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"I Liked That They Were Always There for Me": Barriers to Help-Seeking for Young People Who Use Drugs and Understanding How Services Could Be Designed to Facilitate Their Involvement

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Keywords

Social support; substance-related disorders; help-seeking behavior; harm reduction

Abstract

Aim: Young people who use drugs usually refuse to voluntarily enter rehab or a support programme because they are not motivated or perceive various obstacles. The aim of the study was to identify the main barriers to seeking help and how customised services can be designed to facilitate participation. **Materials and Methods:** We conducted semi-structured, in-depth interviews with 18 young people aged 16 to 25 who use drugs, mainly recruited from various programmes run by the NGO Drog-Art. The interviews were conducted from 2020 to 2021. We used a deductive approach to develop a framework of categories, followed by an inductive approach to reanalyse the text and identify codes that complemented the framework. **Results:** The young people in the sample described support as appropriate or helpful when their problems were taken seriously and they were accepted. It was important for them to build trust and feel commitment and respect. The main barriers to accessing help reported by participants were lack of knowledge or awareness of the programmes, poor accessibility, and long waiting times. They perceived tailored programmes for young people as less formal, more accessible, and freely available. **Conclusion:** Taking into account the limitation of the study, we can make some suggestions to improve the existing support network in Slovenia, in the way that more efforts are made to inform young people about the available support options and to offer at least some less formal, easily accessible programmes that better meet the needs.

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Introduction

A key challenge in developing new programmes for young people who use drugs is to determine how they can be designed or adapted to respond as closely as possible to the needs of the users and, going a step further, to ensure that young people can seek help of their own accord, without external motivation or coercion, when they need it. The process of help seeking and treatment utilisation for drug problems remains an underresearched area, and an overview shows that the design of specific interventions for adolescents and young people requires

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a focus on their effectiveness and appropriate evaluation, which would necessitate additional studies [1-3].

Relatively little is known about the factors influencing help-seeking in early and middle adolescence, before the onset of difficulties related to drug use [4]. There is also no specific research from the perspective of young people who use drugs on what tailored support programmes might entail. This is particularly true in countries such as Slovenia, where there are few specific programmes for young people who use drugs, who may therefore seek help in programmes aimed at older individuals. The participation of the target group in designing programmes is key to the harm reduction approach, where several peer approaches have made the case for active participation in policy making, designing programmes and advocacy, but such inclusive approaches are still relatively uncommon (ibid.) [5].

Research on the prevalence of drug use according to the ESPAD methodology and on health-related behaviours during schooling, as well as research on drug use among young people in high-risk environments such as nightlife, is relatively extensive in Slovenia [6-9]. In contrast, there is limited research focusing on understanding the help process, young people's entry into programmes, and the accessibility of help and support. In 2018, a preliminary study was conducted in Slovenia on the availability of organised forms of support for young people in psychosocial distress, including drug use [10,11]. The research focused on user perspectives in adolescent mental health, among other areas. Support that is 'tailored to the individual' should include the individual's participation and involvement, as well as a dialogue-based approach. It should prioritise the young person's experience and regard them as the key expert for their own life [10]. In terms of access to help, young people are faced with a lack of formal resources, long waiting times and limited or infrequent sessions. They were also constrained by the fact that support was not provided free of charge and that it was too centralised in the capital city or not geographically dispersed and accessible throughout the country. The findings of the survey of public and private organisations offering help to young people in psychosocial distress show that relatively few such organisations offer specialised programmes and most integrate users into mainstream programmes, which may reduce the prospects for success of the help or support (ibid.).

As a follow-up to the findings of the 2018 preliminary research on the psychosocial distress of young people, we designed a new, larger-scale study on support networks for young people in psychosocial distress, with a dedicated methodological strand focusing on particularly vulnerable young people who use drugs [11]. The aim was to explore the characteristics of the help-seeking process from the perspective of young people who use drugs, focusing on appropriate and inappropriate support, perceived barriers, and their views on tailored interventions that would encourage them to seek help. In addition, we examined both online interventions and the significance of the professional-client relationship in maintaining the support process [12,13].

