

An Innovative Hospital-Community Partnership for Paediatric Substance Use Health Care

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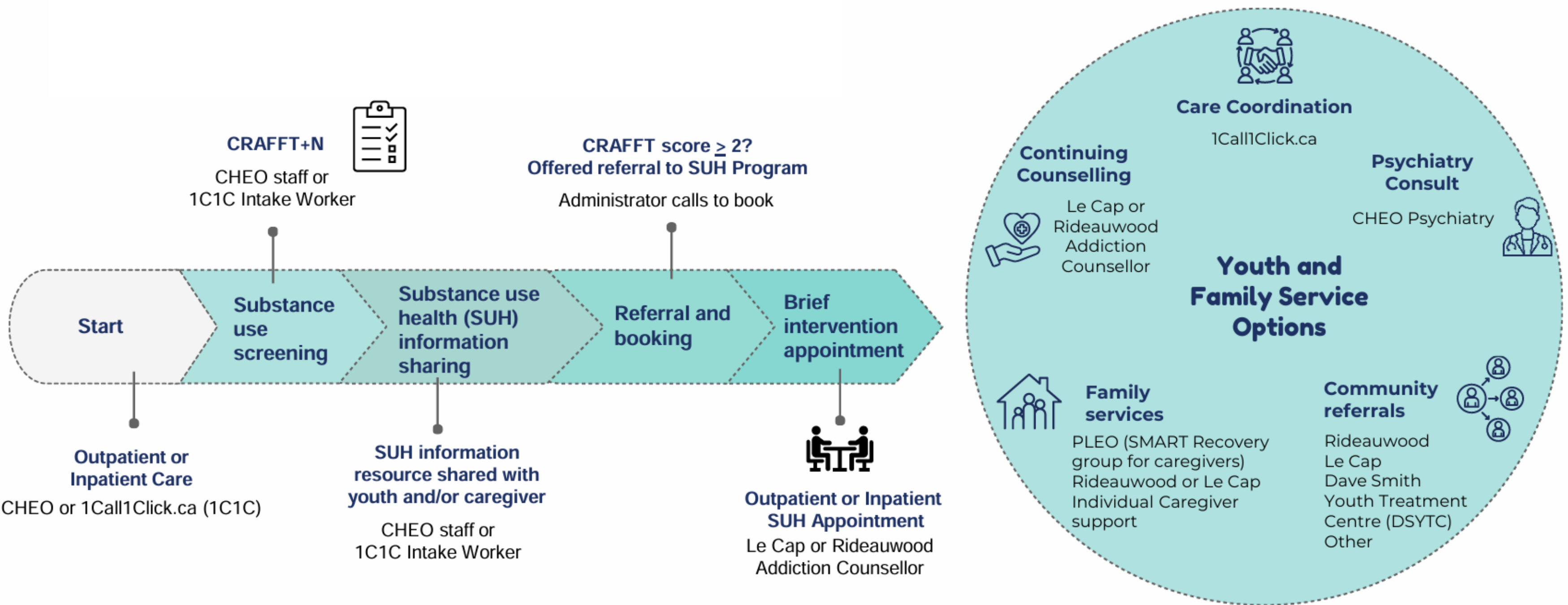
Introduction

- The **Substance Use Health (SUH) Program** provides trauma-informed, culturally responsive care to youth <18 years old living in Eastern Ontario who are experiencing SUH concerns, including those with concurrent mental health and social needs
- Co-designed and co-delivered via a hospital-community partnership with clinicians from multiple organizations working on one fully integrated clinical team
- Founded on the model of Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Key Features: One door with multiple bilingual (English and French) services, care delivery in hospital or community settings, in-person or virtual appointments, family involvement, and caregiver support
- Evaluation data, including program engagement, demographic and clinical characteristics, and patient-reported outcome measures, were collected from July 1, 2025 to March 31, 2026

Table 1. Sociodemographic and Clinical Characteristics (N = 148)

