 Suggestions from 2001 Health Canada Report

A project initiated by Health Canada aimed to address barriers to treatment affecting the youth population and analyze elements of best practices regarding the outreach and engagement of youth in treatment (Currie et al., 2001, p. I, 25). Researchers found that the most common barriers affecting youth engagement and access to treatment implicated a structural component, describing a general lack in program-tailoring to the youth population. Further, it shed light on various areas of improvement, addressing schools and community mobilization programs as critical elements of the outreach strategy and calling on a harm reduction and client-centered approach for engaging youth in treatment. Since then, the Canadian government released guidelines on strengthening early identification and awareness of problematic substance use among youth through school health programs (Background document: Public consultation on strengthening Canada’s approach to substance use issues, 2018, Blueprint for action: Preventing substance-related harms among youth through a comprehensive school health approach, 2021). As researchers explore this area almost 20 years later, they find that the implementation of effective models of service delivery suggested by this report, still lack (Ali et al., 2022, Brownlie et al., 2017, Hawke et al., 2019, Henderson et al., 2017).

1.5 Past Research: Barriers and Facilitators

As mentioned before, previous studies have shown that a lack of “youth-friendly” approaches may hinder a youth from seeking treatment (Ali et al., 2022, Hawke et al., 2019). Youth friendly mental health and problematic use services as defined by Hawke and colleagues (2019), are ones that are accessible, flexible and integrated, where youth feel respected, valued and welcome to express themselves without discrimination of any kind. They are also ones that mandate youth participation in the design and delivery of the service and empower youth to gain control of their lives (Hawke et al., 2019).

Structural Barriers

As previously noted, Henderson and colleagues (2017) describe the lack of services available in the settings in which youth find themselves, for example in schools, youth protection settings and universities. Further, a literature review exploring what constitutes “youth-friendly” mental health and substance use services, found that youth associate the location of treatment services with stigma which may prevent them from accessing services if they are
located in an undesirable area (Hawke et al., 2019). This calls for the need of services to be in a more discrete setting or closer to other health services so youth are perceived to be visiting a less-stigmatized service (Hawke et al., 2016). In a study by Kourgiantakis and colleagues (2023), Ontario youth highlighted unclear pathways in service access as a major barrier; many who try to seek help do not know where to go, where to look and where to start. Further, Turuba and colleagues (2022) found that the health care system lacked in addressing the link between mental health and problematic substance use making it challenging for British Columbia youth to access appropriate treatment (see also Henderson et al., 2022). As stated earlier, mental health and problematic substance use are thought to influence one another. Youth often need parallel care from various groups of individuals, so an integrated system is critical to understand potential underlying issues of help-seeking youth (Henderson et al., 2022). Long waiting hours and lack of drop-in hours have also been perceived to be major barriers in treatment-seeking youth (Brownlie et al., 2017, Hawke et al., 2019, Hetrick et al., 2017, Kourgiantakis et al., 2023).

When it comes to program utilization, in addition to the barriers already mentioned, previous research also address poor program outreach, lack of information, and relevant support as barriers in utilizing available services by Ontario youth (Currie et al., 2001, Henderson et al., 2022, Kourgiantakis et al., 2023). Not only this, literature reviews and studies highlight the impact of staff on a youth’s decision to continue with treatment. Kourgiantakis and colleagues (2023) found that Ontario youth do not feel “listened to” by service providers; rather, they [youth] felt that the routine of questioning is similar and repetitive. One can infer that the youth felt a common pattern by service providers where they [staff] did not feel attentive to the youth’s unique situation and needs. Further, a youth service system review on struggling Ontario youth noted that staff qualities are crucial in supporting youths’ initial involvement with services, and interactions with staff that leave a negative impact on the youth can become barriers, hindering them from further utilization (Henderson, 2000, see also Hawke et al., 2019, Kourgiantakis et al., 2023, Turuba et al., 2022). A literature review by Hawke and colleagues (2021) also found that a prolonged assessment with a long paperwork process at initial contact may discourage youth and affect their retention.

Generally, barriers referring to location, accessibility, lack of integrated services and service provider attitude, impacted a youth’s decision to seek and utilize problematic substance use services.
Individual Barriers

On the other hand, previous research also describes internal barriers that hinder one’s decision to seek treatment. Numerous studies have found stigma as a major barrier for help-seeking youth (Ali et al., 2022, Hetrick et al., 2017, Kourgiantakis et al., 2023, Turuba et al., 2022). A study by Ali and colleagues (2022) on treatment access for Ontario youth found that self-stigmatization, stigma coming from traditional family views and negative public perceptions surrounding substance use, directly influenced youths’ decision in seeking further treatment. Turuba and colleagues (2022) also found that a lack of knowing which treatment services are available fed into youths’ stigma because people are not aware of the effects of problematic use and the available support. Therefore, stigma on both a societal and individual level act as internal barriers for youth seeking problematic substance use services.

Service providers working with clients of minority found that they [youth] found it difficult to find service providers who understood them and their background, serving as a major barrier for youth seeking treatment (Kourgiantakis et al., 2023). A lack of sensitivity and cross-cultural skills by service providers may make the Canadian youth feel that they are not supported enough to participate in treatment (Currie et al., 2001).

There are many more structural and individual barriers that the youth face when engaging with the problematic substance use treatment system; however, those mentioned were the main ones present throughout the literature.

Facilitators

When facilitators in seeking and utilizing treatment services were described in previous research and government guidelines, the majority shared these similar characteristics: properly trained service workers, facilitation of access to services, and program emphasis on youth-centered values and ‘harm reduction’ approaches that are non-judgmental and non-stigmatizing (Ali et al., 2022, Hawke et al., 2019, Henderson, 2000). For example, Hawke and colleagues (2019) described the need for inclusive and culturally diverse services where staff are knowledgeable in youth cultures and can discuss sensitive issues with the youth without portraying judgment. Henderson (2000) went on to discuss the importance of staff being caring, to inspire trust and be relatable and honest in their interactions with the youth (see also Hawke et al., 2019). Service providers embodying these characteristics make youth feel that
they are genuinely cared for, making them more comfortable to share their experience with problematic substance use (Henderson, 2000). Furthermore, other professionals such as schoolteachers and street workers are often the first point of contact with youth (Currie et al., 2001). Therefore, providing proper training for staff in supplying the youth with the appropriate service and getting them in touch with a service provider will facilitate treatment-seeking youth in accessing treatment.

Convenient access to services was another facilitator that was mentioned in the literature. It was agreed that to be “youth-friendly,” youth problematic substance use services should be offered alongside mental health and other community-based services; options that may have less perceived stigma associated with them (Hawke et al., 2019, Henderson, 2001). Hawke and colleagues (2021) find that offering integrated youth service programs provide rapid access to many culturally sensitive and supplementary health service options, giving more of the preferred “youth-friendly” accessibility factor (see also Chan et al., 2023). Further, program accessibility and staff outreach should occur at all locations where youth assemble. Programs should be accessible to youth as needed and not restricted by office hours; it is important for the youth to be able to always access some level of services (Currie et al., 2001).

Lastly, much of the literature mentioned models of a ‘harm reduction’ approach to be effective in facilitating treatment access and utilization by youth. In comparison to abstinence models, harm reduction approaches are most effective with, and responsive to, the youth’s needs and current stage of life (Currie et al., 2001). They base treatment goals on the youths’ priorities; it allows the youth to be autonomous in their goal setting and decision making for substance use treatment outcomes (Henderson, 2000). These approaches also foster a non-judgmental and non-stigmatizing approach, making the youth feel more inclined to talk about their use and continue with treatment (Ali et al., 2022, Primer to reduce substance use stigma in the Canadian health system, 2020, p. 12). With this, harm reduction approaches facilitate a youth’s desire to seek and continue with problematic substance use treatment services.
2 Study Aim and Research Questions

2.1 Study Aim
The aim of this study is to, from a professional service provider perspective, explore youths’ barriers and facilitators in seeking and utilizing treatment services for substance use problems.

2.2 Research Questions
This study aims to address the three research questions below from a professionals’ perspectives working in Ontario, Canada:

1. What treatment models in Ontario, Canada according to service professionals, are more organized to meet the needs of youth and why?
2. What factors deter the youth from seeking treatment services and what factors facilitate it?
3. What factors hinder utilization of programs in this age group and what factors amplify it?
3 Methods

3.1 Sample
The study population consisted of six youth service care providers, employed within school and community-based organizations in Ontario, Canada, that provide problematic substance use treatment and/or support to the youth population. Direct youth service care providers were defined according to the definition outlined by Ali and colleagues (2022); direct youth service care providers were those who were responsible for service provision involving youth within their workplace. This included, program directors, program managers, addiction counsellors, social workers, and served as inclusion criteria for participating. In addition to this, participants were required to practice in Ontario, since this was the province under study. Professionals who did not interact with treatment-seeking youth and whose services focused solely on mental health, drug use and/or gambling-related treatment support were excluded from the study. Professionals who focused only on drug use were excluded from the study since the thesis aims to explore those with experience in alcohol use or with both alcohol and drug use. More specifically, marijuana was included as an additional substance because as stated earlier, it was the second highest consumed substance among the youth population after alcohol. The selection of respondents was based on purposive sampling, i.e., key informant sampling (Patton, 2014, p. 266). This technique seemed to be the most relevant as the aim of the study intended to draw on the insights of a specific group of individuals that are especially knowledgeable and experienced in the area of interest (Palinkas et al., 2013). Lastly, only English-speaking participants were invited to participate to minimize communication misunderstanding.