The rationale for the research was that, in the aforementioned preliminary study on the accessibility of support for young people in Slovenia, we found a range of objective and subjective barriers to accessing support for young people, as well as a distinct lack of community-based approaches, services, and forms of support for young people in mental distress that would operate in a broader, socially integrative way, rather than solely in a specialist manner as a response to specific problems or distress [10,11,14]. In addition, long waiting times, the ability to pay for help, and the stigmatisation that young people experienced or feared when seeking help were also problematic. We found that services for young people in Slovenia are relatively specific and highly specialised in different areas of support. They are also often burdened by bureaucratic requirements and restrictions, which affect the admission thresholds of these institutions and organisations. Meanwhile, the needs of individuals are increasingly complex, intertwined, and multidimensional. Both trends are leading to a growing number of people who are not covered by institutional and support networks and are consequently left without support [ibid.].

On the basis of this preliminary study, we have planned a larger study on the accessibility of the youth support network, with a particular focus on young people who use drugs in the work presented in this article. Given the drop-out and accessibility problems described, we were interested in what helps young people to enter and stay in programmes more easily. A key focus of the strand was to identify youth support programmes that are, or could be, tailored to young people to facilitate their entry into, and continuation of, the support process. In other words, what it is that attracts them to get involved and participate, alleviating their hardships.

The findings can be used to improve programmes for young people who use drugs in Slovenia and make these programmes more attractive and accessible to young help-seekers.

Materials and Methods

The methodology outlined below was part of a larger research project, Support Networks of Youth in Psychosocial Distress [15]. The broader research addressed the psychosocial distress of young people, and the section presented here focuses on vulnerable young people who use drugs [16]. This methodological section was relatively extensive, so the results

are presented separately in three thematic sections: online interventions and virtual day centres, understanding attitudes in working with young people, and support programmes tailored to young people, presented in this article [12,13]. The qualitative methodology, based on framework analysis, was identical across the three strands and applied to the same sample [17]. This is described in more detail in the section on online interventions [12]. From 2020 to 2021, we conducted 18 semi-structured in-depth interviews, each lasting between one and a half and two hours on average.

The sample comprised 18 young people who use drugs and are 25 years old or younger. Data collection took place from November 2020 to August 2021. Sampling was conducted across the various programmes and activities of the DrogArt Association. Just over half of the interviews were conducted face-to-face, with the remainder via video calls. We used a semi-structured interview developed by a small research team based on the initial research questions described above. Participants were selected by three DrogArt staff members who were part of the research team, according to inclusion criteria and their complex needs and levels of psychosocial distress.

The interviews were recorded with the participants' consent and later transcribed into separate documents for further processing. The interviews covered four thematic parts, which did not follow the same order in all interviews. Each part contained different questions, which interviewees could add to, and did not necessarily follow the questionnaire, which was used only as a guide. Participants were also compensated with EUR 10 for their participation. In our opinion, this was a reasonable amount at the time and not so high as to attract otherwise unmotivated participants to take part in the study [18].

Our qualitative analysis was based on a framework analysis in which a typology of responses was developed according to the main research questions about the barriers that prevent young people from accessing help and the characteristics of programmes tailored to young people. We then used a deductive approach to create a framework of six categories (help-seeking, appropriateness of support, importance of the relationship, barriers, tailored programmes for young people, and online interventions). Later, by reanalysing the text in detail using an inductive approach, we identified codes that were not predefined but added content to the framework, such as 'build trust' or 'stigma' (highlighted in bold in the results section). We coded deductively, inserting parts of the interview into the appropriate framework by adding a coding legend with six categories into a separate document. We did not use any software for the qualitative analysis. This article delineates the categories of 'appropriateness of support', 'barriers', and 'programmes tailored to young people', while the remaining categories were addressed separately [12,13].

