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Substance Abuse

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# Youth Voices on the Prevention and Intervention of Youth Substance Abuse

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## Sommaire exécutif

Cette étude qualitative porte sur le témoignage et la vision des jeunes d'une ville du nord de la Colombie-Britannique en matière de consommation et d'abus d'alcool et autres drogues. Les jeunes à risque âgés de 15 et 19 ans ont exprimé leurs perceptions face à l'alcool et autres drogues, ils ont parlé de ce que signifie pour eux la 'sobriété' et ils ont présenté leurs témoignages et leurs expériences face à l'alcool et autres drogues. Ils ont également offert des conseils sur l'élaboration d'activités et de programmes de prévention qui connaissent du succès auprès des jeunes. Les conclusions de cette étude proposent de l'information utile aux personnes intéressées par le problème de consommation d'alcool et autres drogues chez ce segment de la population. Les stratèges, les planificateurs de programmes, les fournisseurs de services, les parents, les enseignants et autres intervenants peuvent tirer profit des conseils et commentaires de ces jeunes. Le présent rapport aborde également la question de la recherche axée sur les jeunes à titre de méthodologie de recherche innovatrice servant à étudier la consommation d'alcool et autres drogues chez les jeunes. Cette étude souligne notamment les succès et les défis auxquels sont confrontés les intervenants qui mènent des recherches avec leurs pairs.

L'analyse des travaux du groupe de discussion apporte une perspective dans trois domaines; la pensée des jeunes au sujet de la consommation et de l'abus d'alcool et autres drogues, les raisons qui motivent la consommation de ces substances parmi les jeunes, et les perspectives à l'égard des services et des programmes offerts dans les régions nordiques. Ces discussions laissent entendre que certaines influences dans l'environnement d'un jeune (y compris sa famille, ses amis et sa collectivité) ont un grand rôle à jouer dans la consommation d'alcool et autres drogues chez les jeunes. La tendance observée dans les réponses suggère par ailleurs que la consommation de ces substances chez les jeunes constitue pour eux un mécanisme de défense face à certaines situations, et une certaine forme de rébellion. Les services et programmes qui connaissent du succès chez les jeunes présentent habituellement quatre

caractéristiques : environnement convivial et accueillant, employés ayant des expériences de vie similaires à celles des jeunes, et avenue permettant aux jeunes d'influencer l'orientation du programme; l'étude suggère également qu'un programme fructueux intègre des jeunes qui travaillent avec, et pour la jeune clientèle.


Outre les discussions et les conclusions de l'étude, ce rapport s'efforce d'inclure autant que possible les paroles des jeunes participants, ce qui permet aux lecteurs d'étudier par eux-mêmes leur vision et leur pensée.

## Acknowledgments

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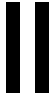


## Executive Summary

This is a qualitative study that examines the voices and views of youth in a northern British Columbian city regarding substances and substance abuse. At risk youth aged between 15 and 19 discussed their perceptions about substances, what it means to be 'clean', and offered their stories and experiences with drugs and alcohol. The youth also offered advice regarding developing prevention activities and programs that are successful for youth. The results of this study offer valuable information for those interested in substance use and youth. Policy makers, program planners, service providers, parents, teachers and others can benefit from the candid advice and insight offered by these youth. This report also discusses youth-driven research as an innovative research methodology used to conduct a study on youth substance use. Specifically, the paper highlights some of the successes and challenges of youth researchers conducting research with their peers.

Analysis of the focus group discussions provides insight into three areas; youth thoughts on substances and substance abuse, reasons for substance use among youth, and perspectives concerning northern services and programs. These discussions suggest that influences from within a young person's environment (including their family, friends, and community) play a strong role in youths' substance use. Trends in responses also suggest that youth have used substances as both a coping mechanism and for purposes of rebellion. Successful programs and services for youth will generally have four characteristics; a friendly and welcoming environment, employees with similar life experiences to the youth, and an avenue for youth to influence the program direction; the research also suggests that a successful program will also have youth working with and for the youth clientele.