3.1.1 Recruitment of Participants
Youth-specific substance use treatment organizations were extracted from the ConnexOntario public online database. Youth-specific problematic use treatment organizations were also identified by conducting a Google search. E-mails pertaining to these organizations were contacted. Contact information for two respondents were given to me by family friends. A standardized e-mail along with an information sheet outlining the purpose of the study and information about participation were sent to personnel (if available) and administrative email addresses of these organizations throughout the last week of February 2023. The standardized email highlighted inclusion and exclusion criteria for potential respondents, objectives, and
motivation of the study, and what it meant to participate. In the email, it was made clear that
the researcher was looking for youth problematic substance use counsellors, program
directors, managers, that were responsible for providing direct counselling to youth, or who
were responsible for service provision for youth in their organization. Emails to specific
personnel were picked according to the inclusion/exclusion criteria as well. This helped
ensure effective recruitment of potential participants.

After the potential respondents expressed interest in taking part in the study, a Zoom meeting
was scheduled for the interview. Individuals who did meet the inclusion criteria but could not
take part in the study referred to staffing shortages and lack of familiarity with the Ontario
substance abuse service system as reasons for being unable to participate.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Service Provider Role</th>
<th>Age Range Worked With</th>
<th>Type of Problematic Use Organization</th>
<th>Geographic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Frontline Youth Social Worker</td>
<td>14-18</td>
<td>School Board</td>
<td>Toronto</td>
</tr>
<tr>
<td>2</td>
<td>Youth Addiction Councillor</td>
<td>17-24</td>
<td>Peer-led Community Organization</td>
<td>Toronto</td>
</tr>
<tr>
<td>3</td>
<td>Family and Youth Councillor</td>
<td>12-25</td>
<td>Community Based Facility</td>
<td>Toronto</td>
</tr>
<tr>
<td>4</td>
<td>Program Manager</td>
<td>14-17</td>
<td>Peer-led Community Organization</td>
<td>Ottawa</td>
</tr>
<tr>
<td>5</td>
<td>Director of Youth Addiction and Mental Health Services</td>
<td>12-24</td>
<td>Community Based Facility</td>
<td>Ottawa</td>
</tr>
<tr>
<td>6</td>
<td>Family and Youth Councillor</td>
<td>14-23</td>
<td>Community Based Facility</td>
<td>Toronto</td>
</tr>
</tbody>
</table>

Table 1. Characteristics of Respondents

3.2 Data Material
The data material consists of six interviews, obtained by semi-structured interviewing, and
were conducted over Zoom. Semi-structured interviewing is guided by a flexible interview
guide open to follow-up questions, probes, and comments; this allows for the collection of
open-ended data through exploring respondents’ thoughts, feelings, and beliefs about the topic
in question (DeJonckheere & Vaughn, 2019). The interviews were conducted in English. Due to the researcher being in Sweden and the participants in Canada, having the interviews take place over an online platform such as Zoom was the best available option for both parties to connect. The interviews took place between the months of March and April of 2023. The interviews were to last between 30-45 minutes; however, one interview lasted an hour. The interviews were audio-recorded using Voice Memos on iPhone, and were subsequently transcribed, verbatim, in English. The transcripts ranged between 11-20 pages in length.

3.3 Data Analysis
The data material was analyzed using the thematic analysis process outlined by Braun and Clarke (2006). In qualitative research, thematic analysis is used for the identification and analysis of patterns (themes) within the data (Braun & Clarke, 2006). An advantage of this method is that it has theoretical freedom, meaning, it is not tied to a pre-existing theoretical framework providing the researcher with flexibility with its use. The thematic analysis process as outlined by Braun and Clarke is a five-step process. The sixth, and final step involves the write up of the report. The first step involves the researcher familiarizing themselves with the data. This was done via transcription of verbal data. Any information that could identify the participants was pseudonymized. The transcripts were imported to NVivo where they were subsequently read multiple times. The second step refers to the generation of initial codes. Transcripts were re-read multiple times and extracts that could form potential themes were identified. Initial codes were named and were subject to change as the researcher worked through the data set. All actual data extracts were coded using NVivo software. Similar extracts were grouped together, some were placed under a code that was more fitting upon re-reading of the transcripts. The data was coded using an inductive approach; therefore, no pre-existing coding frame was used to code the data making the identified themes data driven. The third step re-focuses on the broader level of themes. The codes were analyzed and grouped into possible sub-themes. In the fourth step, potential candidate themes were reviewed. Here, it was important that the collated extracts for each theme formed a coherent pattern while the emerged themes also carried distinctions between one another. During these steps, re-coding was done to ensure that all relevant data was processed. In the fifth step, themes, along with subthemes (if any) are defined and named. Proper names that clearly defined the essence of each theme are assigned. Lastly, the sixth step, involves the production
of the report. It is vital to keep in mind that this process is not a linear process. This method of analysis involved a lot of back-and-forth movement between all steps.

3.3.1 Theoretical Framework For Analysis

The social-ecological model (SEM) will be used as a guide to understand the results in this study. The SEM is an extensive approach to explain an individual’s behaviors. It focuses on the nature of people’s interactions with their environments and proposes that behavior is affected by many multifaceted levels of influence (Alghzawi & Ghanem, 2021, Centers for Disease Control and Prevention, 2022). The SEM can serve as a useful framework when addressing barriers and facilitators (Fig. 1) to problematic substance use. This framework suggests that individual behaviours is influenced by individual characteristics specific to the individual (age, education, history of abuse), interpersonal relationships, community (settings such a schools, workplaces, and neighbourhoods) and broader societal factors that work to influence behaviours of the individuals. A core belief of this model is reciprocity; an individual is influenced by their environment and vice versa (Salihu, 2014). Individual characteristics envelops a person’s knowledge, attitudes, and values and are influenced by the social and physical environments (Alghzawi & Ghanem, 2021). Interpersonal relationships, such as those established with families, peers, school, and healthcare personnel. The community level explores the organizational and management characteristics of social, educational, and healthcare institutions and seek to identify characteristics that may promote problematic behaviour. It also included community resources, social and health services, and neighbourhood. The fourth level focuses on broader societal factors that help create an environment in which problematic behaviour is encouraged. These factors include health, economic and social policies (Centers for Disease Control and Prevention, 2022, Salihu, 2014).

To effectively examine and clarify factors that act as barriers and facilitators for youth seeking and utilizing treatment services, the SEM will serve as the theoretical lens for the interpretation of the results. The SEM suggests that the intention to adjust health behaviors are influenced by barriers and facilitators at multiple levels (O’Laughlin et al., 2020). As barriers and facilitators are identified, they will be allocated to a level within the SEM to understand the reasoning for certain barriers and facilitators. This will allow for plausible suggestions,
ways to improve program access and retention for youth utilizing substance use treatment programs.

Figure 1. The Social-Ecological Framework Model: A Framework for Prevention. From Centers for Disease Control and Prevention. (2022, January 18). The social-ecological model: A framework for prevention | violence prevention | injury Center | CDC. Centers for Disease Control and Prevention. (https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html#:~:text=This%20model%20considers%20the%20complex,from%20experiencing%20or%20perpetrating%20violence.)

3.4 Ethical Consideration

The ethical conducts in qualitative research highlight the researcher’s responsibility to properly inform the participants of what the study entails, and what they consent to (Kang & Hwang, 2021). In this thesis, the ethical conducts were based on the ethical considerations outlined by Orb and colleagues (2001). The information obtained from the interviews, was collected in accordance to three well-established ethical principles: autonomy, beneficence and justice (Orb et al., 2001). Before taking part in the interview, potential respondents were provided with an information sheet that outlined the purpose of the study, the handling of personal information and what it meant to participate (Suppl., Fig. 2). The respondents were informed that participation is voluntary, that they can choose to withdraw their participation at any time, without reason, before the start of analysis and that the interview would take place over Zoom with the audio being recorded using Voice Memos on iPhone. Additionally, participants were informed that personal information would be pseudonymized and answers would be kept confidential. Also, prior to the start of the interviews, participants were made aware that as key experts, their job background may be stated in the thesis for interpretation purposes. Furthermore, participants were informed that they control what they wish to answer and share, and that the information collected will be used for research purposes only. Informed consent and information on ethical issues was also repeated and granted orally before the start of the interview. None of the participants refrained from participating in the study.
4 Results

This section presents the results of thematic analysis of the interviews conducted with six service care professionals working with youth in Ontario, Canada. There were three overarching themes that emerged from the analysis and 9 sub-themes: harm reduction, motivational interviewing models, unclear pathway to available services, stigma, shame and guilt, loss of autonomy, inviting open conversation, active participation by schools, insensitivity on behalf of the staff, funding, and compassion from staff. In accordance with the research questions, the three themes involve treatment models organized to fit the needs of youth, barriers (seeking treatment and utilizing treatment) and facilitators (seeking treatment and utilizing treatment). The findings are illustrated by quotes from the interviewees. The respondents are distinguished by numbers 1 to 6.

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Table 2. Main themes found as a result of thematic analysis.

4.1 Findings

4.1.1 Treatment Models Organized to Fit the Needs of Youth
The first theme summarizes how well substance use treatment programs are organized to fit the needs of youth. Many respondents believe that treatment models tailored to fit the needs
of youth exist, but that there is a need for improvement. The main models that prove to be beneficial for this age group revolve around harm-reduction models and motivational interviewing.

Harm Reduction Models

Harm reduction models were found to be the most appropriate for youth according to the respondents. According to the interviewees, harm reduction models tend to decrease the feeling of shame and judgement in youth, by educating what constitutes safe use and encouraging open conversations about their substance use. As a result, youth may feel more inclined to open-up and establish a proper connection with the service provider.