Results

The present study sample comprised 18 adolescents aged between 16 and 25 years, with a mean age of 20.5 years. The sample included eight males, nine females, and one nonbinary participant. Half of the participants reported an average socioeconomic status, one third reported below-average status, and three reported above-average status. Mental health difficulties were common and included depression (10 cases), self-harm (6 cases), anxiety (6 cases), suicidal thoughts (4 cases), panic attacks (4 cases), and a range of other problems such as eating disorders, personality disorders, schizophrenia, homelessness, neglect, and family alcoholism. At the time of the study, participants were either actively using drugs or had stopped using them. Most reported experience with multiple substances, while some described high-risk use, including injecting heroin.

When discussing experiences of support, participants described help as appropriate when their difficulties were taken seriously and when they felt understood, accepted, and respected. One participant described a positive experience in a psychiatric ward: "It was the first time that people took me seriously. But I was also so keen to feel better that I was doing everything in my power to make it happen. I grabbed the help with both hands because I always wanted it anyway, but never got it." *(INT 1)*.

Participants valued opportunities to speak openly about their difficulties and appreciated professionals who demonstrated understanding and genuine interest: *"But at [name of org.], yes, I was able to talk and share my feelings with somebody, which I hadn't experienced anywhere else. (INT 13)*. Trust emerged as an important element of the helping relationship: *"... I was treated with a lot of understanding, and I was so ... I don't know, I was actually surprised that I was able to talk about some things, although it took time to open up, I guess, and it still does. But the feeling I got here was totally different. They quickly gained my trust." (INT 2)*. Acceptance and accessibility were also repeatedly highlighted: *"It's a space where you can speak your mind, where you don't need to hide. And even if a bad word comes to mind, you can say it and sort of laugh about it, because we don't talk like that, but the conversation still flows and you feel accepted …" (INT 13); "Sometimes, on my half-hour walk home, I would call them if I wasn't feeling OK. I liked that they were always there for me." (INT 5)*.

Conversely, support was experienced negatively when participation was perceived as forced, punitive, or disconnected from participants' needs. Several participants described resistance to programmes they had not entered voluntarily: *"... What I hated most was having to go there. I have this tendency that if I am forced into something, sooner or later it leads to aversion." (INT 2)*. Support could also be perceived as a form of punishment: *"Definitely only as punishment, not as help. I dreaded going there at first, but I knew I had to." (INT 7)*.

The young people also state that their expectations of the help were different, and that, as in the next case,

the solution would be more long-term: *"I didn't expect it to be so horrible in the closed ward, but it really is, it's awful. But I had positive experiences with the open ward before that." (INT 1)*, or the help was not considered appropriate, because it was not targeted to their specific issues, because it did not make them feel listened to, or because the approach did not suit their needs. Several interviewees reported that support had arrived too late in their lives: *"... I've been seeing paedopsychiatrists and various psychologists since I was a kid, and it feels like only now I'm getting the support and help from [name of counsellor] that I should have gotten 15 years ago." (INT 16)*. Additional concerns included parental involvement in the helping process, disclosure of information to parents, bureaucratic procedures, and experiences of isolation during hospitalisation.

More than three quarters of participants described barriers to accessing support. The most frequently reported obstacles were lack of awareness of available programmes, poor accessibility, and long waiting times. Several participants believed they would have sought help earlier had they known what services existed: *"If only I had known earlier, I would have gone to a doctor about my problems much sooner. I mean, I'd been to lots of doctors, but none of them were, like, psychiatrists, for psychological problems." (INT 6)*. Long waiting times represented another major obstacle: *"Because so many people have the view that they can't go to therapy unless they have some really extreme problem or something like that. And honestly, in Slovenia that is very true, because unless you do have some extreme problem, you will be waiting for two years." (INT 12)*.

Participants also described reluctance to seek help because of previous negative experiences, fear, stigma, concerns about burdening others, difficulties recognising their own problems, feelings of inferiority, and financial barriers.

When asked about services designed specifically for young people who use drugs, participants emphasised the importance of less formal and more welcoming environments. They preferred programmes that felt safe, relaxed, and different from traditional clinical settings: *"I think the informality is very cool. It helps to relax and feel at home. It's a much more pleasant experience than going to the doctor's office." (INT 16)*.

