

# Youth.....

...on the brink  
of success

## Youth Addictions Project

Final Report  
October 2004



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Crime Prevention – Community Mobilization &  
The Community-University Institute for Social Research

*This report is the result of a collaborative writing process of three of the Project Team Members. Section 1 contains background information on the project. Section 2 provides a description of the project detailing how the team was brought together and what the processes were. Section 3 describes the research methods used, ethical considerations and the validity of the data. Results of the data analysis are explored in Section 4 and in Section 5 we provide our conclusions and recommendations.*

*We hope you find this report informative and helpful either for advocating or providing needed programs to youth tackling substance abuse issues.*

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## SECTION 1- EXECUTIVE SUMMARY

### **Demographic Data:**

- Surveys and interview questions were used to gather data from youth (552), parents (130) and service providers (30).
- Ages of youth ranged from 9-29, 83% were aged 12 – 18. The male to female ratio was nearly even (male=51%, female=47%, transgender=2%). Youth represented low, middle and high socioeconomic status fairly evenly.

### **Substance Abuse**

- More than half of the youth reported using alcohol (57%) and marijuana (54%).
- The following drugs were used by at least 10% of youth: mushrooms (24%), hash (22%), crystal meth. (19%), cocaine (19%), acid (17%), ritalin (13%), valium (10%), extacy (10%).
- Smoking cigarettes was common among older teens at much higher rates than is seen in the general population (12-14=14%, 15-18=39%, 19-24=61%).
- Overall, 64% reported using substances. Of those, 46% reported using substances at least once per week. Frequency of use increased with age.

### **Age Differences**

- Youth appear to be getting involved with alcohol and drugs at an earlier age. 75% of youth aged 12-14 at the time of this study were drinking alcohol, and 72% were using drugs. For the oldest group in this study, those aged 19-24, only 35% had started drinking by age 14, and 44% had used drugs by the same age.
- Older youth reported a high rate of drinking or using drugs (a few times a week or daily) (57%) while the youngest group reported 9% used that often.
- Rates of smoking cigarettes increased with age from 14% of 12-14 year olds, 39% of 15-18 year olds, and 61% of 19-24 year olds.

### **Gender Differences**

- Females were more likely to have tried to quit drinking or using drugs (37% vs. 31% for males).
- Frequent use (“at least a few times a week”) was more common among females (44%) compared to males (36%).

- Females were more likely to start drinking alcohol by age 14 (66% vs. 56%), and using drugs regularly by 14 (63% vs. 56%). They were slightly more likely to abuse alcohol than males (61% vs. 52%), and more likely to smoke cigarettes (36% vs. 30% for males).

### **Impact of Substance Abuse**

- The older youth became, the more they said that drugs had negatively affected their lives (age 12-14=21%, age 15-18=42%, age 19-24=71%).
- The main difficulties resulting from drug abuse were: "loss of priorities", "trouble in school", "health problems", "relationships", "dealing with another's use", "mental and emotional health issues", "trouble with the law", "family problems" and a cluster of items which can be summed up as "risk of personal victimization".

### **Ideas from our Community**

- The youth told us that the following has helped them stay clean: friends, family, sports or other exercise, saying no to drugs, learning healthier lifestyles, prayer/ceremony/spirituality, some organizations, counseling, and occupying their minds elsewhere.
- Professionals suggested: organized activity, a supportive adult who believes in them, other supportive adults including parents, peers who are in recovery, a good home environment, and accessible treatment.
- Parents suggested: sports, spending time with their children, positive activities such as journaling, music, video games, volunteering, etc. as well as 12-step groups and Youth Centers such as Egadz and White Buffalo Youth Lodge.
- Going for walks and for coffee was much more popular with the females and transgender respondents.
- Sporting activities were favored more by males.
- Computer use was preferred most by youth aged 12-14 and among those from a high SES group.

### **Considerations for Treatment from other Research**

- Older youth are more likely to receive treatment than those under age 16.
- Females were more likely to utilize treatment services, and to utilize more of the services being offered within the community.
- Follow-up services for those who have completed a treatment program are inadequate or non-existent.

- Although it may be the only way to get someone into treatment, forced treatment tends to have a low success rate.
- Success rates increase with longer treatment programs.
- One factor that can diminish successful completion of a treatment program is co-morbid psychiatric illness.
- More and more 'alternative' methods of healing (e.g. acupuncture, art and music therapy, traditional teachings) are being used to address substance abuse, and anecdotal accounts indicate success.

*"Because of my own recovery and how people view me, I feel every one of those kids could be clean, like me, one day. They fight so hard just to survive. It shows such strength. People think youth are apathetic... I don't see that. I see strength. They don't need to build capacity. The problem is with how people view them. We need to recognize their capacity and accept that they part of our community."*

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## SECTION 2- INTRODUCTION AND BACKGROUND

Alcohol and drugs are often employed by youth as coping mechanisms to deal with issues arising from prolonged exposure to harsh living conditions resulting from generational poverty in their communities. Once emerged in the cycle of substance dependency it is extremely difficult to exit. In our City, youth's access to addictions services are complicated by high need, inappropriate or inadequate services, and lack of understanding of the unique needs of this age group.

Substance abuse poses many problems for youth above and beyond the obvious medical problems. Through our work with children sexually exploited in the sex trade and children not attending school, it has become painfully clear that we cannot successfully improve situations for youth if they remain ensnared by their substance abuse. Recent research in the community has revealed (MacDermott 2000, 2001) children are becoming involved in the sex trade to earn money for essential items such as meals, but become trapped in the sex trade due to substance abuse issues.

Unfortunately children and youth have described very painful and less than positive interactions with some services that treat substance abuse. On the other hand, addictions workers and management report frustration that they are not equipped to fully meet the needs of troubled youth and children.

*According to a local outreach youth center, "Staff found in working with high risk, high needs youth population referring individuals through the various channels was too laboring from the perspective of the youth, as by the time a placement was found in a treatment facility the person was again using.... In searching for Treatment options, Outreach staff found that there were really limited options for youth seeking addictions treatment. In 2001 / 02 Outreach staff assessed and referred 74 youth for Addictions Treatment 25 of which were in Saskatoon, the remaining 49 were out of the city."*

Article 33 of the United Nations' Convention on the Rights of the Child states; *"parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances"*. Unfortunately, our communities have failed to live up to this convention and many children continue to be implicated in criminal activity through substance abuse. Involvement in the sex trade is a criminal activity in Canada; however children



also become entrenched in other forms of anti social behaviour in order to 'support their habits'. Our partnership acknowledges that substance abuse issues are not the sole reason for criminal activities among youth (girls and aboriginal children in particular), however, children and professionals alike have reported that without adequate addiction supports, children will continue to spiral downward in despair.

### **Saskatoon Communities *for* Children:**

Saskatoon Communities *for* Children (SCC), developed in 1997, is a non-profit organization that brings together community and government to prioritize issues faced by children and develops strategies to address these issues. The purpose is to promote the physical, mental, spiritual, emotional and social well being of all children. Particular attention is given to the needs of children considered at risk and their families.

The mandate of SCC is to facilitate organizations working cooperatively together to improve the lives of children. The well-being of children and families is promoted by: encouraging prevention initiatives, developing strategies to address deeply entrenched social problems that cut across the mandates of many community and government organizations, building agreements between community groups and government bodies on the most appropriate ways to meet the needs of children and often to conduct research that falls beyond the scope of any one agency or group.

SCC became involved in substance abuse issues through the *Working Group to Stop the Sexual Exploitation of Children and Youth* and the *Kids Not In School Working Group*. Through research initiatives and ongoing discussion with members of SEYSO (Sexually Exploited Youth Speak Out), it became clear that addiction issues are closely intertwined with these children and youth being able to successfully exit the sex trade, and that the services currently available in our city were not meeting the diverse needs of these youth. The Kids Not in School Working Group also identified substance abuse issues as being a major determinant in children and youth's ability to maintain a connection to the school system.

SCC brings with it a truly collaborative approach to any issue - partnerships with youth, Addictions Services, Saskatoon Tribal Council and DCRE, among many others have helped to ensure this research is a comprehensive reflection of the current situation in Saskatoon.

## SECTION 3- PROJECT DESCRIPTION

This project was developed by Saskatoon Communities *for* Children, specifically the Working Group to Stop the Sexual Exploitation of Children and Youth (see partner list in Appendix A) with staff support from Addiction Services-Outpatient and the Saskatoon Tribal Council to assess the substance abuse support needs of children and youth in our community. We have taken into account the perceptions and suggestions of youth, parents, community members, service providers and research, as well as alternative treatment options used by youth across the world.

It is important to highlight our definition of 'addictions treatment' is very broad. Research has indicated youth do not respond well to conventional treatment options and motivation is a key factor in providing successful treatment to youth (for more information please refer to page 25). As such, we are operating from a perspective that makes no assumptions of what treatment should look like. We are utilizing a definition of 'treatment' that encompasses **prevention, treatment, and maintenance** (life long recovery), to reflect the holistic approach we are taking.

### Goals of the project:

The Youth Addictions Project in Saskatoon has attempted to address substance abuse issues facing youth in the City by researching current programs and connecting with youth, parents and professionals to determine what drugs are being used and to what extent, the gaps in existing supports, and how best to fill them. To accomplish this overall goal we worked on four specific objectives:

- a) to provide youth with employment, job skills, and access to community networks,
- b) to improve relations between youth and addictions workers,
- c) to educate youth and service providers about the other's perspectives and needs,
- d) develop a vision and plan to support vulnerable children that is agreed upon by many stakeholders, thereby increasing the likelihood of its implementation.

Another goal of the project was to provide a healing experience for the youth coordinators and research assistants involved. Steps were taken to ensure a safe workplace for the project staff by providing planned fun activities, promotion of self-care, and conducting sharing circles before each meeting. As well, clinical supervision with an addictions counselor was available and encouraged (refer to mini-evaluation on page 47 for the team's perception of how successful we were at meeting this objective).

A partnership with the Saskatoon Tribal Council-Urban First Nations Services was forged because they are keenly interested in developing a plan for detoxification services for youth (specifically a detoxification center for First Nations youth) in the Saskatoon area and we wanted our work to complement one another. We are working in partnership to gather the needed information and to prepare the community to engage in active dialogue about this issue.

## **Project Team:**

This project was headed up by a Research Coordinator, **Wendy MacDermott**. Wendy administered the project as well as provided training in research methods (ethics, needs assessment, survey methods, interviewing skills, and focus group procedures) and direction in the development of data collection materials and processes to the other team members. Two youth coordinators were hired who were responsible for conducting the research and coordinating the activities of the project. They also served as direct supervisors to the research assistants and provided peer support and mentorship through those relationships. Three youth research assistants were hired on a casual basis to help with organizing events and to conduct interviews.

Other support for the project included a social work practicum student with SCC, **Linda Bell**, who joined the team to provide an adult support role with the youth and as a liaison with SCC. Later in the project Linda continued to play an adult ally role as part of her employment with SCC. **Ash Jones**, a social worker from Saskatoon Tribal Council Urban was with the team for much of the project to ensure the project had First Nation input and to align with STC priorities. As well, additional support was provided (as needed) by **Sue Delanoy** from SCC and **Jan Frayling** from Addiction Services – Outpatient. Addiction Services provided office space to the youth in the second half of the project and is referred to in the Conclusion as the ‘host organization’.

In addition to the project team, an **Advisory Committee** was developed in September 2003 to be a guide and resource for the team, to begin to discuss policy implications, and to plan implementation of the plan once it has been developed. This Committee was comprised of representatives from many organizations who work either directly or indirectly with youth facing substance abuse issues in our City such as Saskatoon Tribal Council, City of Saskatoon, Red Cross, Department of Community Resources and Employment (DCRE), Public Health Services - Street Outreach, Saskatoon Health Region, Nutana Collegiate, White Buffalo Youth Lodge, Gay and Lesbian Health Services, etc. The project team met with the Advisory Committee monthly to update them on their progress. As well as providing overall general guidance to the project the Advisory Committee was instrumental in a few key areas:

- development of a disclosure protocol for youth interviews
- reviewing the surveys and providing suggestions
- providing access to parents, youth and organizations for data collection

The first task was to interview and hire two Youth Coordinators. An application form was developed and distributed to various professionals and agencies familiar with youth who are in recovery. Suitable applicants were contacted and met with a Hiring Committee. The Hiring Committee was comprised of the Research Coordinator (who would be working directly with the youth coordinators) and worker in the field of youth substance abuse.