“So my view on that, and that's, and this is, from speaking to a lot of youth, is that generally, although not always, generally, a harm reduction model works better with youth, because they feel less judgment about their use and it feels more meaningful to them as opposed to an abstinence based model, which often doesn't resonate with youth. So definitely harm reduction model. It's more appropriate.” (R6)

Another finding from using harm reduction methods as stated by the respondents, is that it does not turn youth away from accessing treatment; in comparison to other programs, youth do not have to be sober to access treatment. Harm reduction models do not focus on complete abstinence. Instead, respondents re-iterate that these models focus on the importance of meeting the individual where they are at; if the youth concerned is looking for abstinence, that is something that they can work towards, but if they are looking to reduce their usage, that is fine as well. This respondent made it clear that youth need to know that decisions are not being forced on them. If the youth concerned can discuss the differing aspects of why they engage in substance use and what they like about substance use instead of it being referred to as a problem, youth may feel more welcoming in addressing the reasons behind their use and what ‘reducing usage’ means for them.

“I will hear stories of other agencies, like (…) you know, well my kid stopped seeing a counselor because he showed up high and got kicked out (…) whereas here like you can literally come in and say I don't have a problem with alcohol, I don't have a problem with drugs. You can come in high, you can come in drunk, we're gonna work with you (…). if you let him know he can come call, talk to me about how much he really enjoys the drugs that he does, things like that is okay, we can go somewhere from there. And if you think about it like a teenager being like, ‘oh you want to talk to somebody about like why you really like drugs?’ It's a lot more welcoming than ‘do you wanna talk about how you need to stop? And how this is a problem?’ (…) We'll talk to you where you're at (…) a lot of people in our agency, we don't know what the ultimate goal is, maybe it's abstinence for you, maybe it's not.” (R3)

This respondent noted that youth are often being told what to do by multiple individuals. The respondent further elaborated and highlighted the importance of the youth being autonomous in their choice to reduce usage. If the youth feel as if they cannot be autonomous in their choice, they will choose to withdraw from treatment. From this respondent’s professional experience, this finding states the outcome of abstinence-based models on youth. Overall,
respondents agreed that harm reduction models may prove to be most appropriate for this age group.

“And there were young people there were 19/18 and the parents have put them in and, they had more drug addictions. But, you know, two or three of them left in between treatment, because they were like, I can't do this forever. I'm not gonna, like I have my whole life ahead of me. How can someone tell me that I'm never allowed to feel like this? So they left.” (R2)

Services Providing Motivational Interviewing

Motivational interviewing was found to be another approach that tailored more to the needs of youth. Respondents found motivational interviewing to be effective in allowing the client to identify motivators or goals to inspire change. Motivational interviewing on the parents’ behalf was found to be a strength in helping youth struggling with problematic use. Respondents found that by using motivational interviewing, parents can bring about youth’s internal motivators to want to reduce their usage. In doing so, youth may feel empowered to connect and resolve problematic patterns.

“So there's the opportunity, I feel lies within the family structure. Can we, can we give the skills to the parents who have an opportunity to use their leverage, their relationship in a way that uses motivational interviewing to try to help the youth? You know, they know what their interests are in life, what their skill sets and their strengths are, and they can help to kind of tether those out.” (R4)

Further, respondents found that another strength of using motivational interviewing in therapeutic practice is that it allows the counsellor to aid the youth in connecting their substance use to an underlying trauma or untreated mental health issue. It allows them to think about potential causes of their substance use. Throughout the process, the counsellor can build a meaningful relationship with the youth, hopefully aiding in the youth’s ability to open-up about their usage and confide in the counsellor. After all, the collaboration between the provider and the client helps to identify motivational goals to adjust changes to behaviour.

“So working in motivational interviewing really helps. It's like finding where the youth is at and work with them as therapists. But I think that all comes back to, you need to build a relationship with the youth. So it's okay, if it takes one to three sessions before you address something that is like a purely therapeutic goal. Because you need to build that trust, and you need to think to help the youth think by themselves. They need to process and we need to remember as well like that the brain isn't fully formed, the brain is not 100% finished until 25. So we've been talking about adolescents and youth in transition, well they need to have adults to help them make that connection. Because a lot of youth, they absolutely have no idea that their substance use is linked to something else, to their symptoms of mental health, to trauma, they don't know that. They know what happened to them, they know how they feel but they never, like put that together.” (R5)

All in all, most respondents believed harm reduction models and motivational interviewing to be amongst the top treatment models organized to fit the needs of youth. As per the respondents, harm reduction models aim to invite open conversations about substance use with a no judgment attitude. By doing so, youth feel safer and more autonomous in their
decisions concerning usage. Further, respondents believe the impact that motivational interviewing has in being able to identify motivators to inspire change and link potential causes of a youth’s substance use, is a positive model in helping youth adjust changes to their behaviour and substance use. Through the SEM framework, these models focus on the trust and relationship established between youth and service care providers, as well as the community in educating adults and making these programs available; this is what the youth see as valuable factors when utilizing programs for problematic substance use.

4.1.2 Barriers
The second overarching theme focuses on barriers that exist when it comes to treatment-seeking and treatment-utilizing youth. This theme summarizes the external and internal barriers youth face when seeking treatment from professionals’ experiences. External barriers refer to those brought on by the outside relationships and society. Internal barriers include individual struggles that hindered youth to seek-help. This theme also includes barriers youth face when utilizing treatment services.

External Barriers – Seeking Treatment

Unclear Pathways
The first main external barrier was unclear pathways to treatment with two sub-themes ‘don’t know where to look’ and ‘separation between mental health and problematic use services.’ Many of the respondents agreed that youth often do not know what is available and where to go when they decide to seek treatment. Furthermore, respondents argued that the link between mental health and problematic substance use and their influence on one another is not well established. As a result, youth suffering from problematic substance use issues are unable to recognize that their use could be a symptom from deep underlying trauma, causing confusion in knowing what service they should attend first and what the “issue” they are dealing with actually is. It was made clear by the respondents that there is a need for program awareness from parents and service providers in the school to take on that responsibility to approach youth when they see that something is not right, to make that first step, and connect that youth to the appropriate personnel or service.

Don’t know Where to Look
Two respondents emphasized the need for caregivers and service providers within schools to take that first step when identifying youth struggling with problematic substance use. They 

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iterate the importance of adults in ‘supporting and providing the first contact’ with youth to get them the help they need and to introduce them to services that are available, because youth often will not know where to look and where to go. Due to this, respondents noted that they do not want the youth asking for help; service providers or adults at an institution with youth, should have the responsibility of identifying struggling youth and guiding them to the appropriate professional or service.

“I think that they may not know where to seek the help. If you come from a rich family, right, so you have the family and connections, and those youth have that support of finding them help. Some really can’t do it themselves because not everybody has that. So, I think that if you don’t have a strong support system, it’s difficult to get the help that you need.” (R2)

“We’re able to have service providers working in the school … meaning that if you're in a public high school in Ottawa, you have an expert going to your school at least once a week, if not twice a week. So, I think that's very helpful, because a lot of youth won't be able to ask for help or won't know where to go. And what we keep saying is that we don't want you to be asking for help. We want adults, meaning school personnel, teachers to be able to see signs and say, hey, I see that something's going on with you, I'm going to, like present you someone I'm going to you know, we're going to meet someone who works in the addiction field, and you're going to get the help right now” (R5)

Separation Between Mental Health and Problematic Use Services
Several respondents agreed that the lack of integrated services between mental health and problematic substance use acts as a major systemic barrier for help-seeking youth. Much of the time, help-seeking youth do not know what is influencing their substance use - if it is an untreated mental health issue or not. Respondents noted that problematic behaviour may be a coping mechanism for related mental health issues, and if a youth must be sober to seek certain services, it may decrease their chances of accessing available treatment programs. This respondent stressed the confusion it causes treatment-seeking youth when they are engaging in the system but having to visit different counsellors to address issues that may very well be connected. If the two are kept separate, the youth does not know what the main issue that needs to be addressed is, is it problematic substance use, or is it a symptom of an untreated mental health issue caused by underlying trauma?

“But…seeing multiple counselors is not necessarily the answer. If this person is engaging with the system, like you should be able to talk about it. And … one of the people that I'm seeing is also seeing an addictions counselor somewhere else, but wants my services because they're not allowed to talk about their life stresses with their addiction’s counselor. And I'm like, how do you separate that? How do you separate undiagnosed or untreated mental health issues from drinking and doing drugs who are treating their untreated mental health? And why can you not put them together?... If you do go to the model of it needing to be, you know, treated separately, like how do you know what is the most pressing issue? You might say, oh, it's the drugs. And they might say it's the trauma. I actually need trauma support.” (R3)

In addition to this, a respondent explains how treatment-seeking youth were often not able to access certain mental health services if they were not sober. The separation of these services
does now allow youth to access both at the same time if that’s what they need, it was either one or the other. They are therefore left with the issue of not knowing which service they need to attend first and what “issue” it is they need to deal with.

“So even in terms of access for many programs, it was that you had to be completely off drugs in order to access the program for mental health. Which, obviously, if one is interacting with the other was kind of like a catch 22; they couldn't get off it in order to go to it and it was a, it was a challenge, it was a barrier to treatment, I have seen that change over these last 10 years that many mental health organizations are now understanding that there is an interplay between them” (R4)

Several respondents emphasize the need for conversation and to accept that there is a link between mental health and problematic substance use, and should therefore be addressed together.

“And I think it's important to invite people to talk about it, and to explain the link between mental health and substance use, because like I said, it's still, if it's still seen as a behavior, and it's not seen as a symptom of mental health issues. Well, I think we're missing a lot of kids and interpretation, it's, it's a wrong interpretation.” (R5)

**Stigmatization**

Stigmatization was a massive external barrier that was largely agreed upon by the respondents that hindered youth to seek treatment. Stigma is still very present today and youth are afraid of getting any type of help because of the fear of feeling judged by society and/or peers. One of the respondents was surprised of the prevalence of stigma surrounding substance use and argued the need for open conversation, especially within schools, to normalize problematic use amongst youth and provide them with the help they need.

