Service providers’ perspectives on youth-friendly drug and alcohol treatment: preliminary findings

Authors: Maja L. Moensted\textsuperscript{1,2,3}, Sophie Little\textsuperscript{1} and Carolyn A. Day \textsuperscript{1,2,4}

\textsuperscript{1} Edith Collins Centre (Translational Research in Alcohol, Drugs and Toxicology) Sydney Local Health District, Sydney, Australia, \textsuperscript{2} Central Clinical School, Discipline of Addiction Medicine, Faculty of Medicine and Health, University of Sydney, \textsuperscript{3} Sydney School of Health Sciences, Faculty of Medicine and Health, University of Sydney, \textsuperscript{4} Sydney Local Health District, Sydney Institute for Women Children and their Families, Sydney, Australia.

Presenter’s email: maja.moensted@sydney.edu.au

Abstract

Intro: Providing effective treatment and support for young people experiencing alcohol and other drugs (AOD) problems is challenging. Young people face unique barriers accessing and using services, which deter early interventions and treatment. Health services have generally moved to youth-centred service models. However, implementing youth-friendly healthcare into adult-orientated health spaces remains a challenge and identifying what is effective for young people with AOD problems is not well understood.

Methods: Semi-structured interviews were conducted with health and community professionals providing AOD care to young people. Additional interviews with professionals and young people will be undertaken in 2022.

Key Findings: Preliminary findings from interviews with nine health and community professionals revealed significant barriers and gaps that reduced their ability to deliver AOD treatment. Young people presenting to services and the avenues they utilised were described as distinct from adults with substance use disorder. The treatment programs in place for adults, were often not suitable for young people and could actively discourage engagement. Young people with mild but problematic substance use often failed to meet adult thresholds for treatment and were unable to attend certain services. Staff reported young people benefited from targeted, youth-specific services with a flexible, confidential, and community-based approach to treatment.

Discussion and Conclusion:
Improving services for young people in the public health sector is an ongoing concern. Our preliminary findings suggest that improving the AOD care for young people may involve a focus on prevention, early intervention, and harm reduction rather than intensive treatment and foregrounding community-based care, outreach and relationship building.

Disclosure of Interest Statement:
The authors declare that they have no conflict of interest. No pharmaceutical grants were received in the development of this study.