**Criteria for Youth Coordinators:**

- Must be a youth (18 – 30)
- Must have been in recovery for at least six months
- Have supports in place (or willing to arrange supports)
- Able to work independently

There were many excellent applicants and the decision was a tough one. Two Youth Coordinators were selected and some budget rearranging allowed three other youth provided assistance on a casual basis throughout the project (with focus groups, organizing forums, etc). The Youth Project Team Members were: LeeAnn Bird, Melanie Shewchuk, Brooke Marshall, Helen Ninnie and Glen MacCullum.

**Youth Addictions Project Group Guidelines:**

No drinking	No judgment	No lying
No drugs	Confidentiality	No stealing
No gossip	Be respectful	There are consequences to your decisions
Call in if you are sick	Hangovers at work not acceptable	Participate even if it does not really interest you
No unexplained absences	No vandalism	Professional dress and language
No lunches in pubs or bars		

Over the summer we dedicated time to team building and planning the project. The youth coordinators developed guidelines to be followed by all staff and protocols for dealing with staff problems. One important guideline established consequences for any of the youth project staff that find they using drugs or alcohol again. Provided youth staff came to the adult staff if they were struggling, they would retain job security and we would endeavor to work with them and get them the help they need. However, if they did not come to one of the adult support staff, using drugs and alcohol would be grounds for dismissal.

The protocols, developed by the youth were followed when one team member was developing a high rate of absenteeism and was not meeting deadlines consistently. When the problem was identified the research coordinator and SCC staff met with her to identify the problem, create

a plan and provide additional support. Regular check-ins to identify work being done were requested. After one month the problematic behavior continued and we met again with the team member. At this point a signed probation agreement was negotiated including a reduction in work hours (from 30 to 20 hours per week) and a daily log of work accomplished was requested. The hours reduced from this team member were allocated to another team member with the understanding that if all went well the work hours would be increased again in a month's time. This reduction of hours was not only implemented as a punishment, (although the need for a consequence was clearly acknowledged), but also out of concern that the position was unmanageable and reducing her hours may allow her to succeed and gain some confidence. The month probation appeared to go well and full time hours were reinstated. About a month later concerns were expressed. Again, we met with the team member and the concerns raised were acknowledged. Another probation agreement was negotiated and signed as a 'last strike'. Once again the team member was not able to maintain her agreements, culminating in missing a parent focus group she was to facilitate. At this point we met with her one last time and terminated her employment. Her hours were re-distributed among the other team members.

This final action was not an easy one for us. Throughout this process we suggested the team member to meet with a counselor from Addiction Services and we tried to identify additional supports. As determined in the first month of the project, if youth were struggling with substance abuse issues they would not lose their jobs provided they came to us. This team member did not report she was struggling with substance abuse.

### **Setting the stage, Summer 2003:**

For the first portion of the project the team met every two weeks for training workshops on research methods and substance abuse issues as well as to plan upcoming events including a public forum, data collection, and pilot testing instruments. Once the data collection was in full swing, the project team met on an as-needed basis and monthly with the Advisory Committee.

An office space was set up in a downtown office building with telephone and a computer with an internet connection for each of the Coordinators. In December office space came available within Addiction Services - Community Outpatient Services and was offered to the project free of charge. It was decided this would be a good move, not only for budgetary concerns, but also to promote team members working more closely with one of our major partners.

Much time was spent during the initial weeks ensuring the youth had adequate supports in place and identifying indicators they may need extra support or may be at risk for using drugs or alcohol. We arranged clinical supervision with one of our partners, Addictions Treatment Services. We also identified the learning needs of the team (specific to substance abuse issues) and developed opportunities such as internal workshops and attending other professional development opportunities.

One of the first tasks of the team was to develop an Action Plan where tasks were identified and team members assigned to them with agreed upon deadlines. This Action Plan was updated regularly as new tasks developed and as the work became clearer. Other initial tasks included creating a logo to use on the brochures, stationary and website to promote the project. At this time, youth coordinators prepared confidentiality procedures, orientations and project descriptions.

### **Out of the Gate, Fall 2003:**

The following activities were undertaken during the fall of 2003 in addition to data collection, which is discussed in Section Three.

### **Skill Development Workshops:**

As mentioned earlier, for the first portion of the project the entire team met bi-weekly for skill development workshops. These workshops included instruction on research training provided by the Research Coordinator as well as workshops on substance abuse issues, which were prepared and presented by the youth coordinators themselves. These in-house workshops provided a chance for the youth coordinators to do some initial research into substance abuse issues and practice public speaking/facilitation skills in presenting these workshops to the project team. This series began in August 2003 and ran until about mid-way through the project when data collection really began to take off. Some of the workshops presented included: Alcohol Addiction, Prescription Drug Addiction, Food Addiction, Introduction to Research (ethics and needs assessments), How to Create a Survey, etc.

During the course of the project the coordinators had access to additional outside learning activities including a session at the Saskatoon Tribal Council on the use of the Medicine Wheel. The most significant opportunity was training offered in Edmonton. A Youth Addictions Workshop was conducted by the Nechi Training and Health Promotions Institute May 17 to 21, 2004 and attended by LeeAnn Bird. This workshop provided an opportunity for LeeAnn to learn realistic and effective strategies to work with youth in our community. Topics covered included: current drugs of choice, short and long term impacts of solvent abuse, addictions as a disease model, core issues affecting youth, health development and concerns and building on resiliency. LeeAnn reported it was a very worthwhile experience and plans to pursue further training in this area.

### **Orientation:**

One of the major components of our research involved orientation placements. Through these orientations the coordinators were placed in a variety of community organizations and health care settings, which involved youth addiction treatment either directly or indirectly.

The youth coordinators outlined the importance of orientations in several different settings, including: Quint Male Youth Lodge, Pleasant Hill Place, YWCA of Saskatoon, Calder Center, SHR Public Health Services Street Outreach Program, AIDS Saskatoon, Saskatoon Children Shelter, Community Addictions, Methadone Program, Family Support Center, Infinity, MASCI, Egadz, Larson House, Kilburn, Psych Unit, STC Family Center, Operation Help, Saskatoon Safehouse, and Community Mental Health Services. The orientations were planned so that one project coordinator was to be placed at an organization for a period of two days. The first day involved observation of what supports the organization provides, how they are implemented, and how they are accessed in order to gain knowledge of the wide array of treatment options currently available in the community. During the second day, the project coordinators interviewed various staff about what youth are accessing their service, and what they felt would be effective in preventing youth addictions and sustaining recovery.

The orientations were a great time to let organizations and the community know about the project. Most organizations were very cooperative and they helped to make the project a success.

### **Media Release:**

Thursday, October 16, 2003 at White Buffalo Youth Lodge in Saskatoon, we held a media forum to officially present the Youth Addictions Project to the community. We invited representation from the Provincial government, City Council, and Saskatoon Tribal Council. Unfortunately a Provincial election prevented some representatives and media from attending, however we received excellent coverage from Shaw Cable, Channel 10 in Saskatoon, and articles in the Saskatoon Star Phoenix and Eagle Feather News.

This media forum introduced the research project to the community and was a chance to raise awareness that substance use among youth is a prevalent concern and action is needed. The representatives present formed a panel and discussed how the various levels of government planned to address this issue. The youth coordinators gave a synopsis of the project and their progress to date. Organizations were on hand to show support for the project and were invited to set up displays.

### **Fall Youth Forum:**

In the fall of 2003, the Youth Addictions Project team planned and hosted a youth forum. The forum was intended to engage youth to learn more about the research we were planning to conduct and to introduce youth to some unconventional treatment methods. The forum was the official kick-off for the data collection.

One priority for the event was the location, which we determined should be held in what would be considered 'neutral' territory for the youth (i.e.: not in an 'inner-city' or 'rich' neighborhood)

and centrally located to allow many diverse youth to attend. Some possible venues we considered were White Buffalo Youth Lodge and Nutana Collegiate; however we did not feel these venues met our criteria. We chose to hold the forum at the Centennial Auditorium in downtown Saskatoon because we felt it was close to where many youth were congregated (e.g., in the mall), close enough to the core area for transportation to not be a barrier, and welcoming for many different youth. There were concerns expressed following the forum that the Centennial Auditorium, though an ideal location geographically may be been somewhat intimidating for youth deterring them from attending.

To promote the event posters we created posters featuring a break-dancer and faxed them to organizations in the city that work with youth, schools, youth groups, and media to be promoted. The coordinators and research assistants hung the posters in parks, bulletin boards, and street posts throughout Saskatoon. It was decided to not invite media representatives to the event out of consideration for the privacy of the youth who did attend.

On Friday, October 24, 2003 we gathered at the Centennial Auditorium starting at 4:30 p.m. The time was suited to engage young people who were searching for after school activities and looking for something to start off their weekend. The weather was rainy which might have prevented some youth from coming, but we had around 60 kids throughout the evening. We offered free pizza, beverages, and door prize draws to those in attendance.

In one room we held workshops and in the other area we arranged displays, the food, a data collection table, and craft corner for those youth with small children. The coordinators organized the displays for the forum and topics included nutrition, teen parenting, harm reduction, and mental health. We provided information on unconventional ways to treat substance abuse problems such as meditation, prayer, animals, angels, graffiti, crystals and gemstones and provided ideas on how to incorporate these into recovery. We invited the **Youth 4 Youth** group from AIDS Saskatoon to attend and provide information on the services they offer and they handed out condoms. 7-11 donated free Slurpees coupons for us to give as incentive for to complete our surveys. We collected 40 responses during the event.

The workshops ran from 5p.m. to 8:30 p.m. and the response from the youth who attended was favourable. The first workshop for the evening was Medicine Wheel teachings, given by an Ojibwa Elder. We started the workshop with a Smudging Ceremony and held a Talking Circle after the teachings in which youth reported they were happy to receive the teachings. The next workshop on guided imagery and meditation, blended well with the first workshop. We stayed in the Circle while the facilitator, an experienced group therapist, led us into a meditation using guided imagery. We went around the circle again and each person was allowed to share their feeling of the meditation; most said they felt relaxed. The presenter then performed some of her own music for the youth.



We had planned a break dancing workshop for the evening, but plans fell through last minute. Despite this many youth in attendance were break-dancing and free styled (rapping) anyway. One of our coordinators had planned a workshop on journaling, but because of the focus on the break-dancing, loud music, and rapping we felt it best to let them continue. The last workshop for the evening was a presentation on racism, self-esteem, and Caribbean Steel Drumming. The presenter, originally from Trinidad, talked about racism and finding something you're good at and focusing on it. The youth were attentive and all received a chance to try out the drums, which they really liked.

The forum was a large undertaking and we believe it was a success. Youth responded positively and we achieved our goal of beginning the information gathering in a big way. It was a fun time!

## Section 4 – Research Methods: ...data collection, ethical considerations, and validity checks

This section discusses a) how we collected the data for the project, b) special considerations and challenges we dealt with in consulting with children and youth, and c) reasons we are confident that the data is valid- that the youth we spoke to represent Saskatoon youth.

### **Data Collection:**

We decided that collecting data using multiple methods was necessary to ensure we had the most accurate data, therefore, we used surveys, one-to-one and group semi structured interviews. Surveys and interview questions were developed for Youth, Parents, and Service providers. As mentioned earlier workshops were developed and presented internally to teach the team about substance abuse and how to conduct a needs assessment. Two workshops in particular addressed research ethics, interviewing techniques, and how to create surveys. The team discussed what we wanted to learn from each group of respondents and then created the specific questions. We discussed and debated the relevance of each question and how the question should be asked to ensure it was straightforward, respectful, and most likely to illicit an honest response.