“I'm always surprised, because we're in 2023. But I still hear a lot of stigma in 2023, about substance use. And I, like I said, I work in schools, and I've worked with school personnel, and I still hear inside of our schools where we’ve worked for years, stigma. I think that for substance use it’s still there, less than less, but we're getting there” (R5)

Another respondent re-iterated the need for society to act on the stigma attached to problematic substance use; even though society is making progress in the stigma around mental health, it is not the same for problematic substance use.

“There's still work to do. But there's been some huge inroads made to the culture’s stigma around mental health, I haven't seen that equal, equally present in the addiction sphere.” (R4)

Other respondents noted how society’s perception of individuals with problematic substance use hinder them from seeking help. Society paints youth as bad individuals and judges them for their use. Because of these perceptions and the stigma associated with seeking help, those with problematic use feel scared and embarrassed to seek help. This emphasizes the need for society to learn about and have open conversations about problematic substance use and normalize seeking help for youth struggling with problematic use. One respondent noted
society’s failure in seeing seeking treatment as a strength rather than a weakness, re-iterating the strong stigma attached to seeking help.

“If I guess this is a barrier as well. Right? Like, once you identify that it's a problem, society thinks you're a bad person. But that's not true. Once you identify it as a problem, and you find the solution, you're actually a really good person and an example to the rest of the world. Right?” (R2)

“They [youth] feel judged because they're using substances and that is a huge barrier to getting any kind of help because it's hard to feel safe to open up and I think that's true, not just for youth, but for all of us. We feel judged, it makes it harder to open up. So I would say judgment, because of the stigma attached to substance use that is still so prevalent in society, so, it’s a huge barrier.” (R6)

**Internal Barriers – Seeking Treatment**

**Shame and Guilt**

The feelings of shame and guilt were largely agreed upon by the respondents as being internal barriers for help-seeking youth and often a result of negative outside perceptions surrounding problematic substance use. Even though these feelings can be often grouped with the stigma surrounding problematic substance use, the theme of ‘shame and guilt’ was separated to account for the internal feelings that one feels. One respondent noted an imbalance in the shame surrounding addiction from that to mental health, calling for improvement on behalf of society to diminish the shame associated with the addiction sphere. In doing so, youth struggling with problematic use will hopefully feel more comfortable in approaching others for help when they need it.

“I would say on the whole, there's a lot of shame, more around addiction than even mental health. I think there's been a lot of work done with these different wonderful campaigns, Bell let's talk, and yeah, they are everywhere, you know, it's wonderful, but there's still work to do. There's still work to do.” (R4)

“It makes it harder for youth to, to want to engage in counseling, when they felt judged, and blaming them shamed for their substance use.” (R6)

Also, other respondents addressed the feelings of disappointing and shame as hindrances for treatment-seeking youth. Youth feel the need to hide problematic use because they do not want to disappoint their parents. By hiding their struggles, they only risk diving deeper into their feelings of guilt and shame. These feelings of disappointing and shame stem from the stigmatization placed on substance use from society. This respondent noted that it is important for society to remove these negative perceptions, and instead encourage conversation in seeking treatment for substance use, so that the youth feel like they can have these conversations with their family and peers, and be open about their struggles with substance use.
“As a young person, it’s very difficult for anyone to disappoint their parents. Young people don’t want them to know what is going on in their life. So if they’re not sharing, because they think that they're never going to understand or they're going to be disappointed all the other stuff, young people will go deeper into their addiction, and guilt and shame. Shame is a big reason. And I think, you know, especially for drug use, right? Like, from what I understand, once you get involved in that world, it's very, very difficult. So that's a major barrier.” (R2)

One respondent expressed concern about parental desire for the youth to seek treatment. Parents want the best for their children, but if they come on too strong about their child’s substance use and the child senses a feeling that they may be shamed, they will choose to not seek help. This respondent found that if the feeling of shamefulness from the parent is projected onto the youth, it may change their mind about seeking treatment. Proper skills training in knowing how to have certain conversations and peer-based organizations that support parents, would hopefully be beneficial in helping them navigate and identify if their youth does or does not have substance use problems.

“[D]efinitely with youth, again…a lot of what we’re seeing is the parents identifying it as more of a problem than the youth is. So if you’re coming from an approach of you need to stop or sensing that you’re gonna get shamed, they’re not interested.” (R3)

Loss of Autonomy
There is something about human beings in general that craves them to be autonomous and youth, teenagers, typically, get told what to do by everyone. Most respondents agreed that much of the time, if a youth keeps on hearing the same thing from an adult, whether it’s regarding their substance use habits or something else, the youth will end up not wanting to listen. In this case, respondents found that the feeling of being pushed to seek treatment acts as an internal barrier in treatment-seeking youth. Many respondents agree that this is because it takes away the feeling of autonomy in one’s decisions. This notion of constant nagging by the parents about how a youth’s substance use habits are bad and problematic ultimately pushes the youth further from wanting to seek treatment. Therefore, on the relationship level, it is important to trust, be cautious, and allow the youth to take some of the control over their treatment journey.

“We can only suggest you do these things. It's your choice, right? And I think that when, if, you're given a choice, hopefully you make the right one. Right. But at least someone's not forcing decisions down your throat. You know, young people, whether they're addicts or not, don't want decisions, you know, rammed at them. And if you struggle with substance use, you definitely don't want that.” (R2)

“Honestly, one of the barriers that I would come up with is the like parental attitude of like, this needs to change, shaming, you need help and how that gets in the way. And I even notice when having these conversations in workshops as well, how it gets in the way of thinking about what do you not like about your
substance use? Because if somebody's just telling you this is all bad, this is all bad, this is all bad, you need to change this, the reaction is screw you, I'm completely fine. (R3)

One respondent emphasized the need for the youth to feel like they have some power and control to make a choice over a situation. If the youth feel like decisions are constantly being made for them, they will not want to listen or access treatment, and this acts as a major barrier in seeking treatment. It is therefore important to provide the adults with skills training that teaches them how to talk to youth about getting help in a way that makes sense to them and in a way that feels relevant, making the youth feel like they have the power to make decisions in their own treatment structure.

“I mean, I don't know, I still you know, feel you gotta have options and the kids have to feel they have some power to make choices. It can't be unlimited, but it has to be you know, you can craft the choices and then they choose like one from three or five but that you know, kids today don't want anybody telling them what to do because they know that's when you're smartest when you're 14 or 15 and nobody over 17 knows anything.” (R1)

Most respondents found that one of the main external barriers hindering youth from seeking treatment revolve around the fact that youth do not know where to go and require that guidance and help from adults to show them what is available. Further, the separation of mental health and problematic substance use services makes it difficult for the youth to realize what the issue that needs to be treated is. Therefore, respondents agree that integrated services are vital for youth to have the resources in one place. Many respondents have acknowledged stigmatization as a major external barrier, calling on open conversations to normalize substance use amongst youth. Lastly, internal feelings of shame and guilt and the feeling of losing autonomy over treatment decisions were the most prevalent internal barriers shared by the respondents. Overall, the respondents agree that it comes down to society and the relationships to get rid of the stigma and negative perceptions that surround substance use if more youth are looking to seek treatment.

There are two main barriers that were found among the professionals when it came to youth utilizing treatment programs. Both were found to be external; one related to the client-provider relationship and the characteristics of staff that discourage youth from continuing treatment, whereas the other focused on lack of funding given by the government.

**Barriers: Utilizing Services**

**Insensitivity on Behalf of the Staff**
The first main sub-theme that emerged as a barrier youth face when utilizing treatment is the attitude of the staff. Many respondents described the composure and attitude of the staff as one of the reasons youths do not continue with treatment services. One respondent described staff, lack of compassion and fatigue as common barriers. In this field, service providers, especially in large facilities, see a high number of clients, so it is only natural to feel fatigued and burnt out. However, it only takes one comment from a staff member to discourage a youth from continuing treatment.

“I would say, staff, compassion, fatigue as a barriers. So youth goes for treatment and the staff has over time seen many many youth come in, and go, and back in, and no doubt it's difficult on them, but it only takes, you have engagement from the youth that is hanging my thread. So it only takes a cut a comment or, even one comment like ‘yeah, we'll see. We'll see how you make it this time.’ Or ‘you're gonna need a heck of a lot more than x y z for the reason to want to get well this time.’” (R4)

Another respondent highlighted the impact insensitive comments have on the outcome of youth utilizing treatment. Youth feel that they can relate more to staff who are younger and who have gone through similar situations in terms of problematic substance use. This respondent demonstrated how insensitive comments on behalf of the staff discourage the youth’s decision to utilize treatment. Not only this, but it greatly influences their experience engaging in the system and affects their decision to engage in the system again if they have had a bad experience. It is imperative that there is support to the staff, so they are able to effectively pass along the support to youth utilizing treatment.

“I think one of the barriers for young people is the fact that they feel they can’t identify with the people that are in the programs. [Interviewer] ‘because of like more older counselors ,or?’ Yeah, that's, that's one of them (...) and I remember one of the youth I’ve worked with telling me about this guy and what he said, he was old right, and he said to them, ‘why are you even here you don't want to be here.’ And I to this day, I was like how the hell is he even saying that? Right? Because you're already trying and doing something totally different than what you're used and on top of that some guys telling you what are you doing here?” (R2)

Further, another respondent highlighted the importance of patience when dealing with youth in treatment, especially those who have been more reluctant to utilize treatment services. The respondent emphasized that if a youth’s substance use habits are addressed in the beginning of the therapeutic alliance, it often happens that the youth will not come back. They need to feel that they can trust the therapist, and if they are a reluctant client to begin with, the counsellor should start by working on building a relationship with them and gaining trust. Youth need to feel that they can confide in the person they are working with, so rushing to talk about an individual’s usage is only going to push them away from continuing treatment.