In addition to the discussion and findings, this report incorporates the words of the youth participants whenever possible, allowing readers to explore the perspectives and thoughts of these youth for themselves.



## Introduction

During the early spring of 2002, staff (including students and youth), researchers, community advisors, and others working with the Centre of Excellence for Children and Adolescents with Special Needs, the UNBC Task Force on Substance Abuse, mused over what many believed was a straightforward and trouble-free project plan: invest effort and resources in mounting a youth driven research project investigating youth substance abuse. Specifically, the goal was to engage a team of youth researchers (ages 18-29) for the purpose of documenting youth perspectives on drug and alcohol use, in addition to identifying youth-originating strategies regarding substance abuse education, outreach, prevention and intervention. The premises of the project plan were that 1) community-based participatory research was well documented as a successful research tool (Barnsley & Ellis, 1992; Kirby & McKenna, 1989; Maguire, 1987), 2) a youth driven research project would increase capacity within identified youth communities and community agencies in a northern British Columbian community, 3) there existed a dearth of research about substance abuse that both reported on youth and was led by youth researchers, 4) Prince George (the planned location of the research project) is a northern urban area and thus research forthcoming from the city may have transferability to other northern locals, and, 5) the need existed to understand, from a youth perspective, potential success strategies when addressing the issue of youth substance abuse.

The youth on youth research project grew to be more than university ethics reviews, literature reviews, focus groups, key information interviews, data analysis, and report writing. The youth on youth research project undertaken by the UNBC Task Force on Substance Abuse became a project about process. The processes around which the project centred included, 1) how to ensure balance between the expectations and perspectives of a youth-led research team and the demands of a research institute located at a university, 2) how to train youth researchers to work with their peers, 3) how to simultaneously ensure community relevancy and academic rigor, and 4) reaching agreement on what the final product of the project would be. The transformation of a research project into a research process is not unusual when working with youth (Litt, 2003) nor when undertaking community-based participatory action research projects (Maguire, 1987).

Combining a youth-led, youth-based project with participatory action research resulted in the unique endeavor that is the project *Youth Voices on the Prevention and Intervention of Youth Substance Abuse*.

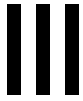
In so far as the project was equally about research and results as it was about process, a great number of people became involved. A core team of four 'youth researchers' worked in conjunction with community youth groups, youth counselors, street youth, social workers and academics in order to establish the guidelines of an ethics review, potential questions and themes for focus groups and key informant interviews. Arriving at agreement on what research questions to ask and how to ask those questions was part of the research process. As the project concerned the potentially volatile and emotional topic of youth substance abuse, potential key informants and focus group participants voiced the desire to "be part of the process": ultimately, community consultations regarding where the focus groups would be done, how the data would be reordered, who would facilitate the process, and how validation of the information would occur, all became integrated into the research process. The focus group and key informant component of the research was conducted by a team of youth, with participation and guidance from community members. In total, four focus groups were conducted, eliciting participation by over 25 youth between the ages of 15 and 19. Five young women were former street workers, many of the youth identified as either (at the time of the research) being directly involved with, and actively using, drugs and alcohol or as having recently transitioned into a "clean lifestyle". Six of the young women participants were mothers, while several other youth identified as being the primary care giver to a younger sibling or relative.

This project draws attention to a number of factors influencing the use of drugs and alcohol by at risk<sup>1</sup> youth living in a smaller resource dependent community in northern British Columbia. It offers the perspectives and stories of young people, as elicited and documented by their peers, of what