Characteristic	Statistic, n (%)
Age; median (min-max)	16 (12-17)
Sex	
Female	96 (64.86)
Male	52 (35.14)
Residence	
Large Urban Center	86 (58.11)
Small-Medium Urban Center	51 (34.46)
Rural-Remote/Indigenous	11 (7.42)
Previous substance use treatment	
No	93 (60.81)
Yes	36 (27.91)
History of ever-use, by substance	
Nicotine Vaping	121 (87.05)
Cigarettes	83 (59.71)
Alcohol	124 (89.21)
Cannabis	134 (96.40)
Stimulants	43 (30.94)
Benzodiazepines	17 (12.23)
Hallucinogens	49 (35.25)
Opioids	14 (10.07)
Most problematic substance	
Nicotine	26 (21.85)
Alcohol	15 (12.61)
Cannabis	63 (52.94)
Other	15 (12.61)
Concurrent disorders (using GAIN-SS)	
High-risk for internalizing disorder	101 (80.16)
High-risk for externalizing disorder	70 (55.56)
Youths' goals around substance use	
Harm reduction	55 (49.11)
Abstain	31 (27.68)
No change	17 (15.18)
Unsure	9 (8.04)

Figure 1. Youth Journey in SUH Program

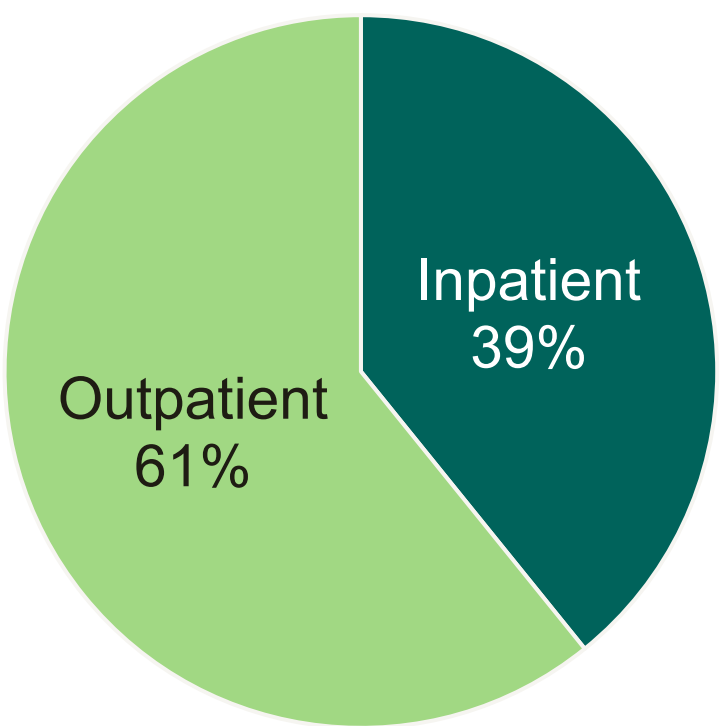


Program Reach

Referrals

Total **174** youth referred to the SUH Program

Youth Engagement



145 received Brief Intervention

(3 caregiver support only and 7 directly connected to other services)

89.1% youth engagement

Outcomes After Brief Intervention

71 (49%) continue in SUH Program

18 (13%) connected with other services

7 (5%) caregiver support only

66.2% connected with substance use health care

Table 2. Preliminary Outcomes

Comparison of Before-After Measures of Youth-Reported Quality of Life (MyLifeTracker) and Past-30-Day Cannabis Use

Outcome Measure	n	Before median (min-max)	After (≥30 days in Program) median (min-max)	p-value*
Quality of Life				
General well-being	43	5 (0-9)	6 (2-9)	0.009*
Day-to-day activities	44	5 (0-8)	6 (0-10)	0.003*
Relationship with friends	43	6 (0-10)	7 (0-10)	0.100
Relationship with family	44	6 (0-10)	6 (1-9)	0.246
Coping without substances	44	3 (0-10)	7 (0-10)	<0.001*
Past-30 day Cannabis Use	40	19.5 (0-30)	16.5 (0-30)	0.204

- Altogether, 52/71 youth (73.2%) were followed for ≥30 days
- Before-after data available for ~83% of youth followed
- Wilcoxon signed-rank test is used to compare the before and after scores
- Each QoL item is coded on a scale of 0-10; higher scores represent better quality of life

Conclusion

- Referral and engagement rates surpassed anticipated targets, and most youth had received no prior substance use health services
- SUH Program demonstrated effect in improving 3 main indicators of youth-reported Quality of Life: general well-being, day to day activities and coping without substances each significantly improved with treatment in the program.
- Past-30 day cannabis use decreased, although change did not reach statistical significance. Further analysis exploring improvement in use of other substances will be conducted.

Collaborators