Drafts of each survey (youth, parent, and professional) were prepared and reviewed by the team for a) language, b) intrusiveness, c) likelihood of acquiring 'honest' answers, d) ability to answer if under the influence of drugs or alcohol, and e) parameters set out by Dillman 2000. Each survey was revised a number of times to ensure the questions were respectful and necessary. Questions were pilot tested with a non-random sample of people from each population. Much time was dedicated to determining how best to 'find out the truth' from the various populations (hard to reach parents and youth in particular). We then presented the surveys to the Steering Committee and further changes were suggested and incorporated.

Interviews were also conducted. Some interviews were simply the surveys completed verbally (some due to literacy and other simply preferred to discuss the survey). Interviews focused primarily on the qualitative portion of the surveys, namely investigating experiences with addiction treatment both positive and negative as well as recommendations to help support youth.

### **How we accessed youth:**

The Youth Addictions Project kicked off the information gathering from youth at our Youth Forum, at which time we collected 40. An honorarium of \$10 was provided to youth who agreed to do one on one interviews. We began doing presentations in the community, providing information about our project as well as covering topics such as enabling, peer counseling youth with substance abuse

issues, alternative healing methods, where to go for help in Saskatoon, and our own stories of recovery. People who attended these presentations were then asked to fill out a survey. We presented at Pleasant Hill Place, Quint Male Youth Lodge, Red Willows Children Shelter, Kilburn Hall, forums at Holy Cross High School, City Park Collegiate, and a conference on peer counseling organized by the Youth Lodge at Nutana School.

We faxed posters about the project that included information on the \$10 honorarium for youth to different organizations in Saskatoon. We had a good response from this effort. Two agencies, EGADZ youth center and White Buffalo Youth Lodge, were gracious enough to let us spend time at their places to interview and survey youth. Posters were hung up at the University of Saskatchewan campus; however, we did not get the response we expected from the students. In order to engage more of the university students, one of the youth coordinators spent a few days on campus and was able to get some information from young people there. We also set up an information table including our survey at Nutana Collegiate's 411 (a resource fair to let students know what services are available at Nutana). In order to access youth aged 9 to 11 years old, one coordinator went to a skateboard park.

For the one to one interviews we met with youth in various spots around the city, mostly in restaurants or coffee shops. Sometimes the participants came to our office to meet us, often bringing their friends. We found we could interview about 7 people per day.

### **How we accessed parents:**

Our steering committee and organizations from the community helped us access parents to interview. We presented to parent groups information about the project, our own involvement with drugs and alcohol, and signs and symptoms of drug use. Parents then filled out the surveys. The groups we spoke to were associated with Addiction Services Community Outpatient, Department of Community Resources and Employment (DCRE), and the Family Support Center. We met parents for one on one interviews at coffee shops, restaurants, in their homes, and out in the community. Many contacted us after receiving our number from agencies where we had faxed our poster.

### **Mini Program Evaluation:**

We also took some time at the end of the project to conduct a cursory evaluation of the YAP. We asked team members and steering committee members about their experiences in the project and the extent to which we were able to meet our goals. Again we used multiple methods. We conducted a team interview that included all youth team members, the research consultant (who documented the responses, but also provided her own answers to questions), and the SCC staff (who posed the questions and also provided answers).

In addition to this verbal discussion, we prepared a survey for the youth to answer. We asked youth not to place their names on their surveys and to return their responses to whomever they felt most comfortable. Youth were asked to document anything they did not feel comfortable

sharing in the group and was more personal in nature (e.g., how do we better create an environment of support when a youth we are working with is having difficulties?). We also developed a survey to be completed by members of the steering committee who had some level of involvement with the project. This survey was not anonymous because responses were returned by email and certain questions were agency specific.

## **Ethical Considerations:**

One goal of this project was to balance immediate benefits to the community with the development of a long-term plan to address prevention, treatment, and recovery of youth abusing drugs or alcohol. As such, we hoped that the research itself would be beneficial to the participants. Ethically we felt that the participants and the community should benefit from the research process as well as the product of our work. For each activity where we were asking community input we asked ourselves 'what does the participant get out of participating?'

Some immediate benefits include:

- During all contacts with youth we provided an information card listing support agencies in the community and contact information.
- We provided a youth forum as a way to collect data. This forum provided youth with an opportunity to experience alternative methods of healing. All youth who completed a survey received a small gift and their names were put into a draw to receive a large donated gift. Food and childcare were also provided at the forum.
- We provided a media forum for the community at large to inform them of our work and to encourage them to get involved. This was the official kick-off of data collection and surveys were available and interviewers were on site.
- We invited youth groups from the community to get involved with our project and to assist with data collection and planning the youth forum. *"The youth also connected with other youth groups such as the YAC group. Traditionally these youth are the 'shiniest' stars from their schools and not well versed on 'Youth at risk' issues. Both groups worked at understanding each other and were successful. At the end of the project each group was supporting the other with intentions to carry on."* (from a steering committee member interview)
- When meeting with parents for interviews or surveys, we provided information about various resources in the community.
- We provided the Saskatoon Street Survival Guide that was developed by Exit Routes to all interviewees and it was available at every forum or gathering we attended.
- We invited the community to take ownership and have input into a plan that will affect their community regardless of whether it affects their own family directly.
- We presented to many audiences of whom we asked to complete surveys. These presentations provided many young people and professionals with information about drugs and substance abuse.

- We provided honorariums to youth with whom interviews were conducted.
- The team also developed resources (pamphlets and fact sheets) for youth and parents.

Our steering committee suggested we develop a plan to deal with disclosure of information that would need to be reported. We only encountered one incident and we worked with the staff at White Buffalo Youth Lodge to address the issue raised by one child.

All surveys and interviews were confidential and we established debriefing protocols for the team. The interviewers were strongly discouraged to discuss individuals among themselves but to come to the research consultant or SCC staff if they needed to debrief about what they had heard.

## Challenges to data collection:

- ❖ **Youth who do not trust...how do we help them provide their input if they fear repercussion due to past experiences.** Our primary method of addressing this challenge was to have youth reaching out to other youth. The coordinators and research assistants, although trained in the area of research, were not professionals. Being in recovery helped the researchers to identify with the youth in a positive way, and youth were able to see the researchers as peers.

We wanted to ensure youth felt as comfortable and safe as possible. We met youth in coffee shops, organizations, and parks in their neighborhood or by their school. Youth were treated with respect. We ensured confidentiality and honored boundaries by letting youth know if they did not feel comfortable answering any questions they had the right to decline to answer or leave the question blank. We let youth know it was OK for them to tell us about their drug use, that we were not there to judge or assess them. Sometimes letting youth know about our own substance abuse history was the approach we took. The youth participants confided in us and we were able to offer referrals and phone numbers so they could access help.

- ❖ **Youth who are in the midst of their addictions...how do we determine what youth who are 'in' addictions might need, when they feel there is no 'problem', or when they are still unwilling to acknowledge their addictions.** One method we employed to encourage youth to answer questions accurately was through the wording of the surveys and interviews. In the first draft of the survey, we were asking the participants to answer the questions by thinking of someone their age who drinks and does drugs more than most people. Our rationale was it would be easier for youth to answer the questions thinking about someone else. By the last version of the survey, we asked questions on a personal basis. The questions were easy to answer and not accusatory in any way. We worded the questions so they didn't sound like we were making any assumptions. An example of a question we asked was "Have you ever felt drugs and/or alcohol affected your life in a

negative way?" This type of questioning is not asking "how," but is unassumingly asking, "Has your life ever been affected negatively."

When we were interviewing youth participants, we went in with a non-judgmental attitude, which seemed to make a difference in how the youth responded to us. We let the youth know before the interview began we were there to learn about their personal experiences with alcohol and drugs but that we would not 'report' them in any way. We would let them know we had phone numbers for professional addictions workers if they thought they needed that type of help and support. We found the youth to be very open, honest, and willing to answer our questions. We did not ask whether youth thought they were 'addicted' but rather we asked about their substance use. Many people (even professionals within the same field) have very different opinions about what constitutes an addiction. We did not make assumptions but wanted to learn about which drugs youth use, how often, and when they started.

- ❖ **Youth under the influence of drugs or alcohol at the time of data collection...how valid do we consider these responses to be?** We tried to make our survey as simple as possible to answer. Addiction Services Outpatient has a simple intake form for their clients and we wanted our survey to be as easy to answer as theirs. Most of our questions on the survey had checkboxes for participants to check off, instead of having to fill out the answers. Of course, we were there to help with questions youth might have had. Before the interview started, we told youth that if they didn't feel comfortable answering certain questions, they did not have to. While we were doing interviews, few youth appeared to be under the influence. We did have many who were suffering withdrawal effects (i.e. dope sick, coming down from Crystal Meth binges, etc.) and they did not seem to have any problems answering the survey. The questions were easy enough for them to answer and various youth told us they liked answering the questions and were happy to be able to participate. They felt good about being able to contribute to the project and one respondent told us, "Yeah, they don't ask you questions like these."
- ❖ **Parents who are also addicted...how do we determine what such parents might like to see without raising feelings of guilt? How do we take into account the needs of adults who have faced addiction issues from childhood?** We had initially thought parents might be hesitant to talk about what they were going through with their children. We thought us asking them questions about their children and family might make them feel we were trying to blame them. We found that most parents we spoke to were not feeling blamed for their children's use, they were wondering how they could help. Parents seemed to want more help and answers than anything. Most parents we spoke to were trying extra hard to find help for their children with substance abuse or trying to find help for themselves to cope. Some parents were willing to say their child "follows in my footsteps," and were not afraid to tell us of their own substance abuse. We visited quite a few parent groups where the parents were already connected to support. Some examples of parent groups we attended were at

Family Support Centre, Addictions Services Community Outpatient, and groups through DCRE resource homes for youth in care.

- ❖ **How do we access Parents who are unwilling to 'see a problem'– particularly higher income individuals with the perception that addictions are a 'poverty issue'.** Most of the parents who had higher incomes were found through the parent support groups. These groups were contacted through DCRE, Family Support Centre and Addictions Services Community Outpatient. They described why it has been a challenge for them to access services and their perceptions of being judged. Most parents really wanted help for their children and tried many different things. One mom we spoke to told us what it was like to live in a dysfunctional family while working and living in a higher-class neighborhood. For us it helped to explain the mindset of a person trying to care for his/her children, while living in an alcoholic home and hiding it from co-workers and neighbors. She told us she wanted more awareness in the schools and in the communities with higher income levels.
- ❖ **What do we do about Agencies who fear we will evaluate, judge, or criticize their services.** Although most agencies we approached were very accommodating and eager to participate in the project we found some agencies were apprehensive about the researchers spending time in their agency. We determined the source of their apprehension was a fear that we were coming in to evaluate and criticize the work they are doing. In order to address some of these fears we arranged a meeting with an agency who was suspicious of our intentions and a third party organization who was familiar our project to discuss the goals and objectives of the project. After initial discussions to clarify the intent of our project, the fearful organizations were more receptive and supportive of us. The third party agency was able to explain the project in a way the fearful agency could understand and appreciate. The third party agency acted as an advocate for the project as they also provides direct services to youth dealing with substance abuse and could potentially be criticized through the data that is gathered.

## Do our youth represent Saskatoon youth?

We strove to ensure we sampled youth in such a way that they represented youth from all walks of life in Saskatoon. We purposefully recruited children and youth who would not typically be considered at risk for substance abuse as well as those who would be. We recruited youth from many different places including White Buffalo Youth Lodge, Holy Cross School, Skateboard Park, bus terminal, word of mouth, YWCA, Pleasant Hill Place, and Quint's Male Youth Lodge.