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<sup>1</sup> As articulated by Thompson and Kelly-Vance (2001), the term "at risk" (when applied to youth) can mean a variety of things from activities to perspectives, from behavior to environmental factors. For instance, an at risk youth may be someone who engages in activities that increased the likelihood of adverse physiological, social and health effects. At risk also suggests engagement with risky behavior, including early sexual behavior, truancy, use of drugs, alcohol or tobacco, running away from home, and associating with delinquent peers. Finally, a youth may be at risk due to exposure to certain environments, including poverty, dangerous neighborhoods, and dysfunctional families. (228)

would constitute meaningful prevention and intervention programs relating to youth substance abuse. Geographic, economic, social and cultural factors were all identified as intersecting in the lives of Prince George youth who were actively using drugs and alcohol, or who had recently transitioned into a non-using lifestyle. Education, honesty, unwavering support, youth input, social security, and community-wide participation were all identified as factors needing to be incorporated into policy or programming designed to address the issue of youth substance abuse. The results of the research add to existing studies regarding youth and substance use: the process of conducting youth on youth research is also outlined in the hope the information will add to a growing body of work regarding youth engagement and community-based participatory action research.



## Background

### A. Youth at risk in Prince George

The term 'at risk,' when it involves substance use, refers to youth who may be in a variety of life circumstances. Risk factors are present at the societal and community levels, and the family and individual levels. Societal and community factors include the factors that influence the general health of a population; including employment, income, educational levels, working conditions, and social status (Roberts et al., 2001). Other research shows that community and societal risk factors specific to substance use include "prevailing social norms and attitudes toward substance use, the prevalence of crime in a neighborhood, the price and availability of various substances, and economic conditions" (Roberts et al., 2001, p. 23).

As a community, Prince George may be susceptible to youth substance use for a number of reasons. Statistics from within the Prince George health region<sup>2</sup> show youth appear to be at greater risk according to a variety of factors in comparison with British Columbian averages. These community risk factors include employment and income statistics, education levels, crime rates, and levels of alcohol consumption.

In comparison with BC averages, households in Prince George have higher income levels under a variety of measures, such as higher average family incomes (\$60, 502 in Prince George versus \$56, 527 in BC) and fewer incidence of families with incomes lower than \$20, 000 (12.6% in Prince George, versus 15.2% in BC). However, female lone parents in Prince George had lower incomes compared with BC (\$26, 475 versus \$28, 448). Prince George has 7.8% of its population receiving BC benefits, compared with a provincial average of 5.3% of the population. Prince George has 34% of its income dependent on the primary (resource extraction) sectors (compared with 12% of

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<sup>2</sup> These statistics are from BC Stats of the former (now replaced by the Northern Health Authority) local Health Area 57 – Prince George, which covers a region that includes the communities of Prince George, McBride, Valemount, and Mackenzie. Statistics are current as of the year 2001.

provincial incomes), which makes Prince George more vulnerable to economic swings or downturns in the economy. Prince George children aged 0-18 and young adults aged 19-24 are more likely to be receiving BC Benefits than the rest of BC, with 11% of the Prince George region's children aged 0-18 receiving these benefits compared with 7.8% provincially, and 11.4% of Prince George's young adults are receiving BC benefits, compared with 5.9% provincially. Those aged 19-24 are 15.2% of Prince George's Employment Insurance (EI) beneficiaries, compared with 11.2% of BC's EI beneficiaries.

Levels of education are another community risk factor to be considered. Lower education levels are considered to be an increased risk for substance use or misuse; not completing high school is considered to be strongly associated with risk for substance misuse (Thompson & Kelly-Vance, 2001), although it is interesting to note that dropping out of high school is not necessarily an indication of poor school performance or aptitude given that many school dropouts "experience alienation in the school system even though they may have satisfactory records" (Roberts et al., 2001, p.24). In Prince George, 36.6% of 18 year olds did not graduate, compared with 27.3% province wide. Prince George also has fewer people with Post-Secondary qualifications (certificate, diploma, or university degree) with only 36.6% of its population having these qualifications compared with 43% throughout BC.

Higher community crime rates are another risk factor for youth substance misuse. Prince George has higher violent crime rates and higher property crime rates than the British Columbian averages. The total 'serious' crime rates (violent and property combined) for the Prince George region are 20.8 crimes per 1000 population versus 17.6 per 1000 population for BC as a whole. Juvenile crime rates are also higher in Prince George with 12.0 offences per 1000 population in Prince George compared with 8.2 offences per 1000 population in BC as a whole.