“I think that people need to be trained. And when I say people, it's workers, even psychotherapists, they need to be trained more into how do you work with a client that is reluctant, a client that comes to you and says that they don't have a problem. ‘Like my mom has a problem. The principal has a problem. My boyfriend has a problem, but I don't.’ So how do you work with that? (...) If you go deep into, ‘I'm going to help you, you
need to stop, whatever.’ I don't think that people would talk like that. I hope not but if you're going like straight to the point, like let's make a plan together, you're going to reduce your usage, it's not going to work, and youth won't come back.” (R5)

Lack of Funding
The second major sub-theme that emerged from most of the interviews is the external issue of funding. Since the respondents all work in community or school-based organizations, the problematic use and mental health services they provide are free. Many respondents raised concerns over the lack of funding provided by the provincial government and the fear of losing valuable programs because of this. One respondent mentioned that their organization receives the same funding as it has 15 years ago. There are beneficial programs available, however, professionals in this field are unable to tell if the programs will continue if funding is not increased.

“Another thing is that we don't have a lot of funding. And in Ontario, specifically in addiction, we haven't had an increase in our base funding for years. So you know, we have the inflation, we keep talking about it this year, but it's been years, we've been having the same funding with no increase, meaning that when you don't increase the funding, and let's say we have the same funding that we had 15 years ago, we cannot keep up. So we have a lot of very good programs that I'm really concerned about right now. I was talking about the programs in schools. For now, it's like we're able to do miracles, but it's unsustainable. If we don't address the funding, we're eventually going to lose programs. Yeah, so that's a big issue.” (R5)

In agreement with the first respondent, another interviewee expressed the same concern of losing valuable programs due to a lack of funding, a responsibility held by the government. If the community and schools lose programs, youth will not be able to continue utilizing the treatment services.

“And I think too often because of funding issues, I don't like the government bash or whatever but too often, you know, you've got, you'll get this government funding to set up a program you know, to treat drugs, and you'll spend so much time you know, with all the blessed paperwork, and then you'll spend so much time at the end with the useless evaluations that are never read again. And I think that you just get started, and you just get into that phase where you're starting to do some meaningful work, and the money disappears (…) sometimes there would be fabulous programs, and you'd start with a community partner, and then the funding would disappear. And you just started to make gains, but then the funding would be gone, and the worker would be gone.” (R1)

Another respondent re-iterated funding as a hindrance in keeping youth from utilizing treatment services. Community programs have the potential to reach a lot of youth, however, if there is no funding, these services are not able to grow. There is a growing concern amongst many of the respondents that they will lose a lot of youth if these valuable programs are lost, and although it is an issue that will always be present, funding youth problematic substance use programs should be one of the top priorities so that the community can help youth develop to their full potential.
“There's still many hospitals and mental health institutions that don't yet know of us. And we would love to be able to have formal pathways, formal partnerships with them. Our biggest hindrance is funding. So, you know, there's, there's a risk if we shout it from the rooftops and tell every single hospital ‘oh, my gosh, you know, here we are, we’re here to support you parents,’ and we don't have the funding to have the hands to answer all of those phones.” (R4)

The most frequent barriers for continuing treatment involved the attitude of the staff and a lack of funding. Most respondents agreed that the attitude and composure of staff have a massive influence on youth when choosing to continue with treatment. Negative experiences with the system disengage the youth from wanting to try again, therefore, having service providers who are compassionate, understanding and who can relate with the youth would improve the chances of youth willing to continue treatment. Lastly, the lack of funding makes it very difficult for current programs to run as efficiently as they can and keeps valuable community programs from growing, losing out on a lot of youth from reaching their maximum potential.

4.1.3 Facilitators
The third overarching theme focuses on facilitators for treatment-seeking youth and for those utilizing treatment services. Two main facilitators were identified for treatment-seeking youth and two for those utilizing treatment services. Many of the facilitators are external and highlight the importance of community engagement and staff characteristics on the relationships youth build when seeking and/or utilizing treatment services. At the individual level, these factors can empower youth to seek help for their problematic substance use behaviours.

Facilitators: Seeking Treatment
Inviting Open Conversation
Many respondents agreed that for youth to access the help they need, they need to feel comfortable to be able to talk about problematic habits and their intentions for seeking help. The way to achieve this is to normalize and invite society to talk about these issues openly and for adults to not be afraid to introduce a youth to a counsellor if they feel that something is wrong. In doing so, the adult or school worker is simply able to build that initial connection with the youth to the appropriate treatment program. This also establishes a positive outlook for treatment-seeking youth.

“I think that a facilitator is really to talk about it openly. To have a conversation with the youth and to address the taboo, and it's okay to not know how, what to say…just telling a youth that I see signs, I think you're not okay, I am concerned and I'm gonna go with you and meet with someone. I'm just gonna, you know,
introduce you to someone who works in the field. I think that's the main thing. What we see is when an adult is able to bring a youth to a counselor or to a psychotherapist, like to just introduce the person, I think that giving a pamphlet with a referral, it doesn't work. But to make that step to be like, I'm going to go with you, I'm just going to introduce you to someone, let's call together I'm going to put it on speakerphone…” (R5)

A second respondent agreed with the need to generalize the conversation about seeking treatment for problematic substance use. In society, there is an assumption when going to counselling that insinuates that individuals have a problem. This makes the individuals feel like they are being placed in a category that is alienated from society.

“I mean I think more, more conversations in general, more putting out there this kind of attitude. I'm talking about in terms of just because you're coming to talk to us does not mean that we're saying you have a problem. Like we can talk about what you like to talk about. Like more, more generalizing the conversation. I wanna go talk about my substance use not because I fall into this, what this category alienates in society.” (R3)

Skills training for the parents that teach them how to have conversations with youth struggling with problematic habits has been pointed out by a respondent as a facilitator for youth seeking treatment. Nobody cares as much as a caregiver does, so providing them with training in how to openly talk to youth and provide help in ways that feels relevant to them, acts as a facilitator for treatment-seeking youth.

“The biggest, I, my belief is the biggest impact for supporting a youth with addiction is motivational interviewing on the part of parents. So for the parent to be able to help the youth consider how can we help you move forward to what you want to accomplish in your life. And to get some skills training, and how to have conversations…parents are the most cost efficient, longest term service, if you will, or access to, that this youth will ever have…” (R4)

Active Participation by Schools
Another sub-theme that emerged from the interviews was active participation by schools. Many youth spend most of their day in school, making school personnel a key player in identifying youth suffering with problematic habits. So, school personnel act as a major facilitator in providing that first contact with the youth to help seek the help they need.

“And yes, some youth, like you know are not going to school, but there is a law where youth are supposed to be in school, so most kids are going to be in school or they're going to be you know, there's going to be a red flag saying he’s/she's not coming to school, what's happening and everything.” (R5)

A second respondent agreed and mentioned that active communication on behalf of the schools is a vital facilitator for treatment-seeking youth. Schools hold a certain level of responsibility for youth and owe it to the parents to notify them of any problematic habits. In doing so, not only can the school facilitate connections to treatment services, the parents will be able to hopefully provide a level of support as well.

“I think that, I actually think school systems are, like I have a daughter in high school, they make it very difficult, because there's so much they protect. It’s almost like they are protecting the children from their parents (…) I think that school, like the child is still under 18, right? I think the child - and the parent is
When it comes to seeking services, many respondents re-iterated the importance of generalizing conversations pertaining to seeking treatment for problematic substance use. For society to facilitate youth to seek treatment, they need to not project shame that surrounds problematic substance use. Open conversations amongst society will allow the youth to feel comfortable to seek help. Adults should also not feel afraid to introduce the youth concerned to a program or counsellor; specifically, school personnel, or personnel at organizations for young people are major facilitators in providing the youth with the first connection with treatment services. Therefore, communication with the schools and school personnel act as important players for treatment-seeking youth.

**Facilitators: Utilizing Services**

**Sympathetic Staff**
The major facilitator for youth utilizing services that was present in almost all the interviews dealt with the staff. This facilitator comprises of two subthemes, ‘establishing a relationship with the youth,’ and ‘peer-based staff.’

*Establishing a Relationship with The Youth*

Several of the respondents used the concept of ‘building that relationship’ or ‘bridge,’ to emphasize its influence on a youth’s decision to continue utilizing treatment services. Respondents re-iterate the need for patience and communication to facilitate a youth’s use of services. If staff come on too strong, it can ensure a negative experience for youth, and they will not want to come back.

“I felt that with the kids, timing and motivation was everything. And I often felt that if you forced a child in any kind of treatment, any kind of social work treatment, before they, they really weren't even willing to give it a try, you did more harm than good, because maybe six months from now, they want that treatment, but they'd had this negative experience. And you know, no self respecting teenager must be told they have to do something, by an adult. So you got to build that relationship, plant those seeds, talk about it, and somehow work them around that they think it's their idea.” (R1)

“So facilitators is really, having an adult being able to, you know, kind of build the bridge. I think that the facilitator is when a youth is ready and says, ‘okay, I’m going to meet with someone,’ you need to be able to give them an answer right away. So, I think that being able to talk to youth, and it's not that you need to have an appointment tomorrow. Yes, wait lists, they exist. And like, there's nothing we can do about it, but to have kind of a middle ground, like a middle program to be able to just get in touch and tell youth like we're going to work together - like to have that first connection is really important, because the youth is going to say yes. They're not going to say yes, I'm ready, and then wait six weeks. Like no, they need to have that connection right away.” (R5)
A third respondent echoed the importance of effective communication with the youth as a key factor in establishing that relationship.