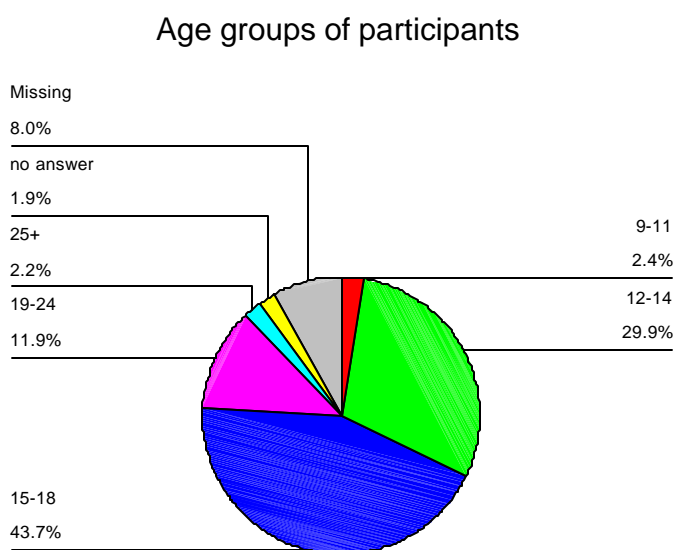
Neighbourhood representation- We had an even distribution (approximately a third from each) of youth from three neighbourhood designations (Low, medium, and high socioeconomic status). The Quality of Life section of the Community University Institute for Social Research developed the three types of neighbourhoods. We chose to use the same parameters for any future comparisons

and to utilize consistent measures across projects in Saskatoon. For more details about the neighbourhood types, please refer to (Williams, 2001),

Although our sample came from each neighbourhood designation, the ages within the different neighbourhood designation differed. There were more younger youth and fewer older youth sampled from high SES neighbourhoods.

Age representation- The vast majority of our sample (81%) fell between the ages of 12-18, however we had representation from children/youth 9 to 29. The chart below shows the exact representation.

**Figure #1:**



Gender representation- Our male/female ratio was almost 1:1, however we also had a transgender presence (2%).

Large variety of responses We reviewed the data to verify that youth did not simply check off all options and found that there was a large variety of responses and no one person claimed to have used all drugs. We discarded 3 surveys because they were clearly not taken seriously. For example, one youth drew pictures of penises on his survey and reported that addictions affected him in that he has erectile dysfunction- this youth was approximately 13 years old.



## SECTION 5- RESULTS

The results of this project are many and are organized as described below. The initial research conducted in this project was to develop a 'lay of the land' by scouring the Internet and research articles for different approaches to helping children and youth with substance abuse. This portion is not exhaustive and supports have surely been missed.

The second portion of the results section details the demographic information of the sample. Next, we discuss the results from the youth surveys. In particular, we outline which drugs are being used, the frequency with which drugs are being used, and when children/youth begin using drugs. The fourth part provides more qualitative data and identifies the experiences of youth, parents and professionals in terms of what has worked to help children and youth recover, what has not worked, and what obstacles exist. A summary of some of the above data is presented in profiles of youth at different ages. To end this portion of the results section, we have also provided reflections and stories from interviews.

Finally, we present a mini evaluation of the YAP. We provide perceptions from the research team about the strengths and weaknesses of this project.

### 1. Initial Research:

During the first stage of the project the two youth coordinators investigated A) current research on youth addictions and B) researched new or unique recovery pathways.

#### A) Synopsis from Youth Addictions Literature:

The majority of research done on youth and substance abuse has focused on youth aged 16 and older. Very little research has been done with youth under the age of 16. Much of the research indicates that older adolescents are more likely to access treatment. This is most likely because there are fewer or no treatment options for younger youth, or their addiction is simply interpreted as 'experimenting' and is not seen as a problem.

There is a marked gender difference in addiction treatment services, with females more likely to use significantly more services. Females are also more likely to receive drug treatment in a mental health setting, in a doctor's office, or a self-help group. Females also tend to have a higher frequency of successful participation in a variety of treatment settings. Success in the research is usually defined as completing the treatment plan from start to finish, regardless of whether the individual remained drug free. There is a lack of follow up after treatment programs, especially follow up that may include the implementation of another treatment option if the individual is using again.

Many youth involved in addiction treatment services are also involved in the criminal justice system, many of whom are sentenced to treatment by the courts. Pressured treatment has a low success rate, as the individual forced into treatment usually does not want to be there, and is only motivated to get through their sentence. Although pressured treatment is not often successful, low motivation is an important issue with addicted youth and some feel that forced treatment is sometimes the only option.

Exposure to treatment has been associated with improved outcomes in a variety of types of treatments. Treatment durations of three months or more have greater likelihood of positive outcomes. The most commonly used service with youth are drug and/or alcohol rehabilitation outpatient services. It has been demonstrated, however, that youth entering therapeutic treatment were generally more highly motivated than those entering outpatient treatment.

There is a need to screen all substance abuse admissions for co-morbid psychiatric disorders, as these individuals will require a modified treatment plan to meet their unique needs. Adolescents found to have disruptive disorders are also less likely to receive successful treatment.

Individualized services, a variety treatment options for youth, and harm reduction have been emphasized in the research. Such work suggests that youth should have access to treatment and supports even if they are not 'clean and sober' for a pre-determined period of time. This is particularly relevant to youth who are experimenting and are considered to be engaging in normative adolescent behaviour.

It has also been highlighted that it is not supportive or helpful for professionals dealing with substance abuse to 'preach' that drugs are bad. When a doctor says that drugs are bad, taking drugs is bad, and addiction is a bad thing, the addict hears "I am bad." The most important part of addiction treatment is letting youth know that they are not a bad person for doing drugs and that they can change their behaviour.

#### B) Innovative Treatment Options:

The second coordinator was tasked with identifying treatment options that have been used in other areas that may fall outside the confines of 'mainstream'. In particular she was to identify youth friendly, informal, and empowering approaches to healing that have been successfully used by youth. Again, our emphasis in this project has been to broaden our definition of 'treatment' beyond traditional detoxification and residential treatment programs. We have provided a brief summary of her findings below.

- There are a growing number of addiction agencies in the United States using Acupuncture in their facilities.
- Youth really respond to Art and Music therapy. The research revealed a story of a girl whose mother was a sex trade worker addicted to crack/cocaine. She was pimped by people who were older than her, but when she was able to get away she kept herself busy writing rap lyrics. She has been able to keep herself clean and still writes what she calls "anti-pimp rap"
- Other methods of healing that appeared to work well with youth include: Shamanic healing, angel meditation, chakra healing using meditation and breathing exercises, Aromatherapy, animals and totems, traditional Aboriginal healing (e.g., Medicine Wheel), stones and crystals, and herbs.

## 2. **Demographics of youth interviewed and surveyed:**

Table 1 details the demographic information pertaining to the children and youth who completed surveys or interviews. As can be seen, the majority (81%) of youth fell between the ages of 12 to 18. We had nearly an equal number of youth from low, medium, and high socioeconomic status. We had nearly an equal number of males and females and 10 transgendered individuals. Nearly a third of the youth reported being smokers and nearly half felt drugs or alcohol had had a negative effect on their lives.

Age	Percent
9-11	3% (n=13)
12-14	33
15-18	48
19-24	13
25+	2
<hr/>	
High socio economic status	32
Medium SES	26
Low SES	27
<hr/>	
Male	51
Female	47
Transgender	2
<hr/>	
I smoke	32
Not being able to smoke would stop me from accessing treatment	14
Drugs have affected my life in a negative way	43
I have tried quitting	34

	12-14 year olds	15-18 year olds	19-24 year olds
Drugs have affected my life in a negative way	21%	42%	71%
I smoke	14%	39%	61%
Not being able to smoke would stop me from going to treatment	7%	16%	24%
I have tried quitting	18%	32%	57%
Older youth experienced more negative effects of drugs/ alcohol, smoking, and tried quitting. It appears that children 15 & under are less able to see the effects of drugs/ alcohol and prepared to quit.			

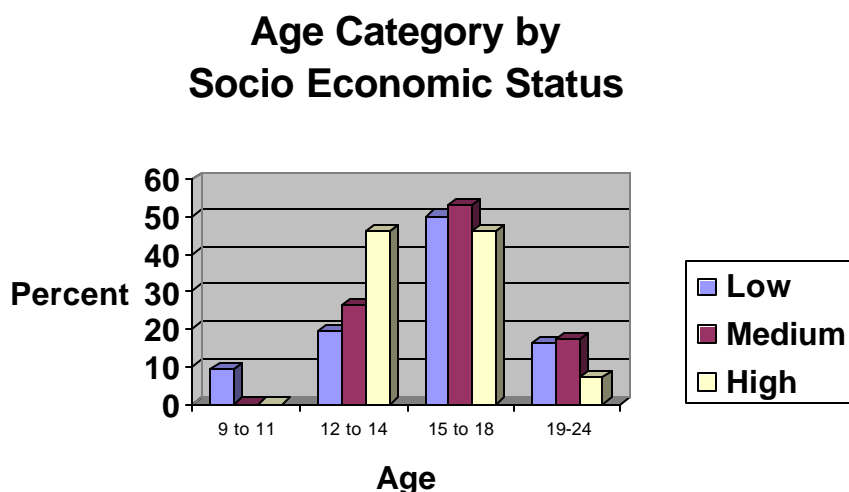
Many youth indicated that drugs and or alcohol had affected their lives in negative ways. When we asked further we found that they referred to the negative effects their own use had on their lives. Difficulties in all areas of life as a result of drugs or alcohol were mentioned including school, health, relationships, mental health, jail, family, trust, money, and victimization. More responses are reported below. The numbers inside the brackets indicate the number of youth who provided each response.

- Loss of Priorities (54 responses)
- Trouble In School (52)
- Health Problems (32)
- Relationships (26)
- Dealing with another's use (24)
- Mental and emotional health issues (24)
- Trouble with law (including jail time) (19)
- Family problems (16)
- Don't Really Have A Grip (16)
- Hurting others (12)
- Affects every area of life in every way (12)
- Other's Can't Trust Them (10)
- Money Problems Or Having Less Money (10)
- Doing too much drugs/drinking (10)
- Hang around With Different Friends (8)
- Affected relationship with boyfriend/girlfriend (8)
- Behaving violently (8)
- Employment (includes looking for work) (7)
- Not Being Able To Trust Others (5)
- Being in dangerous situations (3)

- Being Raped (3)
- Homelessness (3)
- Violence against them (3)
- Became A Sex Trade Worker (2)

Youth provided a mixed review about the impact that a no-smoking policy would have on their accessing treatment for substance abuse. Some felt that they could only quit one addiction at a time, while others felt that if you wanted to quit badly enough smoking would not be an issue.

Figure #2:



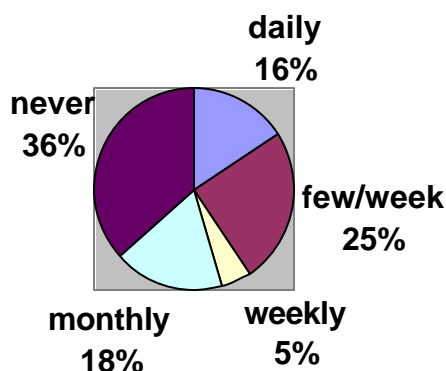
Although we have a good overall neighbourhood distribution, most of the youth from high SES neighbourhoods are 12-18, while a much smaller proportion come from low or medium SES neighbourhoods.

### 3. Drug use of children and youth in Saskatoon:

Table 3 describes the frequency with which children and youth in Saskatoon use drugs or alcohol. The results are presented first for all respondents in a pie chart then broken down by age group. As can be seen, of all children/youth, 64% use substances and 46% report using substances at least once a week. Younger children report using substances much less (27%) than older youth<sup>1</sup>. In fact, the older children/youth were, the more they used substances. Of children/youth 12-14, 49% use substances, with 26% being at least once a week. Of youth 15-18, 65% reported using substances, with 50% using at least once a week. Substance use peaked with 19-24 year olds, 82% of whom use substances and 61% who use at least once a week.