Prevailing social norms and attitudes toward substance use is another factor that will influence the use of substances by youth. In Prince George 66 litres of alcohol per person were consumed per year, versus 57 litres of alcohol per person throughout British Columbia. It may be extrapolated

that these increased levels of alcohol consumption are indicative of a social milieu (norms and attitudes) that is likely more tolerant of alcohol consumption and less likely to promote abstinence from drinking. In addition, increased per capita consumption may indicate an increase in youth's exposure to alcohol, another risk factor for youth substance misuse.

Risk factors intersect with protective and resiliency factors to generate a picture of the youth's susceptibility regarding issues with substance abuse; these risk factors, however, are only one part of a complex picture of community factors in the lives of Prince George youth. It appears when viewing these comparisons collectively, that for most readily measurable community risk factors, Prince George looks to be at greater risk than British Columbia as a whole.

## **B. Youth and substance use**

Information available regarding the substance use patterns of Canadian youth often rely on student surveys. While these surveys can provide a general overview of substance use patterns by youth, they will not include youth who are in institutions, home-schooled, or have dropped out of school. There is also evidence that youth who have dropped-out of school are at higher risk or are already involved in substance use (Eggert & Hertig, 1999 cited in Roberts et al., 2001).

Alcohol, tobacco, and cannabis are the most commonly used substances for youth (Roberts et al., 2001). The Centre for Addiction and Mental Health has reported that (after a period of decline from 1979 to 1990) the use of both legal and illegal substances by youth has been on an upward trend since its 1990 low (Roberts et al., 2001). Street related youth are more likely to use all types of substances (from cigarettes to cocaine and injection drugs) and are more likely to engage in heavy use (Roberts et al., 2001). In addition, attitudes of youth toward using substances are changing toward a more tolerant view; experimenting with various substances is less likely to be perceived as risky or to be met with moral disapproval by students (Roberts et al., 2001).

With the use of substances come risks and possibilities for harm. Harm can include alcohol and

drug problems and problematic use (generally considered to be when substance use interferes with daily living); additive or synergistic effects when taking more than one substance; injury and damage to property; engagement in unplanned sexual activity while under the influence; and injection drug use is associated with a risk of the transmission of HIV, Hepatitis C and other blood born diseases. Injection drug use is also associated with sex trade work, trading sex for drugs, and sexual activity with other injection drug users (Roberts et al., 2001).

The original purpose of this investigation (brought forth by the youth researchers) was to look into some causes as to why youth start using substances. While not necessarily answering why, substance use prevention research indicates factors in a youth's life and circumstances that are more likely to lead to substance use, abstention, or use that is primarily experimental and does not lead to harm. These protective, risk, and resiliency factors are evolving and are by no means concrete; however they do lead us to begin to understand when (if not why) it is that youth will become involved with substance use or abuse.

Höfler et al. (1999) articulate how risk and vulnerability factors can manifest in a variety of ways for youth. These ways include societal and environmental factors, personal and interpersonal variables, and issues related to the substances themselves. Societal and environmental factors include age, gender, education, and location of residence. Issues related to the substances include: substance availability; societal, local, and peer attitudes toward substance use; personal and familial history of use and; age of first use. Personal variables include levels of self-esteem and life skill competencies, coping abilities, issues related to behaviour and conduct, levels of daily stress and its impact, mental health, prior experience of personal trauma, developmental factors from early childhood such as early separation or loss of parents. Interpersonal and family variables include family history of substance abuse and peer group association (Höfler et al., 1999).

To generalize then, a youth at risk for substance abuse will be relatively older, is more likely to be male (although Currie [2001] notes that gender differences in substance use are smaller in youth compared with other age groups), with less education, and living in a neighbourhood that offers

exposure to substances. The at risk youth would live in an atmosphere of general tolerance toward the use of substances, might have used substances in the past or have family members who are substance users, and the younger that individual was when he or she first started using or experimenting with substances makes that individual more likely to have future problem use. Finally, the at risk youth may have low self esteem, and have poorer life-skill competencies and coping abilities. These youth may be in circumstances of high daily stress, have mental health issues, and/or have experienced personal trauma in the past, such as emotional, physical or sexual abuse (Höfler et al., 1999).