“For me, the most important factor in my job is to actually communicate verbally and non verbally that I'm actually interested in getting to know the youth in front of me and not just see them as a problem, or, as having a problem that has to be fixed. To me, that's the biggest facilitator is if you feel they can be seen and heard, and they feel like the person they are talking to is actually interested in what they have to say, as opposed to telling them, teaching them stuff, educating them, lecturing them, persuading them, all that stuff that a lot of youth have told me they get way too much of, and I got too much off when I was a teenager as well, that just doesn't facilitate a healthy therapeutic alliance.” (R6)

Lastly, it was mentioned that it is also essential that the staff provide a relaxing environment, in which they can present themselves as a human being, someone that the youth can connect with. This will further facilitate the relationship with the youth making them want to continue utilizing treatment services.

“And then I think too, like a relaxed, relaxed environment, like being able to see the counselor presenting themselves as like human and not just like this clinical thing even though we are clinical, but being, you know, being able to joke, being able to laugh, being able to be, be humans.” (R3)

**Peer-Based Staff**

The concept of peer-based staff also emerged as a facilitator for treatment utilization among youth. Respondents agreed that peer-based staff are often found to be more relatable to youth utilizing treatment. Youth feel like they can relate more to people who have gone through similar situations than those who youth feel can only try to understand. This connection through similar lived experiences, has a great potential to facilitate a youth’s decision to engage in treatment.

“There are certain treatment centers in Ontario, that youth gravitate to, because there are younger people and there are younger counselors. I think that we in general, relate more to addiction counselors, or people in the profession who are actually recovering themselves. It’s very, people who get educated to become counselors, they don't have the problem, but they become addiction counselors. They don't actually understand how it feels. It’s a different feeling to actually, if you're active in addiction, and then you sober up and become an addiction counselor, it, you can relate a lot better with those people.” (R2)

“I think, I think drop-ins are very helpful and I think that peer based is really helpful in terms of the people that they're talking to, having some similar experiences.” (R3)

For the youth to continue utilizing treatment services, staff who embodied traits of sympathy, patience, and who were communicative and presented themselves as solely themselves, facilitate a youth’s desire to continue treatment. It is important for youth to connect with someone and build that connection with someone who understands them, listens to them and with someone they can relate to. With this, it will create a positive experience with the system, thereby facilitating the youth’s engagement with treatment services.
5 Discussion

The aim of this thesis was to explore youths’ barriers and facilitators in seeking and utilizing treatment services for alcohol and other substance use problems from professionals’ perspectives, in Ontario, Canada. Further, perspectives on how substance use treatment models are organized to fit the youth aimed to be understood. Eleven sub-themes emerged from analysis of the transcripts. These findings will be further discussed in relation to previous research and the SEM framework in the following sections (see Table 3).

5.1 Discussion of Findings

The results of the study suggest that there is an awareness among the professionals of the external and internal barriers that hinder youth from seeking and utilizing treatment. The analysis indicates that there is a desire from professionals in the field to provide youth with the skills and knowledge necessary to get them the help they need. In many ways, the respondents agreed that it is vital for community organizations, school personnel and government to work together and be more proactive when it comes to addressing the negative public discourse surrounding youth problematic substance use. Further, respondents expressed similar perspectives on the constraints of the system and what could be improved, indicating a uniform understanding of what a “youth-tailored” program should include, how it’s beneficial, and the barriers and facilitators that exist when it comes to utilization of programs and engaging with the system.
Table 3. Summary of the barriers and facilitators according to the levels of the Social-Ecological Framework Model.

### 5.1.1 Treatment Models Organized to Fit the Needs of Youth

The results propose two models that are more organized to fit the needs of youth. Respondents agree that harm reduction and motivational interviewing models seem to be most beneficial for the treatment of problematic substance use for this age group. The respondents found harm reduction to be a strategy that strongly resonated with youth as it did not define substance use as a problem, nor did it enforce abstinence as the main goal, thereby promoting a less judgmental environment. These programs are low-threshold services that did not require youth to be abstinent from substances. Organizations applying this approach found that youth were more comfortable and open to discuss their substance use in general, and found harm reduction education more relevant and applicable to their lives as staff ‘met the youth where they are at’. This resonates with the guidelines set forth by the Public Health Agency of Canada and the benefits of fostering harm reduction approaches in school communities (*Blueprint for action: Preventing substance-related harms among youth through a comprehensive school health approach*, 2021). According to the professionals, harm reduction programs should be at the centre of policy change when it comes to youth seeking and utilizing treatment services for problematic alcohol and other substance use. In accordance with the level of “community” and “society” in the SEM framework, future
approaches designed to address problematic substance use among youth should focus on developing harm reduction models in these environments.

Motivational interviewing approaches were also seen as a strength, and respondents agreed on notions that mirrored those of harm reduction approaches – a key phrase being “meeting the youth where they are at.” Further, respondents expressed confidence that with this approach, staff and/or parents can encourage youth to set goals in ways they feel put them in control of their own treatment. In doing so, youth may find motivators for setting goals and to make changes to their behaviours. The result of this study’s finding resonates with the findings by Brown and colleagues (2015), where it was demonstrated that motivational interviewing has the potential to decrease the frequency of substance use. The social and personal relationships youth have with their peers, family, teachers, and counsellors greatly influence their behaviour and experience throughout the treatment process. From a relationship level, programs and/or mentorships that promote positive problem-solving skills and healthy relationships may aid the parents and service care providers in establishing a solid collaborative relationship with the youth. At the individual level, this may promote conflict resolution and healthy emotional strategies, influencing the youth’s problematic habits.

5.1.2 Barriers and Facilitators: Seeking Treatment

The main barriers for treatment-seeking youth were split into external and internal barriers; external barriers encompassed the sub-theme ‘unclear pathways,’ (youth do not know where to go/look for treatment), separation between mental and problematic use services and stigmatization. Internal barriers consisted of shame and/or guilt and loss of autonomy. The results suggest that greater propagation and communication of available programs is needed to aid youth in seeking treatment. The lack of knowledge acts as a major barrier for struggling youth and can be linked to discrepancies that relate to the relationship, community, and societal levels of the SEM framework. Many respondents agreed that when it comes to youth seeking treatment, school personnel hold some responsibility in the identification of a youth struggling with problematic habits, and introduction to the available treatment services. In a study exploring how young people perceive and experience substance use services in British Columbia, Canada, much of the youth asked for information on available services to be advertised in school and talked about by school personnel as they [youth] often had to research information independently, which had its own array of separate barriers (Turuba et al., 2022). Overall, to increase program awareness, community environments where youth are
often found should take steps that allow information regarding substance use and treatment for problematic substance use readily available and easily accessible. Further, by training personnel to comfortably identify and guide struggling youth to the appropriate services, they would be able to positively impact a lot of youth to get the help they need.

Many respondents agreed that the separation between mental health and problematic substance use proves to act as a major barrier for youth with concurrent issues. The findings make it evident that the need for multiple counsellors to address issues that may be related, causes confusion for treatment-seeking youth, making it difficult to navigate within separate treatment systems. The presence of co-occurring disorders is not limited to later adulthood; a range of risk factors co-exist between mental health difficulties and substance use, including tobacco, drug, and alcohol use and so forth (Hetrick et al., 2017). Most of the time, if a mental health disorder goes undiagnosed, or left untreated, the individual will typically self-medicate with drugs or alcohol, therefore, mental health issues and substance use are tightly related (“Drugs & Alcohol,” 2022). With this, a respondent stated that youth could not access services if they were not abstinent from substances. Chan and colleagues (2023) refer to this as a separate barrier as this further reduces the number of services that accommodate youth with concurrent needs. Not only this, but institutional policies also requiring youth to be abstinent to receive treatment feeds into systemic stigma, limiting further access to treat related issues (A primer to reduce substance use stigma in the Canadian health system, 2020, p.5). It is critical for society to talk about and understand the link between mental health and problematic alcohol and other substance use issues, and for the community to develop centers that are more coherent in treating these issues together to improve the quality of life for struggling youth.

Further, stigmatization on behalf of the community and society was a prevalent constraint that hindered treatment-seeking youth (see Table 3). Society carries negative perceptions and a lot of judgement when it comes to youth struggling with problematic substance use, leaving them afraid and embarrassed to seek help. Many of the widespread views from society perceive that problematic substance use is the result of individual choice and/or lack of willpower (A primer to reduce substance use stigma in the Canadian health system, 2020). A study done by Ali and colleagues (2022) on youth service care providers perspectives on use and service access in Ontario, found that stigmatization from the public is often linked to traditional and conservative values, describing problematic substance use as a moral failing (see also Hawke
et al., 2019). Although this study is very close to the aim of this thesis, the results presented by Ali and colleagues (2022) identify two dominant themes and their effect on service access: normalization of substance use (social acceptability, legality, and lack of knowledge on long-term health effects) and stigmatization (self-stigmatization and family expectations). It is also important to address that their findings were a result of strong public perceptions on problematic substance use among youth. The findings of this study, however, provide an array of barriers as well as facilitators for youth seeking and/or utilizing treatment services. The barriers and facilitators found in this study are broader, and refer to the individual, relationships, community, and society.

So, stigmatization hinders treatment-seeking youth on multiple levels – individual, relationships, community, and societal norms. Respondents agreed that the conversation surrounding problematic substance use should follow the example of how mental health is perceived. Normalizing the conversation in schools and community centers, implementing educational programs for family and peers, and increasing positive public awareness around problematic substance use as a health issue, would persuade youth to ask for and seek help.