Figure #3:

### Frequency of Substance Use for ALL Ages

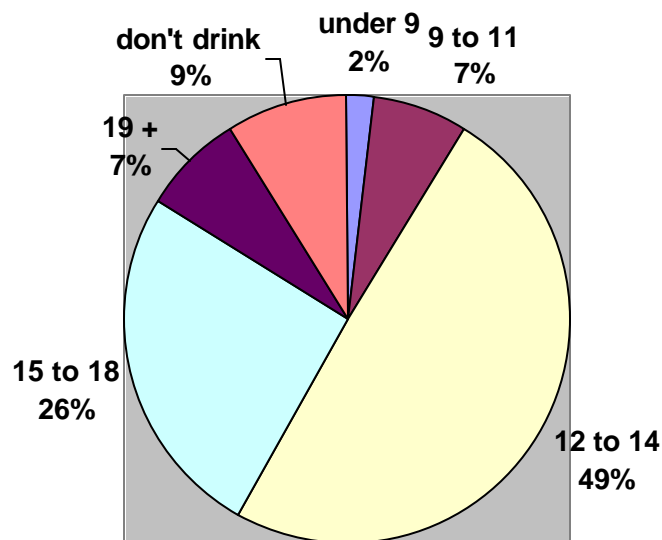


<sup>1</sup> These results were statistically significant (using one-way ANOVA or t-test statistical tests in SPSS). Subsequent results when reported as (more than, less than etc) are statistically significant.

Table 3. How often do you drink or take drugs?		
Age (#)	Frequency	% of responses
9-11 (11) 9% at least once a week	Once a day	0
	Few times/ week	9
	Once a week	0
	Once a month	18
	never	73
12-14 (140) 26% at least once a week	Once a day	4
	Few times/ week	17
	Once a week	5
	Once a month	21
15-18 (221) 50% at least once a week	Once a day	22
	Few times/ week	25
	Once a week	3
	Once a month	15
19-24 (56) 57% at least once a week	Once a day	16
	Few times/ week	41
	Once a week	4
	Once a month	21
	never	18

Figure #4:

## Age When Started Drinking



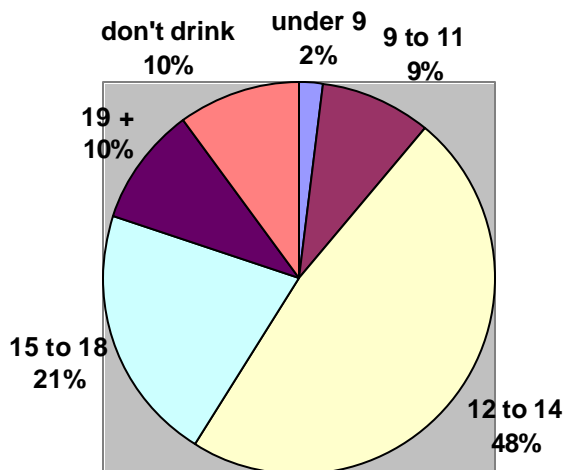
We asked children/youth when they began to drink alcohol regularly and we see a trend that indicates children/youth are beginning to drink earlier. For example, 75% of 12-14 year olds reported drinking by the age of 14, 63% of 15-18 year olds reported drinking by the age of 14, and 35% of 19-24 year old reported drinking by the age of 14.

Table 4. How Old Were You When You Started Drinking Regularly?		
Age (#)		% of responses
9-11 (3)		Not enough answered
12-14 (56)	Under 9	5
72% by the age of 14	9-11	7
	12-14	63
	15-18	16
	19+	9
15-18 (132)	Under 9	2
62% by the age of 14	9-11	8
	12-14	53
	15-18	27
	19+	2
	never	8
19-24 (49)	Under 9	
44% by the age of 14	9-11	2
	12-14	33
	15-18	47
	19+	12
	never	17

We asked youth when they began using drugs regularly and again found a trend that indicates that children are using drugs at an earlier age. Numbers in Table 5 may be inflated because some youth who appear not to take drugs may have skipped the question. For 12-14 year olds, 72% were using drugs regularly by the age of 14, compared to 62% of 15-18 year olds and 44% of 19-24 year olds.

Figure #5:

### Age When Started Using Drugs



Age (#)	Frequency	% of responses
12-14 (50)	Under 9	4
	9-11	14
	12-14	54
	15-18	2 <sup>2</sup>
	19+	16
	never	10
15-18 (123)	Under 9	2
	9-11	7
	12-14	53
	15-18	24
	19+	3
	never	10
19-24 (52)	Under 9	
	9-11	4
	12-14	40
	15-18	33
	19+	17
	never	6

		Male	Female
<b>How old were you when you began drinking regularly?</b>		%	%
66% of females began drinking by the age of 14 compared to 56% of males.	Under 9	4	0
	9-11	8	6
	12-14	40	58
	15-18	27	25
	19+	10	5
	never	11	5
<b>How old were you when you began using drugs regularly?</b>			
63% of females began using drugs regularly by the age of 14 compared to 56% of males.	Under 9	3	2
	9-11	10	8
	12-14	43	53
	15-18	24	19
	19+	9	11
	never	12	7
<b>How often do you have to use for it to be a 'problem'?</b>			
Both males and females felt you had to use drugs or alcohol at least 'once a day' for it to be considered a problem.	Once a day	48	48
	Few times/ week	15	22
	Once a week	3	4
	Once a month	5	3
	Few times	3	1
	Never	27	21
<b>How often do you drink or take drugs?</b>			
44% of females drink or take drugs at least a few times a week compared to 36% of males.	Once a day	14	16
	Few times/ week	22	28
	Once a week	5	5
	Once a month	20	16
	Never	38	35
<b>I am a smoker</b>		30	36
<b>I would not go to treatment if it were non smoking</b>		13	15
<b>I have tried quitting drinking or using drugs</b>		31	37
<b>Drugs have affected my life in a negative way</b>		43	46

<sup>2</sup> It is unclear why children/youth reported ages for starting to drink older than their current ages. It may be this represented the age they expected to begin drinking.

Table 7. Drug Usage Among Youth; Age and Gender Differences

	alcohol	marijuana	mushrooms	hash	Crystal Meth	cocaine	Acid	Ritalin	valium	extacy	crack	morphine	ephedrine	heroine	tranquillizers	2C-B	solvents
All	57 <sup>3%</sup>	54	24	22	19	19	17	13	10	10	9	8	6	5	5	5	4 (22) <sup>4</sup>
Male	52	54	24	22	19	19	17	13	10	10	9	8	6	5	5	5	6
Female	61	54	24	22	19	19	17	13	10	10	9	8	6	5	5	5	3
Trans-G	74	54	24	22	19	19	17	13	10	10	9	8	6	5	5	5	0
<b>Age</b>																	
12-14	41	32	10	4	6	3	3	4	3	0	1	2	1	2	1	2	3
15-18	58	55	26	23	20	23	17	18	10	11	13	8	4	4	5	4	3
19-24	93	90	51	56	48	42	46	17	29	33	15	20	27	17	15	15	14

All. More than half of the children and youth reported using alcohol and marijuana. Approximately a quarter to a fifth of youth used mushrooms, hash, crystal meth, cocaine, and acid.

Gender. There were very few differences between males and females. Slightly more females drink alcohol and slightly more males used solvents.

Age. Not surprisingly, older youth used more substances than younger youth and children. Nearly half of 12-14 drank alcohol, a third used marijuana, one in 10 used mushrooms, and 6% used crystal meth. 15-18 year olds use more than younger children but less than older youth. More than half drink alcohol and smoke marijuana. A quarter use mushrooms, hash, and a fifth use crystal meth, acid, and Ritalin. Nearly all older youth drank and used marijuana. Approximately half used mushrooms, hash, crystal meth, cocaine, and acid. Approximately a third used valium, extacy and ephedrine.

<sup>3</sup> All numbers presented in this table are percentages.

<sup>4</sup> The number in the brackets shows that 4% of the youth is 22 youth.



## How Often do You Have to 'Use' for it to be a Problem?

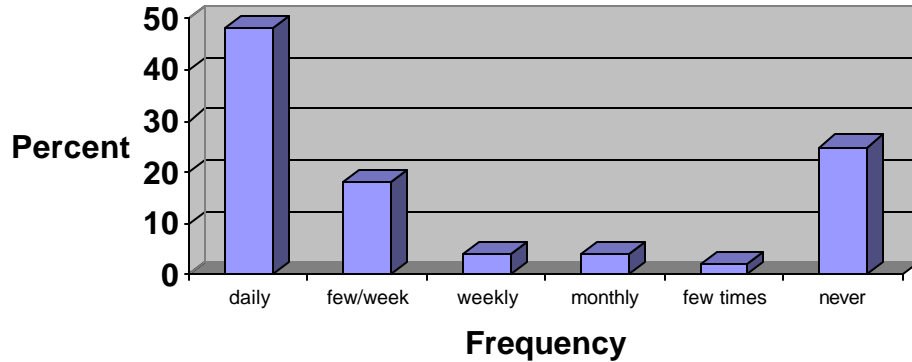


Table 8. How often do you have to drink or take drugs for it to be considered a problem?

Almost half youth felt that someone had to 'use' at least once a day for it to be considered a problem.

Age (#)	Frequency	%
12-14 (125)	Once a day	40
	Few times/ week	21
	Once a week	4
	Once a month	2
	A few times	1
	Never	33
15-18 (198)	Once a day	48
Compared to older young people, children and youth felt that using substances could be a problem if less than daily.	Few times/ week	18
	Once a week	2
	Once a month	5
	A few times	2
	never	27
19-24 (49)	Once a day	61
	Few times/ week	25
	Once a week	0
	Once a month	2
	A few times	0
	never	12

#### 4. What works, what does not work and everything in between:

This section summarizes the qualitative data taken from surveys and interviews with youth, parents, and professionals. The numbers in brackets indicate the number of times this answer was provided. Tables 9 and 10 and Figures 6 and 7 compare youth, parent, and professionals opinions of what works and what does not work when it comes to youth and substance abuse. Following the tables, responses from youth, parents, and professionals are presented separately.

Table 9, below, shows what youth, organizations, and parents think helps to keep and stop youth from abusing substances. While most organizations and parents thought organized activities or sports were most effective, youth reported that what they needed most was support from family and friends. With this said, parents and organizations also felt family support in particular was very important. Learning healthier lifestyles, spirituality and their own children also helped youth. As can be seen from the list below, the vast majority of the suggestions and tips consist on strengthening families and individuals within families. Furthermore, most of the youth who have quit with the most success attribute their success to internal factors and not external services. Looking at the length of this list illustrates the need for a broad range of supports that can be tailored to the unique needs of each individual.

Youth focused on relational and environmental difficulties associated with overcoming substance abuse. Professionals focused on punitive and abstinence-based approaches, while parents discussed the negative effect of nagging and peers. Table 10 shows that youth feel peers and environment play a major role in failed attempts to quit using drugs/alcohol. Other factors blamed for difficulties with recovery include lack of support and inadequate education about how to live healthy and clean.

Figure 6.