While this image of the 'at risk' youth offers a convenient reference point, others will point out the heterogeneity of youth and their risk factors. Blake, Amaro, Schwartz and Flinchbaugh (2001) note that Jean Baker Miller's self-in-relation theory drew attention to the differences between the ways boys and girls develop, and that these differences will have implications for many fronts including substance abuse prevention and intervention. Blake et al. (2001) also remarked that by 1995 there was mounting evidence that girls and boys differed in their reasons for substance use and differed in their substance use related needs and problems.

Street youth use tobacco, alcohol and other drugs at rates substantially higher than non-street involved youth (Greene, Ennet, & Ringwalt, 1997; Yates, Mackenzie, Pennbridge, & Cohen, 1988). These youth are also more likely to be involved with a type of drug use that is more likely to lead to poorer health outcomes, such as a medical diagnosis of drug abuse (Yates et al., 1988) and injection drug use (Roy, Haley, Leclerc, Cédras & Boivin, 2002). While 'street youth' as a group may be similar in some of the life circumstances they face, street youth are by no means a homogenous group (Caputo, Weiler, & Anderson, 1997). As Kipke and Unger (1997) have shown, street youth often associate with distinct peer groups, and those groups have different patterns of substance use, use of services, and means of subsistence. For example, some the peer groups identified in the Kipke and Unger's study (1997) included 'hustlers', 'druggies', 'surfers/skaters', 'transgendered/drag queens' and 'punks/skinheads'.

One study also shows striking differences between rural street youth and urban street youth (McCreary Centre Society, 2001). A comparison between the northern rural community of Prince Rupert street youth with Vancouver street youth suggests that Prince Rupert street youth were far younger (with over fifty percent 16 years old or younger) and far more likely to be living in permanent housing than on the street or in a shelter than their counterparts in Vancouver. The Prince Rupert street-involved youth were less likely to have ever used alcohol or other drugs and less likely to be using substances more heavily than their Vancouver counterparts (substance use rates typically increase with age) (McCreary Centre Society, 2001). Considering rural street youth are younger (according to data available from the McCreary Centre study), substance use rates typically increase with age, and the knowledge that most urban street youth are comprised of rural youth (Voakes & Baker, 2003), may indicate a process whereby rural youth become involved with the street in their rural regions at a young age, and then migrate to urban centres when they are older. Once in an urban centre, they conceivably become more heavily involved in substance use, are less likely to have access to permanent housing with parents or friends, and thus end up sleeping in shelters, on the streets, or in abandoned buildings. While this is a hypothetical explanation, it could explain some of the differences between rural street youth and urban street youth.

While the site of this study (Prince George which has a 2001 population of 81, 506) is not considered rural, it does serve rural populations in the area for many health, social, and justice-related services, and Prince George (or urban places in general do) commonly act as a destination for migrating youth, and particularly migrating at risk youth. For example Voakes and Baker (2003) found that inner-city youth were comprised primarily of rural youth. A survey of street youth in six different British Columbian locations found that the majority of urban street-involved youth (76% of Vancouver youth and 51% of Victoria youth) were originally from different areas (McCreary Centre Society, 2001).

The formerly held notion that drug use and abuse is primarily a concern of urban locales is quickly being shattered in many countries (Cronk & Sarvela, 1997; Forsyth & Barnard, 1999). Results

from the second McCreary Centre Society Adolescent Health Survey suggest northern British Columbian students using alcohol and marijuana at slightly higher rates than British Columbia as a whole, and the use of other illegal drugs by northern BC students is about the same as students in the province as a whole (McCreary Centre Society, 2000b).