Tailored programmes should offer as many workshops as possible, according to just under one third of the young people in the sample. They also recommended sports activities, camps, and creative activities. Youth workers should understand the distress of young people: *"You have people who can – who know how to talk to the youth. It takes understanding, empathy, respect. " (INT 3)*.

The participants also emphasised the importance of appropriate communication and a direct approach: *"I don't know what other young people think, right. But I feel that being direct is important, not beating around the bush and just saying what's on your mind. I think that being direct is very important to young people." (INT 8)*. Help should be accessible and free of charge, and this was mentioned by almost a third of the sample. In addition to mentioning the accessibility of help in terms of being able to see a psychiatrist more frequently than every two or three months, they also talked about accessibility in terms of time or the openness of the programmes.

The importance of obtaining information from peers about who, what or which organisation helped them is strongly emphasised by the young people in the sample. Another important part of the support process is a peer approach or an approach that is familiar to young people. *"I think what is particularly important for young people is that peer experience is given at some point. If you hear positive things about this or that organisation from someone you know, it's easier to work up the courage to give it a try." (INT 2)*.

The participants also encourage greater public awareness of mental distress and a reduction in the stigma attached to mental distress. *"I don't know, in general, there shouldn't be such a stigma about mental illness. You should not be immediately thought of as a freak, or be laughed at or shunned because you suffer from these dark problems, so to speak." (INT 6)*.

Discussion

This study explored how young people who use drugs perceive support services, the barriers they encounter when seeking help, and the characteristics of programmes that could facilitate their engagement. As noted in the introduction, there has been relatively little research focusing on the perspectives of young people with substance use problems, and the findings presented here complement the limited qualitative literature in this area [1]. Studies of young people with mental health difficulties (excluding drug use) have consistently shown delays in help-seeking, limited service utilisation, and difficulties accessing support [19-21]. High dropout rates from youth mental health treatment, ranging from 16 % to 75 %, further emphasise the importance of understanding how support services can better engage and retain young people [22-24]. In our broader study of psychosocial distress among youth, the dropout rate reached 55 % [14].

Participants described appropriate support as accessible, respectful, understanding, and responsive to their individual needs. They valued being taken seriously, having opportunities to discuss their difficulties openly, and developing trusting relationships with professionals. Similar findings were reported by Berridge and associates, who identified accessible, kind, and trustworthy support as central characteristics of preferred help sources among adolescents [4]. Although their study

focused on younger individuals without direct help-seeking experience, the findings are complementary and suggest that trust and perceived understanding remain important both before and after the development of substance-related problems. The importance of trust also aligns with previous findings regarding perceived confidentiality and trustworthiness in formal support services [4,13].

Participants reported negative experiences when support was perceived as involuntary, punitive, bureaucratic, poorly timed, or insufficiently tailored to their needs. The primary barriers to seeking help are a lack of awareness regarding available programmes, limited accessibility or extended waiting times, reluctance to seek help, and fear of seeking help. Moreover, the respondents indicated that they were impeded by a reluctance to articulate their concerns or a failure to recognise their issues.

The concept of youth support programmes is understood by these respondents to encompass those that are accessible and free of charge, that offer a wide range of activities, and that are based on a peer-to-peer approach. Programmes should be less formal, offering a tailor-made environment for young people, with clear information on what to expect and the steps in the support process. A review study of interventions for young people seeking help for alcohol and drug problems established that programmes for young people should be separate from those for older people who use drugs [18,25]. Furthermore, such services should be characterised by flexibility and accessibility, with a commitment to eliminating waiting times and other barriers to entry that might prevent young individuals from seeking help Vusio and associates analysed the results of 19 studies examining young people's satisfaction with the performance of support services [26]. They found that young people were more satisfied with community-based models of help than with traditional approaches, and that the outcomes were more favourable. Similar to our study, young people expressed a desire to be treated in a less restrictive setting. This is possible with community-based treatment models, which are characterised by responsiveness, better accessibility, and holistic support, among other features (ibid.).