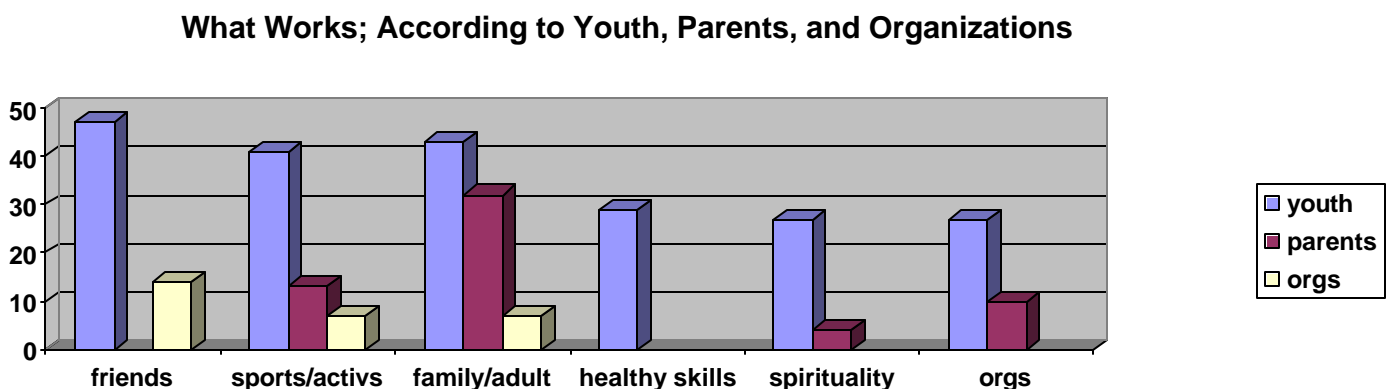


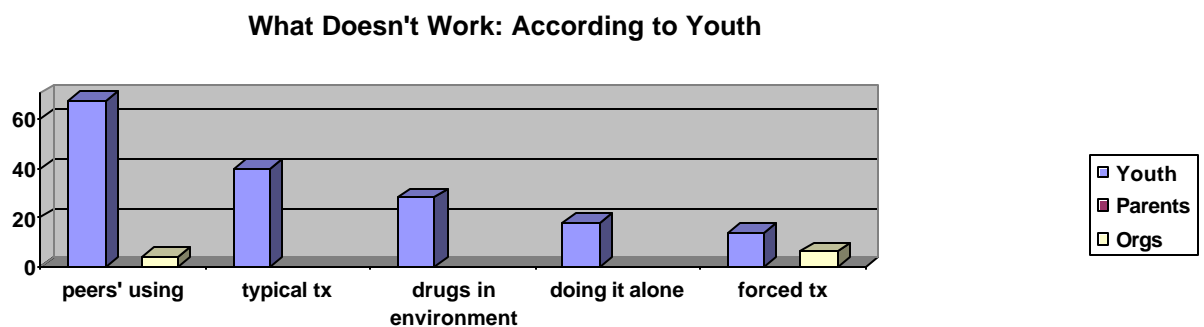
Table 9. What Helps/Can Help Youth Who Use Substances; According to Youth, Parents, and Professionals

Youth (600)		Organization (30)		Parents (130)	
Response	# <sup>5</sup>	Response	#	Response	#
Friends Support	47	Organized Activity	27	Sports	13
Family Support	43	Supportive relationship with adults including parents	32	Spend a lot of time with your children	7
Sports and/or other types of exercise	41	Peers Who Are Also In Recovery (A.A, mentors, non-addicts)	14	Positive things to do (e.g. music, journaling., volunteer work, video games)	7
Say No To Drugs	40	Good home environment	10	12 Step groups	5
Learning healthier lifestyles	29	Accessible treatment (no waiting lists, multiple chances at recovery, long term)	9	Youth centers (e.g. White Buffalo Youth Lodge, Egadz)	5
Prayer, Ceremony, Spirituality	27	Good Support System	8	Knowledge on how to assist your child with recovery	4
Organizations that helped	27	Strong Self-Esteem	8	Cultural activities	4
Counseling	26	Information About Drugs and Alcohol, and Risks (prevention)	8	Addictions Services (including detox and methadone)	3
Finding Other Ways To Keep Mind Occupied	25	The Desire To Quit	6	Elders	2
Their Own Children/ Pregnancy	24			School	2
School	23			Discipline (e.g. curfew, limited phone calls)	2
Willpower	23				
Guidance from others who have been there	16				
Boyfriend / Girlfriend Relationships	14				
Detox	14				
Art	11				
Seeing The Effects Of Drugs And Alcohol On Others	10				
Staying At Home	10				
Moving To A Different Place	9				
Music	9				
Nothing	9				

<sup>5</sup> Number of youth, parents, or professionals who reported each response.

<b>Table 10. What Does Not/Has Not Worked?</b>					
<b>Youth</b>	<b>#</b>	<b>Professionals</b>	<b>#</b>	<b>Parents</b>	<b>#</b>
Friends Who Use And Drink	67	Fear Tactics	6	Family constantly asking about issue	4
Conventional treatment (e.g., detox, 12-step, methadone, Calder)	40	Being forced into treatment	6	Negative peers and friends	4
Living and being In An Environment Where It's Always Around	28	Using only a "just say no" or abstinence approach	5	Depression	2
Doing It Alone	18	Preaching	4	When child resists change	2
Not Learning Healthier Coping	16	Not giving education or other prevention measures	2	Too much time on their hands	2
Yelling/Putdowns	15			Cravings	2
Family	14				
Being Forced	14				
Selling Drugs	7				
Detox	7				
People Preaching To Them	6				
Quitting For Religious Reasons	5				
Substituting	5				
Hopelessness	5				
Just Sitting Around	4				
Smoking Cigarettes	4				

Figure 7.



## Youth's Opinions

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Many youth have tried to quit drinking or using drugs and some have been successful. It is really important to learn about what drives youth to seek help or to finally quit in order to help other youth in the future. We asked youth who were in recovery how they were able to quit and gave us a number of different answers. The most common reasons for going into recovery were; wanting a better life, school, having children, sports, depression. These and other answers are presented below.

<b>Response</b>	<b>#</b>	<b>Response</b>	<b>#</b>
Wanting A Different Better Lifestyle Or To Change Life	15	Sick and tired of being sick and tired	3
School	9	Not fun anymore	3
My kids	5	Spending too much money on drugs	2
Sports	5	Built a tolerance	2
Depression	4	Criminal record or jail time	2
Bad experiences	4	Heart attack and stroke	2
Pregnancy	3	Lost trust in everyone	2
Seeing how it affects others	3	Counselling	2

### What works

Support from family and friends were the most helpful to kids struggling with substance abuse. Organized activities and sports also played a central role in staying clean. Spirituality, counseling, and some organizations within Saskatoon were other successful ways of overcoming substance abuse issues.

### What does not work

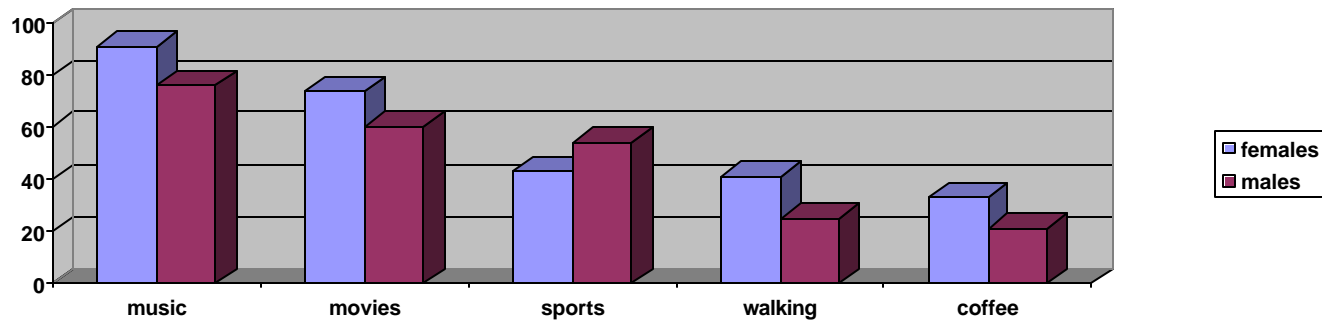
Youth were very consistent in their ideas about what does not help. Youth reported struggling as a result of the environment in which they found themselves (peers, family, and location). Youth were also unsatisfied with the treatment options available to them. Youth felt that without healthy life skills they could not maintain recovery.

Finally, through the surveys we asked youth what activities they engage in for fun and the results are presented in Table 12. As you can see, movies and music were the most popular activities for all children/youth at all ages. *Sports* were more popular with males and with younger youth, although males, females, and all ages equally reported *exercise*. *Going for a walk* was listed and was most popular among females. *Drawing* was equally popular among males and females, but most popular among 15 to 18 year olds and youth from middle to low socioeconomic status neighbourhoods. Youth also reported using computers as a diversion.

Table 12. Activities Youth and Children Enjoy; Gender and Age comparisons																
	Music	Movie	Sport	Exercise	draw	computer	walk	coffee	dance	read	meditate	write	rap	youth group	break dance	pray
All	<b>84%</b> <sup>6</sup>	67	47	40	37	35	34	27	21	19	17	16	13	13	12	10
Male	<b>76</b>	<b>60</b>	<b>54</b>	40	37	35	<b>25</b>	<b>21</b>	21	19	17	<b>12</b>	<b>18</b>	13	<b>17</b>	<b>6</b>
Female	<b>91</b>	<b>74</b>	<b>43</b>	40	37	35	<b>41</b>	<b>33</b>	21	19	17	<b>20</b>	<b>8</b>	13	<b>7</b>	<b>13</b>
Trans-G	<b>75</b>	<b>63</b>	<b>38</b>	40	37	35	<b>63</b>	<b>38</b>	21	19	17	<b>0</b>	<b>25</b>	13	<b>13</b>	<b>0</b>
AGE																
12-14	<b>84</b>	67	<b>60</b>	40	<b>31</b>	<b>41</b>	34	<b>28</b>	19	19	17	<b>11</b>	13	13	12	10
15-18	<b>86</b>	67	<b>47</b>	40	<b>42</b>	<b>36</b>	34	<b>29</b>	19	19	17	<b>18</b>	13	13	12	10
19-24	<b>81</b>	67	<b>22</b>	40	<b>34</b>	<b>19</b>	34	<b>42</b>	34	19	17	<b>22</b>	13	13	12	10

Bolded percents represent gender and age differences. Most popular activities enjoyed by all of all ages, all incomes, and gender were movies and music.

Figure 8.



<sup>6</sup> All numbers presented in this table are percentages.  
 Youth Addictions Project Report  
 October 2004

**Age Differences in Preferred Activities**

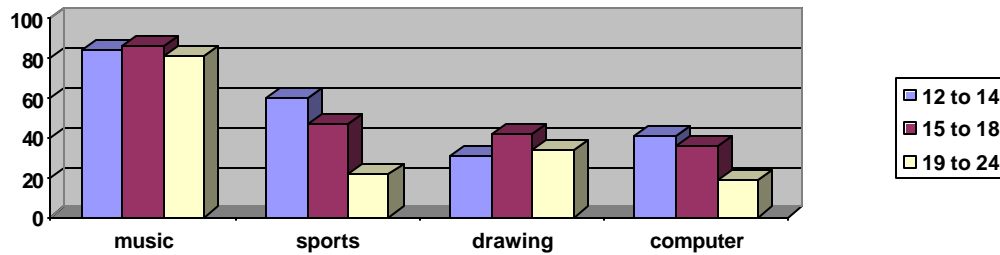


Figure 9.

## Professional Opinions

We surveyed approximately 30 professionals from organizations in Saskatoon and asked for their ideas about what works and what does not work with children and youth in terms of substance abuse (see Tables 9, 10).

Professionals report unanimously that fear tactics, forced treatment, and preaching abstinence are ineffective. Professionals also reported that unhealthy environments make it difficult to quit using substances and even more difficult to stay 'clean and dry'. Flexible, affordable options in the community, schools taking an active role in substance abuse prevention, keeping kids in school and teaching life skills were the most popular suggestions among professionals. Professionals reported that youth are successful in overcoming abusing drugs or alcohol when they are involved in structured activities they enjoy and when they have supportive and meaningful relationships with adults (preferably parents) and peers.

Although we have said that there are few options to help children and youth facing substance abuse, some options do exist, but these supports are often underutilized. Below are some barriers to accessing supports observed by local professionals. The numbers in brackets after each answer is the number of people who said each response.