The internal barriers refer to internal feelings of shame and guilt and loss of autonomy when seeking treatment. Respondents described these feelings as being the result of internalized stigma from the outside, based on societal perceptions that surround problematic substance use. The Youth Services System Review Report relate the feelings of “embarrassment,” and “guilty and ashamed” to the fear of negative judgement and consequences (Brownlie et al., 2017). An upbringing with certain traditional values can hinder a youth’s decision to seek treatment by instilling a fear of disappointing others. Additionally, it was mentioned in an interview that a parent’s projection of shamefulness onto the youth can deter them from seeking help. Skill trainings and peer-led programs, that educate parents how to have certain conversations, and talk about their experiences with other parents can encourage open conversation with youth. On the individual level, it would be beneficial to promote attitudes and behaviours that view vulnerability and asking for help as positive attributes.

Further, respondents found that pushing treatment on youth lowers the feeling of autonomy in one’s decisions, thereby lowering their chances of seeking help. The findings show that youth need to feel that they have some control over their goals and decisions throughout the treatment process; if they feel pushed by a parent to enter treatment, they most likely will not
listen and choose to not access treatment. In a review by Hawke and colleagues (2019), it was found that youth prefer to be well-informed about their care so that they can ask questions, make decisions, and be presented with all available treatment options so that they can, along with the service provider, collaboratively construct a care plan that provides youth control over their care. Therefore, the social relationships involved in a youth’s treatment journey need to be cautious of pushing youth too much when it comes to certain decisions about their treatment plan.

The two main facilitators for treatment-seeking youth are involved with the relationship and community levels of the SEM framework. Respondents agreed that for youth to access the help they need, they need to feel comfortable and less judged to openly talk about problematic substance use, and inviting open conversation about this topic will help them do that. Whether these conversations are being held with family, peers, or society, training programs that are designed to strengthen parent-child communications will promote positive peer norms and healthy relationships. According to Currie (2001), family participation during the treatment process, was noted as an important predictor of a positive outcome. Generalizing the conversations about problematic substance use within society will facilitate youth to want to ask for help, all while decreasing the feelings of shame and embarrassment brought-on by society. According to the professionals, fear and stigma are barriers to accessing services, so by shifting the negative perceptions about problematic use to a public health lens, and increase conversations about the use of substances and the support available, youth would be more open to seek support (see also Brownlie et al., 2017, Ali et al., 2022).

Schools being more actively engaged with guiding and identifying struggling youth acts as a major facilitator in providing youth with that first point of contact. If school personnel can identify youth struggling with problematic habits, they are able to contact their families and facilitate first contact with the appropriate service provider. Community settings where youth spend most of their time, such as schools, have long been a part of outreach strategies involving youth problematic substance use. Further, schoolteachers and counsellors have been identified as important players in providing that first contact (Currie et al., 2001, p. 26). However, more than 20 years have passed and program and training implementation in these settings are still lacking.
The following section describes the barriers and facilitators youth face when utilizing treatment services according to service professionals in this study.

### 5.1.3 Barriers and Facilitators: Utilizing Treatment Services

Two barriers were addressed when it came to the utilization of treatment services among youth. The first, insensitivity of behalf of the staff, is a major relational barrier for the utilization of treatment. Staff who look tired, make insensitive remarks, and lack patience deter youth from continuing treatment. A couple of respondents highlighted how insensitive approaches and comments from older staff, for example, to youth engaging with the system discourages youth from continuing treatment as it adds to a negative experience. If they have had a negative experience already, most likely youth will not want to engage with the system again. The composure of staff is central to youth who are utilizing treatment services and was seen as an important factor among services professionals in this study. With this, one respondent describes that negative attitudes from the service provider towards a youth in treatment can be attributed to burnout from work-related stress. If this is the case, it is important to introduce organizational-level interventions within the community that focus on workplace mental health and resiliency as well as institutional supports that support service providers’ overall well-being (*A primer to reduce substance use stigma in the Canadian health system*, 2020). As a result, youth in treatment would not have to suffer the consequences from staff suffering from work-related stress. Due to the vulnerability of youth in treatment, interactions with staff that are less than positive, discourage youth from continuing treatment (Brownlie et al., 2017).

Staff who were welcoming, sympathetic (ones that took time to build a relationship with the youth and ones from organizations with more peer-based staff), and who had positive values and attitudes were highly agreed upon by the respondents in this study as being major facilitators that influenced a youth’s decision to continue treatment. Respondents continually referred to the importance of these traits on “building that relationship” with youth in treatment. Along with this, traits that embodied patience, effective communication, and genuineness, facilitate the establishment of a strong and trustworthy client-provider relationship (see also Hetrick et al., 2017). These characteristics directly influence the therapeutic alliance, and having a negative and discouraging composure towards youth negatively impacts their decision with continuing treatment.
In addition to this, organizations with more peer-based staff were seen as a facilitator for treatment utilization amongst youth. A connection built on similar lived experiences, make youth feel like they can relate more to the provider, and hence share more about their struggles with problematic habits. A study done by Henderson and colleagues (2017) described peer support as an important factor in youth mental health services in Ontario, that aids in providing a sense of hope and empowerment, while reducing stigma and potential hospitalization (see also Kourgiantakis et al., 2023). As a result, peer-based programs serve as an effective way to connect and build a relationship with youth through similar lived experiences. Youth feel heard and listened to, facilitating the relevancy and their desire to continue with treatment.

The second major barrier for youth utilizing treatment services relate to funding. Funding will always be a top community barrier, however, many respondents raised serious concern over the lack of funding received by the society and school-based treatment programs. Multiple respondents see how beneficial several of the current programs are, however, the future of these programs is unknown if funding is either not increased or is taken away. This creates a major constraint for youth utilizing treatment services because if valuable programs are not able to grow, society misses out on helping a lot of youth. The level and quality of available problematic substance use services vary across Canada, however, there is a common factor in most regions where there is a general lack of funding for age-appropriate services for the youth population (Canadian Centre on Substance Abuse, 2007). Further, the funding tends to be confined to large cities, making the youth in small, rural areas underserved (Canadian Centre on Substance Abuse, 2007). Results from this study suggest that moving funds to effective community-based and school treatment programs would be more beneficial for youth utilizing treatment. The services are present in the community and can reach a lot of youth. Therefore, it is imperative for the government and the communities to focus on building comprehensive multi-level initiatives that reflect a broad approach to the prevention of youth problematic substance use, going beyond individual-level strategies. Providing more funding for age-appropriate services for the youth population should be of top priority, as investing in youth should begin at the early stages when life-long behavioural patterns are established.

At the individual level, problematic behaviours both influence and are influenced by the surrounding environment. In accordance with the SEM framework, the barriers and
facilitators found in this study belong to multiple levels described in this theory and contribute to a youth’s decision to seek help for problematic behaviours in their own ways. While each of the findings may be more suited to one level, it is important to keep in mind that there is an interplay and overlap between the individual, relationship, community and societal factors, and prevention efforts should be multifaceted in their prevention approaches.

The issue remains with the ineffective implementation of results found in previous studies and reports. As already mentioned, there is an abundance of knowledge discussing predictors of problematic substance use among youth and potential resolutions to enhance program availability and access, nonetheless, there has been little to no progress. Barriers to treatment access and suggestions for future improvement discussed in previous research are still apparent barriers today. It is time that change happens. This study brought to light an array of barriers and facilitators for both youth seeking and utilizing treatment services from professionals’ perspectives. The results also highlighted that many of the facilitators are often exact opposites to the barriers, providing clear guidelines on system-level approaches that would facilitate youth to seek and/or utilize treatment services. The findings of this study are broad and relevant to all levels as described by the SEM framework.
5.2 Strengths and Limitations

The decision to apply a qualitative research method was based on the aim of the research, which intended to address barriers and facilitators in youth seeking and utilizing substance use treatment programs in Ontario, Canada from professionals’ perspectives. The goal was to explore these in detail through the accounts of professionals’ own experiences. Mwita (2022), notes that the popularity of using a qualitative approach in social science studies is due to its ability to explain social realities. It aims to understand, explore, discover, and clarify perceptions, experiences, values, and beliefs of a specific group of individuals (Mwita, 2022). Further, an inductive approach was used to identify themes within the data set, a concept widely used in qualitative research. With this, themes were not driven by the researcher’s theoretical interest and the process of coding the data happened without the presence of a pre-existing coding frame (Braun & Clarke, 2006). However, the study aimed to explore barriers and facilitators, two predefined concepts. Even though the researcher took the necessary steps to conduct the analysis through an inductive approach to the best of their ability, the background knowledge gained from pre-existing research did not allow for the researcher to enter the field with an open mind (Thompson, 2022). It may be relevant to consider using an abductive approach for future studies.

Thematic analysis as outlined by Braun and Clarke (2006) was used to analyze the data. Braun and Clarke (2006) highlight that one of the advantages of using thematic analysis as an analytical method is that it is a relatively easy and quick method to learn and do, making it a useful technique for first time researchers. Further, it is a useful method for generating unanticipated insights and summarizing key features of large bodies of text. However, Braun and Clarke (2006) mention that one of the potential pitfalls of this method is the failure to provide detailed descriptions/interpretations of the data and generate themes that are strong and coherent with the central idea of the study. If a more experienced researcher would analyze the data set using this method, they may identify and interpret the meaning of themes using more of a latent approach than first time researchers. Nevertheless, the researcher followed the six-step guide as set out by Braun and Clarke (2006) to the best of their ability; they ensured that the transcripts and data extracts retrieved were thoroughly worked through, thereby adding to the validity of the study.
Interviewees were selected in accordance with the purpose of the study. The selection of respondents was also influenced by a report published by Health Canada in 2001. As stated earlier, the report addressed schools and community mobilization programs as critical elements of the outreach strategy for engaging youth in treatment. Therefore, the recruitment of participants focused on these organizations, and the six participants that agreed to participate in the study provide service provision in either school-based or community-based youth treatment programs. However, the validity of the study could have been strengthened with a higher number of participants. It is important to note that due to the researcher being overseas, calling the treatment organizations to follow up on participation was not an option. If telephone contact was present in the recruitment process, it could have influenced the number of respondents in the study. Nevertheless, the detailed and descriptive data that was collected, was confirmed by previous studies, and was sufficient to construct a strong analysis of the study results, which can be seen as a strength (Mwita, 2022). It is also important to note that there was no conflict of interest between any of the respondents and the researcher. One respondent was referred to me by a family friend, so their relationship could have influenced their participation; still, participants were advised that participation is voluntary, and they are able to withdraw participating at any time, without reason, before the start of analysis.