Although Aboriginal persons are often thought to be of higher risk or more likely to be vulnerable to substance abuse, when comparing survey data regarding substance use between Aboriginal students and non-Aboriginal students in British Columbia, differences between the groups are not substantial (McCreary Centre Society, 2000b). According to the 1998 Adolescent Health Survey, Aboriginal students are more likely to smoke tobacco (28% compared with 15%), and more likely to have done binge drinking within the past month (51% of Aboriginal students compared with 43% of non-Aboriginal students) (McCreary Centre Society, 2000b). The same survey also found that Aboriginal students were “somewhat more likely than other young people to have tried drugs other than marijuana” (McCreary Centre Society, 2000b, p.21). However, during this study there was no significant difference found regarding use of inhalants, heroin, or misuse of prescription drugs (McCreary Centre Society, 2000b). Of the students who have ever tried marijuana, the percent of Aboriginal and non-Aboriginal students who had used marijuana in the past month was identical at 52% (McCreary Centre Society, 2000b).

While rates of substance use (other than tobacco) were similar between Aboriginal and non-Aboriginal students, street youth are far more likely to have problems with substance use, and Aboriginals are highly over-represented in the street youth population (McCreary Centre Society 2000b; McCreary Centre Society, 2001). A similar survey to the Adolescent Health Survey was done involving street youth in 2000<sup>3</sup>. Over one quarter (28%) of the street youth survey self-identified as Aboriginal, compared with only 6% of the school-based survey participants (McCreary Centre Society, 2001). Of those surveyed in Prince Rupert (the only northern and rural town in this study) 76% street youth identified as Aboriginal (McCreary Centre Society, 2001).

A direct comparison between street-involved Aboriginal youth and Aboriginal students showed dramatic differences in life experience and substance use patterns (McCreary Centre Society, 2000b). Nearly all (97% or 98%) of street involved Aboriginal youth have used marijuana and alcohol and approximately three quarters of them were 12 years old or younger when they first tried these substances (McCreary Centre Society, 2000b). Sixty-five percent of Aboriginal street-involved youth had used marijuana 100 or more times in their lifetime, while only 15% of Aboriginal students had done the same (McCreary Centre Society, 2000b).

Lesbian, gay, bisexual and transgendered youth may also be more likely to encounter the risks associated with substance abuse. Their marginalization can lead to stress, rejection, or abuse from the family, school, and/or peers. These youth may face homelessness, verbal, physical and sexual abuse, depression, and other factors that may contribute to substance use and other health problems (Simpson, 1994).

These findings point toward the complexity of issues surrounding youth substance use or abuse. While statistics regarding rates of use between (for example) Aboriginals and non-Aboriginals or between low and higher income individuals may make it appear that one group is at a higher risk for use. However a closer look at the research shows that substance use is more likely related to root factors, including social, economic and environmental circumstances; racism; and violence and abuse. These circumstances may lead to stress, depression, and low self-esteem and (without alternate coping and problem solving mechanisms, or social, family and peer supports) can result in substance use as a means of coping. Ultimately, high risk groups (such as homosexual youths or Aboriginal youths) are composed of individuals who unto themselves do not necessarily have a greater penchant for alcohol or other drug abuse, but who are, however, more likely to face circumstances in our society that lend themselves more strongly to substance use and abuse.

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<sup>3</sup> The majority of these youth polled were urban youth, however 110 of the 523 participants were from either Prince Rupert or the Sunshine Coast.

# IV

## Methods

### A. Participatory and youth driven research.

Youth on youth, or youth-driven research is not as of yet commonly practiced. However, the concept of youth engagement is gaining appeal (Taylor, 2002). Research that is conceived, developed and led by youth, in order to research other youth, draws from the concept of participatory research, or participatory action research (PAR). Participatory research has numerous definitions and is practiced in a number of ways. In general, participatory research involves a methodological process whereby those involved with the issue being researched are also involved in the research development and process. Most promoters of participatory research also believe there should be an “action” phase to the research, whereby what is learned from the research and through the research process is “acted upon” or actualized in a meaningful way for the community being researched. Participatory research is then thought to be practical, to deal with ‘real’, rather than theoretical issues, and is commonly promoted by and centred upon social issues and issues for marginalized populations (Barnsley & Ellis, 1992; Maguire, 1987).