- ⊗ Friends and / or parents who use (generational use) (31)
- ⊗ Peer pressure (13)
- ⊗ Lack of adult support (including poor parenting) (18)
- ⊗ When they quit they are over whelmed with the issues they've been hiding from (7)
- ⊗ Poverty (7)
- ⊗ Not knowing how to proceed with life without substance use (9)
- ⊗ Not wanting to admit they have a problem (5)
- ⊗ Limited life skills to deal with life's problems (4)
- ⊗ Low self - esteem (6)
- ⊗ Lack of or limited meaning in their lives (6)
- ⊗ Being in the area where they used drugs prior to getting clean and sober (3)
- ⊗ Socially acceptable to use alcohol (3)

- ⊗ Lack of addiction services for youth (3)
- ⊗ Desire to test their boundaries (3)
- ⊗ Youth desire to fit in no matter what the cost (3)
- ⊗ Lack of education on effects and risks (3)
- ⊗ Lack of recreation (3)

## Parents' Opinions

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Parents reported accessing a variety of different services to help their children struggling with substance use. The most popular services included:

- ⇨ Counseling (21)
- ⇨ Addictions Services (14)
- ⇨ Doctor (6)
- ⇨ School (5)
- ⇨ 12 step groups (5)
- ⇨ Detox (4)
- ⇨ DCRE or Worker (4)
- ⇨ Treatment (4)
- ⇨ Sent them to live at another person's house (e.g. grandparent's house) (4)
- ⇨ Police (3)
- ⇨ Had drug testing done (3)
- ⇨ Clergy/ Elders (2)

Parents felt that more support (or at least more accessible support) was needed for not only the child but also for the family. Furthermore, this support needed to come, not only from professionals, but also from the community, the family, and friends. Below are some specific suggestions as to how to make it easier to get support.

- ❖ Support for parents (e.g. to have fun without kids, support and info to teach kids, support groups, hotlines) (15)
- ❖ More youth services (e.g. programs which give info, age specific, youth centers) (10)
- ❖ More treatment centers (9)
- ❖ The quick response from Addictions Services (8)
- ❖ When the kids make choices for themselves (8)
- ❖ Schools need to have programs for parents for them to learn how to recognize the signs (6)
- ❖ Communication (6)
- ❖ Being able to tell your children where there are services or places for help (5)
- ❖ For people and resources to be more easily accessible (5)
- ❖ Elders (4)
- ❖ For their child to find new friends or for friends to stay away (4)



- ❖ Police support (4)
- ❖ Family support (3)
- ❖ Community Support (3)

Some parents also reported that they did not access services when their children were using substances. They gave the following reasons;

- 🏠 They will get tired of drinking & getting high
- 🏠 They will get tired of spending so much money on drugs & alcohol
- 🏠 They have only experimented
- 🏠 Kids do not see that they need help
- 🏠 Schools help them
- 🏠 The problem isn't severe enough to need to get help
- 🏠 They were older
- 🏠 They had a good head on their shoulders
- 🏠 Trusts them to make good decisions
- 🏠 Rancho helps him with everything

Sports, family time, positive diversions, and organized programming were the most common ideas parents had about what worked or could help youth struggling with substance abuse.

Most parents responded to finding out about their child/youth's substance abuse by trying to help. Most tried talking to their child, and others sought support from services or others in the community. Some however did nothing because 'they have followed in my footsteps'.

Parents reported a lot of obstacles to getting supports for their children including:

Denial	15
Peer pressure	14
Child refusing help	11
Not sure what type of support is needed	8
Being judged or told negative things	7
No support from Addiction Services	4
It is hard to let kids know the long term effects	4
When kids don't list to parents	4
Not knowing or being able to understand how the child is feeling	4

## 12-14 Year Olds

### Top 5 drugs used:

- 1) Alcohol (41% of 12-14 year olds use/have used alcohol)
- 2) Marijuana (32%)
- 3) Mushrooms (10%)
- 4) Crystal Meth (6%)
- 5) Hash (4%)

### Top 5 activities for fun

- 1) Music
- 2) Movies
- 3) Sports
- 4) Computer
- 5) Exercise

- ✓ 40% felt that you had to drink or do drugs at least once a day for it to be considered a problem
- ✓ By this age 72% were taking drugs regularly.
- ✓ By this age, 75% said they were drinking regularly.
- ✓ 26% said they drank or took drugs at least once a week.

"When you use your life sucks and is in a mess!" ...

"My parents kick me... Stay away from people who use drugs"

# 15-18 Year Olds

## Top 5 drugs used:

- 1) Alcohol (58% of youth 15-18 use/have used Alcohol)
- 2) Marijuana (55%)
- 3) Mushrooms (26%)
- 4) Cocaine (23%)
- 5) Hash (23%)

## Top 5 activities for fun:

- 1) Music
- 2) Movies
- 3) Sports
- 4) Drawing
- 5) Exercise

- ✓ 48% felt that you had to drink or do drugs at least once a day for it to be considered a problem
- ✓ By this age 86% were taking drugs regularly, and 62% had begun by the age of 14.
- ✓ By this age, 90% said they were drinking regularly, and 63% had started by the age of 14.
- ✓ 50% said they drank or took drugs at least once a week.

"I made a list of reasons, had friends add their own reasons why I should quit and I posted it on the inside of my bedroom door."

"Don't nag young people about the bad stuff that'll happen to them, they know. Talk to them. Encourage them. Let them know better things to spend their money on (positive things). Make them feel proud of themselves, responsibilities, and to trust themselves."

"Quitting with friends [does not work]. If they slip, you feel like you have permission too."

"I think you should know that most young people already doing drugs don't quit when you tell them the risks, etc."

# 19-24 Year Olds

## Top seven drugs used

- 1) Alcohol (93% of 19-24 year olds use/have used alcohol)
- 2) Marijuana (90%)
- 3) Hash (56%)
- 4) Mushrooms (51%),
- 5) Crystal Meth (48%)
- 6) Acid (46%)
- 7) Cocaine (42%)

## Top 5 activities for fun

- 1) Music
- 2) Movies
- 3) Coffee
- 4) Exercise
- 5) Drawing/walking

- ✓ 61% felt that you had to drink or do drugs at least once a day for it to be considered a problem/
- ✓ By the age of 18, 77% were taking drugs regularly, and 44% had begun by the age of 14.
- ✓ By the age of 18, 82% said they were drinking regularly, and 35% had started by the age of 14.
- ✓ 61% said they drank or took drugs at least once a week.

"I had been on a long binge and I got sick and all I puked up was crystals, tobacco and water (thank you water). I looked into my reflection and my eyes were blank. I could put no feeling into them and felt I was losing myself."

"Many young people drink so often and it is so socially accepted that many don't realize they have a problem or are in denial. It can be so easy to over look and ignore (not even on purpose) and think its not a problem, but it is and can lead to worse. It needs to be stopped before we get older."

"Drugs are a destructive force in the cycle of life. I don't wish addiction on my worst enemy. I've been through a lot in my short life and I never want my addiction to get in the way of my success."

## Stories.....

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The following section is composed of descriptive stories that were compiled by the coordinator. The stories describe interviews that really touched the coordinator and that she felt captured not only the difficulties of children and youth but also their strength.

**“Talking to a Mom** .....was neat because it was different then the typical interviews. We just gabbed and gabbed. She had a different perspective because other parents either felt their kids weren’t using at all or they wanted me to ‘fix their kid’. She talked about living on the east side in a well-to-do neighborhood and being a professional from a well-to-do dysfunctional family. We talked about how you have to present a picture of how ‘everything is okay’ to the rest of society. I really identified with that because I had grown up in that situation and had lived with an alcoholic for two years. She had a hard time explaining it but I really understood. When you live with an alcoholic you are so focused on the other person that you have no time to focus on anything else, and that’s why she couldn’t get help for her kids. It is really hard to put in words, but I totally understood and we had to sit there and gab some more. It was good to hear that perspective. We all hear how well to do people are hiding things. That’s what dysfunction is all about. We have more awareness here than they do on the East Side. She talked about the need for awareness because it is happening in schools.

She didn’t just focus on herself and her situation/neighborhood. She talked about the whole city. She talked about recovery – what she had gone through and how she was able to leave her husband. She is in al-anon and quit drinking herself. She is being accountable for herself and what is happening in her life; taking ownership and doing something about it. She was honest and told it like it was. That was really hard to get from parents. If they weren’t denying it they were saying ‘yeah my kid has a problem, but it isn’t my fault. . . .you have to fix it’. One extreme to the next! I felt really bad for parents. Who knows what to do with kids with addictions and you can’t force anyone to change if they aren’t ready. It is really hard when it is your kid. It isn’t easy to engage parents who have a station in society because they have more to ‘protect’, but this woman was from the demographic we were looking for. It is a challenge to access people who are so focused on their own dysfunction that they don’t have the capacity to even look at their kids.”

One little boy ....(13 years old) seemed not to trust me. When I offered to get someone else, he said 'no, that's okay'. He thought I was a counselor, but I made sure he understood I wasn't. He said he felt sad, that he lived in a foster home and that his mom was a junkie. He didn't know where she was and hadn't heard from her in months. He had to quit school to take care of his siblings. After the interview I referred him to Dory at Youth Services. He was looking for more support he wanted to learn how to deal with his sadness. It was very sad. It was hard to hear because I am a mom and a junkie and this could be my kid. He reached out to me when all I was a researcher. He identified me as an adult who cared. It is sad that there is no other support for this kid. It was hard not to want to take him home and take care of him. "

A young girl .... was talking to me about how she really wanted to get clean and stay off MJ and booze. She was proud of being 4 days clean. I asked her what things help her to stay clean. She said she was doing well when she was in wheelchair basketball. When I asked her why she doesn't do it anymore she said it is because she doesn't have transportation. I thought 'this is terrible!' Something has to be done about that. How will I say 'if you want kids to stay clean you have to reduce the barriers!', like transportation for these kids. I want to make sure we don't lose this, these issues, barriers.

Summing it All UP:.....I can think of so many people. They are so resilient. They make it anyway; despite all this bullshit. One girl was being passed back and forth from her mom and dad, and they would both tell her 'I don't want you'. She started drinking and they would then say 'you're a bad kid, go live with ...' She started running away and was not in school. She confided in her cousin who told her aunt who said 'come live with me' and she was able to graduate grade 12. All she needed was someone to care about her. It really shows how resilient people are.....

Because of my own recovery and how people view me I feel every one of those kids could be clean like me one day. They fight so hard just to survive, it shows such strength. People think youth are apathetic and don't give a shit. I don't see that, I see strength. They don't need to build capacity. The problem is with how people view them. We need to recognize their capacity and accept that they are part of our community. **Maybe the shift doesn't need to come from the youth, but from those of us who want to work with them.**

You see some junkie out there who is stoned out their mind, living on the street and we see only weakness. We don't see how strong that person is, because we are unwilling to look at what and ourselves we need to fix in us. We want to blame everyone else for what is going on in the world and we don't want to take responsibility for ourselves. When we get a little changed and a little healthy we think we know it all and we think we can fix everyone else. It is a way of not

having to look at yourself. When we start to recognize the strengths in others, we see the goodness in ourselves. .... There's hope for everybody!

## 5. Mini Program Evaluation:

A large component of this project was to engage youth who had experienced substance abuse. We hoped to engender a workplace environment that was supportive, thereby, enabling youth to succeed and gain invaluable work experience and skills. We asked youth directly involved with the project, SCC staff who supported the project, and members from the steering committee about their experiences with the Youth Addictions Project.

Based on surveys of team members and a team focus group, the young people involved in the project felt that the YAP has been a great success. Youth felt empowered and supported, although for some more structured support would have been beneficial. They felt they learned a lot, both personally and professionally. The young people were adamant that the valuable information not be lost and that we provide this information to the community, including youth, and that the information be disseminated locally as well as provincially and nationally.

### Best things about the project:

Youth and adults alike felt there were many great things about the YAP. In particular, youth enjoyed working with youth and organizations and as such, meeting new people. Adults also felt that positive steps were made in terms of working collaboratively with youth.

#### 'Youth'

- Meeting people *"The Calder staff were super helpful and I felt better knowing they were so approachable. I knew all the Street Outreach ladies, but getting to ride around in the van and being with them in the clinic was really cool. I got to see their point of view, not as a person receiving service from them. They are very caring"*
- Know what orgs are doing to help youth.
- Working with youth.
- Teaching and helping youth.
- Seeing how many people aren't involved in drugs.
- Checking in with everyone and with myself-supportive work environment.
- Always doing something different.
- The youth forum planning it and doing it.
- I learned things to help myself as an addict.
- Working as a team- *"I really liked working as a team. I think it was really constructive, how we all worked together, and we got a lot done."*
- I learned a lot about addictions.
- I was surprised how willing and happy youth were to participate.