The aim of this study was to address barriers and facilitators experienced by youth who seek and utilized treatment services for problematic alcohol and substance use issues through the lens of the professionals. Therefore, the results reflect the barriers and facilitators felt by this group and do not include the barriers and facilitators felt by the youth who have never pursued treatment services. This is hence, unknown. It could only be assumed that they would experience the same barriers and facilitators when it comes to seeking treatment, only of a greater magnitude. Further research is required to explore this group of youth.

The interview guide was followed, and all questions were addressed. The interview guide followed a semi-structured interview format. The questions were split into three sections (to address the three research questions) and followed a coherent format. Some of the time, questions were answered without having to be asked by the interviewer because of natural flow from the respondent. As semi-structured interviewing included both open and closed ended questions, respondents can offer more explanation and clarifications since there is no limit on what the respondent must respond to, highlighting flexibility as a strength in qualitative research methods (Mwita, 2022).
5.3 Implications of the Study

The results reported in this study can be used to provide a more in-depth understanding on the barriers and facilitators that youth who seek and utilize treatment services for problematic alcohol and other substance issues face. Additionally, service care providers state which models work better for youth who utilize treatment services. Conducting a comprehensive study on the barriers and facilitators youth encounter when seeking and utilizing treatment services holds vital implications for future research and public health initiatives. This study provided a clear picture on the constraints youth face, according to professionals, when seeking and utilizing treatment, and indicate that there is a need for a more cohesive approach when it comes to raising program awareness and integrating mental health and substance use programs for youth to receive the appropriate treatment plan. Institutions should also enforce clear guidelines and skill training when it comes to personnel identifying, communicating, and guiding students who struggle with problematic substance use to the correct professional or service.

Through the social-ecological framework model, understanding the dynamics and the interplay between the individual, their relationships, the community, and societal factors is crucial in developing targeted interventions that cater to youth struggling with problematic alcohol and other substance use. This knowledge serves as a foundation for policy makers, researchers, and health care personnel to collaboratively design evidence-based treatment practices, ensuring that the youth population receive timely and appropriate treatment models.

There are some important opportunities for future research to build upon this study’s findings. To start, barriers and facilitators experienced by minority youth, youth in rural communities and those who never sought treatment can only be assumed to be greater. Exploring these groups through the lens of the professionals would bring a deeper understanding of the constraints they face when seeking and utilizing treatment services. There is also a need to examine other provinces and territories in Canada to ensure if some of the results are generalizable across the country. Each province and territory has their own provincial treatment system and it would be beneficial to know if the results are shared amongst the country, and where/if they differ.
5.4 Conclusion

Service care providers working at community and school-based problematic substance use treatment programs for youth in Ontario, Canada describe barriers youth face when seeking and utilizing treatment services. The barriers for treatment-seeking youth are both external and internal and revolve around unclear pathways to available services, stigmatization, internal feelings of shame, and loss of autonomy. Barriers in utilizing services largely depended on staff attitudes and governmental funding. The facilitators for treatment-seeking youth revolved around open conversations about problematic substance use and active participation by schools. Facilitators for utilizing services were largely influenced by positive staff traits and organizations with peer-based staff. Service care providers also agreed that harm reduction and motivational interviewing models were more suitable when working with youth struggling with problematic substance use. Although there is awareness of the hindrances and facilitators that youth face when seeking and utilizing treatment, there is a strong desire for increased knowledge and attention when it comes to helping struggling youth. This study provides an in-depth understanding of current barriers and facilitators from the service care providers perspectives and provides an outline for areas of improvement within individual, relationship, community, and societal levels so that youth can receive the help they need.
6 References

*A primer to reduce substance use stigma in the Canadian health system.* (2020).


*Canada Health Act, R.S.C., 1985, c. C-6*


KANG, E., & HWANG, H.-J. (2021). Ethical Conducts in Qualitative Research Methodology: Participant Observation and Interview Process. *Journal of Research and Publication Ethics, 2*(2), 5-10. [https://doi.org/10.15722/JRPE.2.2.202109.5](https://doi.org/10.15722/JRPE.2.2.202109.5)


7 Supplements

Information and Consent form

In this document you will find all the information regarding the research project and what it means to participate.

This research study is to gather data for my master thesis. A project done by Health Canada in 2001 involving key experts in this field, shed light on various areas of improvement for youth substance use treatment programs. It addressed schools and community mobilization programs as critical elements in enhancing youth participation, calling on both a harm-reduction and client-centred approach. However, the results of this study are over two decades old. I’m looking to explore barriers that may hinder youth participation and facilitators that may amplify youth engagement and retention. Your perspective as a professional in this field, will aid in examining if the current programs are adapted to fit the needs of this age group (15-24) and if there are areas that should be improved. Therefore, this study aims to explore program development of youth substance use treatment services from professionals’ perspectives. Your participation in the study will contribute to elevate the knowledge of the current curriculum in Ontario, Canada and shed light on improvements to better support the youth struggling with substance use issues.

I would like to have an informal interview with you via Zoom, WhatsApp audio, or another online platform regarding your perspective on this matter. As a professional in this field, we will talk about your experience of working with youth in treatment and your perspective on elements that may hinder youth from seeking help and enhance engagement. The interview will take between 30-45 minutes. You will decide what you want to share. If after the interview you regret sharing any part, or the entire interview, please contact me, Natalie Lakostikova (see contact information below), and I will then correct or completely delete the material. Please note that this needs to be announced before the start of analysis.

The interview will be saved as an audio file and transcribed without your name. Personal information will be pseudonymized. Your answers will be processed by me and will be kept confidential. As key experts, your job title and/or institution of employment may be stated in the results for interpretation purposes. If you have any questions regarding this, feel free to contact me. The audio recordings and transcripts will be deleted after receiving a passing grade on the final thesis.

There will be no compensation for participating.

Your participation in the study is voluntary and you can choose to terminate your participation at any time before analysis. Responsible for the study is Natalie Lakostikova under the supervision of Jenny Cisneros Örberg (associate professor/senior lecturer), Lena Eriksson (senior lecturer) and Tuulia Lerkkanen (PhD student) all at the Department for Public Health at Stockholm University. Please contact me if you would like more details!

Email: nlakostik@outlook.com Phone: +46 76 295 02 79.

Participant’s signature

I have read and understand the provided information. I understand that my participation is voluntary and that I am free to withdraw at any time, before the start of analysis, without giving a reason and with no compensation provided. I understand that I will be given a copy of this consent form.

Name, date

Figure 2. Information and consent form that was emailed out to potential participants.
**Interview Guide**

The aim of this study is to, from a professional service provider perspective, explore youths’ barriers and facilitators in seeking and utilizing treatment services for substance use problems.

**Research Questions:**

This study aims to address the three research questions below from a professionals’ perspectives working in Ontario, Canada:

1. What treatment models in Ontario, Canada according to service professionals, are more organized to meet the needs of youth and why?
2. What factors deter the youth from seeking treatment services and what factors facilitate it?
3. What factors hinder utilization of programs in this age group and what factors amplify it?

**(Reminder for me)**

- Participants provide informal consent, identity will be kept anonymous, they can terminate the interview at any time, choose not to answer a question, and that only I will have access to their answers.
- Shortly explain the area of interest, the structure of the interview, and topics that will be covered.
- Remind participant to be in a quiet, non-disruptive environment.

**Interview**

**Intro:**

- Introduce yourself – what you are studying etc.
- State the aim of the interview
- State the length, that the interview will be transcribed, they understand that their identity will be kept anonymous, job title and organization may be stated for interpretation purposes, and that they have given informed consent to participate but may choose to withdraw and terminate the interview at any point without reason (before start of analysis).

**Short opening questions**

- Brief description of formal education, how many years they’ve studied and the area they’ve obtained their degree in.

**Questions:**

**Part 1: Experience in the field**

a) Please explain the setting in which you work. (Youth addiction centre, school, etc.)
b) How long have you worked there for?
c) What ages do you have the most experience with?

**Part 2: Interactions with the youth**

a) What are your specific tasks?
Part 3: Professionals’ perspective on current structure and how it’s organized to fit needs of youth  
   a) How would you describe the development throughout the years of the youth treatment services? (General question)  
   b) From your perspective, how would you say the current structure of substance use services is adapted (or not adapted to fit the needs of youth?)  
   c) From your point of view, are there any treatment models that are more effective than others for this age group?  

Part 4: Professionals perspective on hindrances/facilitators in seeking services  
   a) From your own experience and knowledge of the field, what would you describe as barriers for help-seeking youth?  
   b) Is there anything that comes to mind that would work to aid youth when seeking help?  
   c) From your perspective, do you think there is anything that could be improved for this age-group?  

Part 5: Professionals perspective on hindrances/facilitators in program adherence/engagement  
   a) From your own experiences, what have you seen to be the general pattern in terms of program adherence for youth continuing in using treatment services?  
   b) What would you describe as factors that would amplify program utilization?  

Part 6: Other  
   a) Are there any experiences or thoughts you would like to re-iterate?  
   b) Is there anything that you would like to add that came to mind but have not talked about already?  

Part 7: Thank them + Conclusion