Rather than simply being a set of techniques, participatory research “aims to develop critical consciousness, to improve the lives of those involved in the research process, and to transform fundamental societal structures and relationships” (Maguire, 1987, p.4). Instead of simply studying the issue of youth substance misuse by having a youth-led process, this project aims to engage youth in research, to engage and empower youth in their community, and to develop consciousness and awareness regarding substance use within the youth researchers.

Many of the advantages of PAR for performing research on this topic centre on the relationships between those performing the research and the research participants. In this project, performing research in this youth-driven way allowed the project to enlist abundant community support within local youth-serving agencies. These agencies were very supportive and provided valuable feedback and suggestions for focus group questions and for the focus group process; they also hosted focus groups at their agencies and helped to recruit focus group participants. It is also

thought that youth-led focus groups allowed for a more open dialogue with the participants than would have been allowed with non-youth researchers from a more academic background. In addition, having the project directed and organized by youth greatly influenced the research questions, direction, and process. Disadvantages can also be seen by using this form of research approach. The researchers are considerably less experienced with doing research than if the research had been performed by those with a more academic background. Also, with fewer boundaries differentiating those who are being researched and those who are performing the research, there can be a greater potential for researcher bias.

This research also yields advantages and limits as a qualitative (versus quantitative) study. Qualitative methodology was chosen as it is most appropriate for the research question “why do youth begin to use drugs”. This is a question that simply could not and has not been adequately addressed by quantitative methodological means such as surveys (whereas surveys and other quantitative research have identified ‘risk factors’ associated with youth substance abuse, it has not addressed the question of “why youth begin to use drugs”). Second, performing qualitative research and incorporating the youth’s words into the report adds a perspective not commonly included within the field of youth and substance abuse; while student surveys and service-usage data analysis are common, qualitative research is less common in the available research. As a downfall to this approach, the qualitative results and findings cannot be compared with existing quantitative information, nor can it be said to represent the population studies as a whole.

## **B. Data collection and analysis**

Data for this study was collected under the rubric of community based participatory action research wherein youth were trained to work with their peers in efforts to collect and authenticate information through focus group methods.<sup>4</sup> In total, four small focus groups were implemented and 21 youth

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<sup>4</sup> The youth researchers for this project consisted of two under-twenty research assistants and two under- thirty research coordinators. All four of the original youth researchers were fairly new to performing qualitative research from primary sources. Incidentally, (while direct questions were not asked) none of the youth research team presented themselves as having first-hand lived experiences with substance (ab)use. However, extensive consultations were done within the community that sought to offset this lack of first-hand knowledge.

partook in these focus groups. All focus groups were developed in conjunction with local community organizations and youth participants were also involved in the development of the focus group questions. Staff at two local youth-serving organizations were instrumental in encouraging youth participants to attend the focus groups. Participants were invited to attend based on their age (15-19 years old) and connection with the local agencies. In other words, agency staff would invite youth to attend based on their knowledge of the youth, and if they felt the youth could identify with the research topic. The focus groups were always co-facilitated with a youth under the age of 20 and data was transcribed and tabulated by a youth driven team of researchers. Four focus groups of approximately two hours in length were held at the local agencies.

This research followed the guidelines of, and was approved by, the University of Northern British Columbia's Research Ethics Board. These guidelines ensure participation is voluntary and data remains anonymous and confidential. Prior to undertaking the data collection, the minimum age for being capable of providing informed consent to participate in this research was decided by the research group to be 15 years-old. All focus group participants were between the ages of 15 and 19. The research process was explained to the participants and consent was obtained prior to each focus group.

The focus groups were recorded and transcribed verbatim. The data analysis for this paper was performed by two researchers who were not part of the initial 'youth' research group<sup>5</sup>. Analysis methods were influenced by Rubin and Rubin (1995) and Kvale (1996). Data were analyzed thematically by researchers who read and analyzed the transcripts for recurring themes under which all discussions could be classified. Themes and data coding (placing data into an appropriate theme) were ultimately reviewed by each researcher.