#### 'Adults'

- Learning about how to work with youth in a different way.
- Creating a plan at the beginning.
- The excitement generated from looking at the data.
- Improved relationships and understanding between youth and service providers.

*"When the steering committee and the youth initially met there was animosity between the two groups. During the course of the project that relationship changed".*

- Connections established between 'high risk' youth and more 'mainstream' youth. *"Traditionally these youth are the 'shiniest' stars from their schools and not at all well versed on 'Youth at risk' issues. Both groups worked at understanding each other and were successful at the end of the project by each group supporting each other with intentions to carry on."*
- Breadth of youth who provided input. *"There was a terrific cross section of youth contacted by the project workers. I think that it has given us some things to think about."*

### **Personal Gains from the project:**

Again, youth and adults felt they grew personally through this project. Youth gained more confidence and independence, while adults learned about relationships and felt the benefit of rewarding work.

#### Youth

- Public speaking
- Confidence in my abilities
- Realize that drugs are also in the rich areas and you can't 'escape'
- Financial - *"The pay was good. I felt valued"*
- My views of addictions have really broadened from what I've learned
- Working with youth
- Thinking outside the box
- Meeting with other people like me *"A lot of the time I feel different from the whole world"*
- Have a better understanding of organizations *"I didn't have much of a relationship with any service provides. Now I feel I know them better and would feel more comfortable approaching them about anything."*

#### Adults

- Evolution in relationships and how to negotiate changes
- Feeling like the work I do can make a difference

*"I was completely off welfare for once in my life. I had control over my budget. I didn't have to fill forms or phone anyone. I didn't have to follow someone's policies to get money. I felt good that way. The money was good. I felt valued. It wasn't minimum wage where you have to work your ass off and still live in poverty."*



## Professional Gains from the Project:

Youth felt the training they received would help them in future work and that the work also confirmed for them that they wanted to work with youth. The adults gained insight into the difficulties associated with working with sensitive groups and also some techniques for facilitating this process.

### Youth

- The workshops about research were helpful.
- My public speaking has definitely improved.
- My planning skills have improved.
- I have done this type of thing before but without training.
- It changed my idea that research is boring and stiff.
- I realized I really do want to work with youth.
- I now have some experience working with youth. It is what I want to do.

### Adults

- We saw a lot of our process stuff pay off a) building group (when working with sensitive populations), b) creating clear, agreed upon expectations and consequences,
- Support when working with sensitive groups needs to be intensive and on going.
- Important to use numbers and stories to get the whole picture.

## Weaknesses of the Project:

An obvious weakness or failure of the project was the necessity to terminate the position of one of the coordinators. Youth indicated that the project was very intense and personal from the job interview to the interviews with other youth. Despite the efforts of the team to establish supports, youth felt that more directive and ongoing support would have been beneficial.

### Youth

- The job interview process was very intense and personal. *"It was hard telling the job interviewers about my personal life because I wanted the job so bad."*
- Not all organizations were on side. *We should have spent more time working with organizations before starting to 'collect data'.*
- Some groups did not feel our project was a priority and did not provide adequate time and attention.
- Needed more structured support for the youth involved. E.g., needed someone to organize to have us talk to a counselor every two weeks for an hour, needed set hours.

### Adult

- Changing roles of 'adult' support person due to maternity leave.
- Feeling torn between supporting youth, giving them independence and imposing structure.

- Need to have on the ground support for the youth working on the project.

### **Youth Involvement:**

The project shone, according to the youth involved, in terms of youth involvement and leadership!

- Youth organized the forum with minimal intervention from 'adults'
- It was good for me, I felt totally respected

"You really took a risk with us." "I always think its good when organizations are willing to take a chance on youth especially high risk youth or 'youth on the brink of success'." "I am so proud of SCC and the work it does. It is such a risk. Just having that opportunity." "I said to myself 'I am not going to let these people down. They're giving me a chance'."

### **Resistance to research**

- We found some organizations became defensive when we talked about evaluation and a needs assessment related to substance use and youth. With some organizations we were able to build trust relations with the help of other organizations. With others, the doors were simply closed.

### **Other struggles and such...**

- People had narrow definitions of substance abuse and appropriate supports
- Red tape- getting permission to talk to different people (e.g., clients and students in school systems)
- Some organizations did not have the time to give us the information we needed.
- Disrespect from a few professionals. The Co-ordinators felt that a few organizations (staff) saw them as 'only' youth and did not take them or the work seriously.
- Continue the project to do thorough dissemination. This second part of the project should be longer (multiple years) and should involved more staff time for support and direction as well as more youth brought in at different points in the project.
- The supports set up for project youth were under utilized.
- We worked hard to balance flexibility and structure. Some of the youth needed structure while others needed flexibility.

### **A quick note about youth engagement.**

Youth engagement is very important if we are to ensure that our responses to 'youth issues' are appropriate and effective. This engagement, however, must be meaningful. Workshops have been developed locally and training is ongoing to help adults and organizations become not only

allies but to collaborate with youth towards a better community. Below are a few questions to ask yourself to quickly assess the degree to which you support youth as equals<sup>7</sup>.

- Do I applaud when youth speak up passionately for what they believe in?
- Do I listen attentively when young people talk? Do I validate their feelings and help them move through the feelings to wise decisions.
- Do I model creative problem solving attitudes when I have challenges in my own life?
- In my work and play with young people, do I encourage and help them to be leaders and decision makers?
- Do I question my assumptions about the 'problem kid' on the block or ask myself if there are enough caring adults in her or his life?
- Do I accept the uniqueness and even quirkiness of young people, just as I want others to accept mine?

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<sup>7</sup> Speaking of Developmental Assets: Presentation Resources and Strategies, copyright 2001 by Search Institute, Minneapolis, MN.

## SECTION 6- CONCLUSIONS AND RECOMMENDATIONS

This section provides a summary of our results to highlight the extent to which we met our objectives and the most important findings. We finish this section and the report with a short list of recommendations.

### **Original objectives:**

#### **a) to provide youth with employment, job skills, and access to community networks,**

According to the project staff (youth) they felt they were paid fairly and that their work was respected. Youth also felt they gained many useful skills and connections within the community that would help them in their future work.

#### **b) to improve relations between youth and addictions workers,**

Project staff felt they connected well with most service providers. Project staff and organizational staff, however, felt that the project staff could have been better integrated or included in the host organization. More thought will need to be put into this aspect of future work that involves an organization hosting a youth project.

#### **c) to educate youth and service providers about the other's perspectives and needs,**

Youth reported learning a lot about organizations and services in the community. More time should have been dedicated to building trust between project staff and the host organization, which may have enabled more collaboration.

#### **d) develop a vision and plan to support vulnerable children that is agreed upon by many stakeholders, thereby increasing the likelihood of its implementation.**

We have gathered valuable data with this project from many perspectives that will be used to inform service decisions about support services for youth. We realized, however, part way through the project that an actual blue print would need to be developed through a collaborative process that involved the broader community and those who work directly with youth. As such, we are recommending that a second project be initiated to conduct community consultations that will include data presentation and discussion of implications that will lead to a more concrete plan for substance abuse support for children and youth.

## Conclusions from the data:

- ✓ Many youth in Saskatoon are using drugs and or alcohol.
- ✓ Youth are beginning to use drugs and alcohol younger.
- ✓ Youth are using many different drugs and frequently.
- ✓ As youth get older they use more frequently, use more kinds of drugs and more dangerous drugs.
- ✓ 1/2 of the youth start drinking and using drugs between the ages of 12 and 14.
- ✓ Females start using drugs and alcohol earlier than males.
- ✓ Males and females have different preferences in activities (e.g., males prefer sports, females prefer going for coffee).
- ✓ Youth at different ages prefer different activities (e.g., youth 12-14 prefer using the computer, youth 19-24 prefer dancing).
- ✓ 19-24 year olds engage in the fewest activities.
- ✓ Females use more frequently than males.
- ✓ Females smoke a bit more than males.
- ✓ More females have tried to quit than males.

In our review of the current literature we found some information that we thought was important to keep in mind when make a plan for substance abuse treatment for youth in Saskatoon:

- ✓ Males and younger youth tend to access treatment less, therefore, special attention to ensuring supports appropriate for males and children.
- ✓ Supports must include follow up to intensive or residential treatment.
- ✓ Supports must include family where possible.
- ✓ 'Treatment' must include a reintegration back into the community component- with strong emphasis on life skills.
- ✓ Forced treatment is rarely successful.

Youth, organizations, and parents listed many supports that helped them. The two biggest supports listed from youth were: 1) keeping busy (i.e. sports) and 2) positive supports from peers and adults. As youth age they see more clearly how drugs and alcohol have had a negative impact on their lives. These negative impacts range from trouble in school to getting involved in the sex trade. Parents feel they personally need more support. Many parents tried to get help for their children, while others felt the obstacles were too great.

Professionals report unanimously that fear tactics, forced treatment, and preaching abstinence are ineffective. Professionals also reported that unhealthy environments make it difficult to quit using substances and even more difficult to stay 'clean and dry'. Flexible, low cost options in the community, schools taking an active role in substance abuse prevention, keeping kids in school and teaching life skills were the most popular suggestions among professionals. Professionals reported that youth are successful in overcoming substance abuse when they are involved in structured activities they enjoy and when they have supportive and meaningful relationships with adults (preferably parents) and peers.

## Conclusions about the project itself:

- ✓ Overall our project was very effective at engaging youth.
- ✓ Ongoing consistent support is essential when working with 'kids on the brink of success'
- ✓ Power imbalances always needs to be considered and addressed
- ✓ Time spent on establishing trust and a team environment is worthwhile
- ✓ Youth 'on the brink of success' can gain needed work experiences in a supportive environment while contributing to their own healing and community.
- ✓ Working with youth and in particular youth with substance abuse experience is very challenging.
- ✓ Structure and flexibility are both necessary and there is not one 'right way' to work with youth.

## Community Response

As can be seen from the findings, substance use and abuse among our children in youth is a citywide issue and our responses and supports need to include commitment from the community as a whole. Although the substance use of some children/youth may be associated with economical difficulties, poverty does not account for the breadth of the use. It is not accurate or useful to associate a particular part of the city with this issue. Our community has created this issue, and our community must resolve or many of our children will be lost.

## Recommendations:

For upcoming projects we recommend a **broader range of youth project staff** (age, gender and socio-economic status) to work on the project. The project staff's needs (i.e. personal supports and guidelines) should be identified and structured policies put into place. We do suggest a **consistent ongoing adult staff presence**.

In terms of the findings; as was mentioned above **this work needs to continue in order to disseminate the findings of this project**. Before dissemination takes place however, we suggest a minimal amount of **additional data collection** to ensure that the sample is a better representation of Saskatoon youth. First, we suggest to purposefully sample more older youth from high socio-economic status neighbourhoods. Secondly, we suggest to purposefully sample more 9-11 year olds from all neighbourhoods.

Because so much data have been generated, **a blue print for substance abuse treatment for youth in Saskatoon should be developed**, which should take into account the broad needs of the children and youth in Saskatoon and must not consist of only one treatment option. The community should be as actively involved as possible in this planning process. The data should be presented back to the community and discussed in such a way that concrete suggestions are generated through broad consultation and planning. **Any support services proposed need to be varied and creative.**

*Each youth had a unique story and what worked best for one was the worst failure for another.*

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## SECTION 8 - Appendix

### Partner List – Working Group to Stop the Sexual Exploitation of Children

Saskatoon Health Region - Public Health Services, Street Outreach

Canadian Red Cross

Egadz

Multi-Faith Justice Circle

Tamara's House

Red Willow Children Centre (DCRE)

Addiction Services – Community Outpatient

Legal Aid

Saskatoon Police Services

SEYSO

Saskatoon Refugee Coalition

Saskatoon Tribal Council

*For more information on various documents available (resources developed, etc), please contact Saskatoon Communities for Children at 956-6147 or [www.members.shaw.ca/cmmties\\_children](http://www.members.shaw.ca/cmmties_children).*