



YOUTH AND SUBSTANCE USE DURING COVID-19

The Bottom Line

Most commonly, drug use is experimental for youth (age 10-24) and not a dependency. The problem resides in the relationship between the youth and the substance or behaviour. It is important for caregivers to stay informed about youth and substance use, as well as how to speak to young people about substance misuse if a problem arises.

Trends in Substance Use During COVID-19

Since the onset of COVID-19, positive mental health has been decreasing and substance use has been increasing for youth across Canada. Common feelings leading to increased use have been stress, anxiety, depression, loneliness, boredom, and lack of a regular schedule. The more common substances used by Canadian youth are opioid-based drugs, alcohol, cannabis, smoking, and vaping. These substances are often used by youth as a coping mechanism.

The types of substances most frequently used by youth can damage the lungs' ability to properly expand and can decrease oxygen intake by slowing the central nervous system. This increases the risk of serious health complications. These substances are also commonly used in sharing situations, creating additional risk for contraction of COVID-19.

One study conducted by the Homeless Hub Canada (2020) showed 69% of service providers working with youth aged 16-24 saw a significant increase in the substance use of the people they serve. Service providers also reported a significant decrease in access to abstinence-based services (46%), harm reduction materials (28%), and substitution therapy (26%) during COVID-19. LGBTQ2S+, Indigenous, refugee, and racialized youth have been especially impacted by these changes in mental health and substance use.

Signs of Substance Abuse in Youth

Youth use substances to feel belonging, love, power, fun, survival, and freedom. If drug use turns into drug abuse, the most common signs are dramatic changes in mood and unusual temper tantrums; signs of depression, anxiety, hostility, withdrawal, and poor grooming; changes in sleeping habits, hobbies/interests; changes in friends; changes in appearance; recent negative changes in school (e.g., homework, grades); increased secrecy about possessions, activities, and communication with friends; an increase in asking for money; the use of incense, perfumes, etc. to hide smells; the use of eye drops to hide red eyes and mouthwash to hide alcohol smell; and missing prescription drugs such as painkillers, narcotics, and mood stabilizers.

Possible Responses: Talking to Youth About Substance Abuse

- Start the conversation. A lecture will only lead to guilt, shame, anger, withdrawal, etc.
- Check in. Have conversations about how the youth is doing to establish trust, rather than solemnly speaking of substance use.
- Discuss what they think is going on. The situation may be different than it appears.
- Stay connected. This conversation may need to occur several times.
- Stay informed. Continue to learn about substance use and its effects.
- Set goals together. Revisit and revise unsuccessful goals. Do not give up, and show the youth it is okay to admit a mistake and try again.
- Be prepared. If the youth is living in the home, be aware of any easily accessible unused prescription medications or alcohol that may act as a temptation for the youth. It may also be beneficial to supply the youth with a Naloxone kit to better ensure their safety if there is a possibility an overdose may occur.
- Be aware mistakes happen. Before the brain fully develops at age 25, youth are naturally impulsive risk takers and experimenters.
- Seek help if needed. This is a situation many caregivers and youth find themselves coping through. Caregivers may not have all the answers.
- Seek healthy outlets. Youth will be looking to their caregivers to set an example for healthy behaviours. Practice and model healthy coping mechanisms and self-care.

For original sources and documents, please visit: www.childtraumaresearch.ca

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