The findings of this study indicated that young people have limited awareness of the support programmes available to them and expressed a desire for more information. This observation is consistent with the results reported in the study conducted by Ballon and associates [1]. The proposed approach is to facilitate awareness-raising that is not judgemental, with a view to highlighting the importance of mental health and the availability of programmes for a wider range of psychosocial distress. In addition to the promotion of programmes via the most widely used social media channels among young people today, they also propose raising awareness through more traditional media, educational settings, and the provision of information to parents [12]. The participants indicated that the information should encompass a more extensive range of psychosocial distress and address the reduction in stigma associated with mental distress. The issues of the accessibility of programmes, the enhancement of treatment structures, the facilitation of access to services, and the mitigation of stigma were also identified by Ballon and associates in their study [1]. We have also found that illicit drug use is not a self-contained area isolated from other concerns affecting young people, such as homelessness, mental health problems, and self-harm, all of which need to be considered when planning tailored support [12,27]. Therefore, collaboration between primary health care, mental health services, specialised drug programmes, and other service providers is important to best meet the needs of young people [28]. The perspectives of the 18 young people who use drugs, whom we interviewed in our sub-sample, do not differ significantly from those of the other 213 young people interviewed in the overall research on psychosocial distress, in terms of their experiences of support [14]. The similarity of their statements is consistent with those of young people who did not explicitly mention or emphasise in the interviews that they had ever used or were currently using drugs. Similarly, these young people reported that they prefer to seek help when professionals take them seriously, are understanding, allow them to share their distress, can be trusted, and make them feel accepted, heard, and respected. They also faced similar barriers to seeking help as the other young people interviewed. Regardless of their drug use, young people sought help in the same ways, at the same places, and faced the same obstacles and reasons for continuing or dropping out of support. These young people did not report lacking additional forms of support specifically for drug use, but rather that they lacked spaces where their needs could be addressed more generally. Therefore, if we want to reach and engage young people who use drugs, we need to develop such spaces. Tackling drug use should be approached primarily by considering the wider context of young people's lives, rather than by isolating drug use from other areas of their lives and problems [ibid.].

Notably, the findings of our research are complementary, thus facilitating the development of support programmes more suited to young people. It is imperative to enhance the dissemination of information regarding programmes and opportunities for participation in support systems or networks, ensuring enhanced accessibility and a diversified range of activities to appeal to young people and facilitate their sustained engagement with the programme. The preference of young

people is for programmes in which they feel welcome, can have confidence in the professionals involved, and can perceive an element of acceptance and understanding. There may be added value in programmes that are less formal in nature and that involve a peer approach [26]. This would address the barriers that young people experience in the help-seeking process and strengthen programmes that are more responsive to their needs, facilitating their entry into and persistence in the help-seeking process.

The limitations of the present study, as well as similar research, include the qualitative methodology which provides insight into certain aspects of help-seeking among young people who use drugs [1,4]. However, due to the small sample size and the selection of results, it is not possible to generalise the findings to a wider range of young people who seek help with drug use [19,29]. Another significant limitation was that a considerable proportion of the young people in the sample were participating in DrogArt programmes at the time of the study. These programmes are based on less formal approaches and emphasise understanding and acceptance of young people experiencing difficulties. It is possible that this may have resulted in a bias towards more positive experiences in the help-seeking process. The results should therefore be viewed as an insight into the experiences of a small group of young people who have received various forms of help, but who were predominantly involved in DrogArt programmes at the time of the research. Many interviewees reported positive experiences with this community-based programme. Another limitation is that the study is based on the perspectives of young people, which must be considered when interpreting the results.

The research results highlighted some benefits of less formal, community-based approaches that can better engage young people in programmes and involve them in the process of seeking help. However, this does not mean that less formal, community-based programmes are the only solution to young people's psychosocial distress. They can provide a complementary approach for those young people who find it difficult to engage with other forms of support and who may be able to access other types of support later.

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Conflict of interest

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