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<sup>5</sup> The two researchers that performed the data analysis for this report are both, incidentally, under the age of thirty. These researchers are employed by the Centre of Excellence for Children and Adolescents with Special Needs to perform research, and have been performing research in an academic setting for two or more years. Neither researcher claims to have first-hand or lived experiences regarding substance (ab)use. Therefore, while technically youth analyzed and written, the participatory aspect of this research report can be considered to cease after the data collection process.

# V

## Discussion

Youth participating in four focus groups expressed their perspectives on eight focus group questions. Three major discussion topics emerged from their responses to the questions. The first topic on which youth were asked to respond concerned youth perceptions of substances and substance abuse. Throughout the focus groups, participants spoke about their perceptions of substance and substance abuse, debated issues such as the legality and illegality of different substances, and discussed problems associated with substance abuse. The second issue participants discussed centred on their opinions regarding the reasons for substance use among youth. The major reasons identified with reference to youth substance use included: the influence of families, friends, the community and the environment; a means of escape and coping with problems; rebellion; and, factors involving youth's perception of risk and effects of substances. The third topic of discussion during focus groups concerned local programs and services in Prince George. In reference to this topic, participants spoke about what they found helpful in existing programs and services, and what they would like to see in the future for services and programs for youth.

### **A. Youth thoughts on substances and substance abuse**

During all focus groups youth spoke about their perceptions and definitions of substances, substance abuse, and problems associated with substance abuse. Participants also spoke about laws related to drugs and alcohol. Two different perceptions about substances were brought up by participants. Some of the participants considered the term 'substances' in reference to its more technical definition, observing that "a substance can be anything that is consumed" from "ice tea" and "chocolate" to "heroin". Others thought of it more in terms of its common usage referring to drugs and alcohol, stating that "a substance is something that changes the way you're feeling at the time" or that "it changes your perceptions and your way of thinking". One participant commented that "a substance is like a mood alterer". "A substance also can be something that helps you, like a prescription drug" was another comment on this topic.

Youth perceptions of substance abuse were varied and were commonly associated with concepts such as “overusing”, “continuous usage”, and “becoming addicted” to a specific substance. Participants believed that, in their words, substance abuse is “when you are out of control”, when you “become a slave to the drug”, and when one “spend[s] every last dime on drugs”. One participant brought up the following example as an illustration of substance abuse:

I have an uncle who’s an alcoholic. He sits in a bar from the time he wakes up until the time the bar closes and has to drag him out of the bar. But I could go down there and have a drink with someone and I could walk in the bar and be fine. The difference between him and me is that I don’t care about drinking. I don’t revolve my life around the drug [but he cannot live without it].

Another participant felt the abuse of substances could be identified by changes in the ways a person relates to others, observing that “like you stop giving, when you start drinking you stop caring about all the things that aren’t [drinking]...you just shut it off, shut each other off, and you keep drinking ‘cause you don’t want to deal with it. You want to keep boycotting.”

Participants spoke most frequently about alcohol, marijuana (usually referred to by the participants as ‘pot’), tobacco, cocaine (and crack), and crystal “meth” (a methamphetamine derivative). Though talked about less frequently, participants also discussed ecstasy (E), heroin, speed, and a variety prescription and over-the-counter medications, such as sleeping pills, anti-depressants, Ritalin, and codeine (T3’s). Heroin, cocaine, ecstasy and speed were seen as “hard drugs” that were more addictive and had more harmful effects on the body. Tobacco was recognized as one the most addictive substances, but was also thought of as separate or different from other drugs and alcohol because participants believed it not to have the same type of behaviour altering effects. It was also noted that tobacco is different from other substances because it is legal and accepted by society. One participant, however, recognized similarities between smoking and using other drugs, observing that “you are looking for something to turn to... I didn’t pick up smoking because I thought that Joe Blow over there puffing on a dart was cool. I just tried it for the thrill”.

When comparing different substances, participants perceived marijuana as a less addictive and less harmful drug. The perception that pot is not as addictive as other substances was brought up by one participant who said, "I don't even really know anybody that finds pot addictive. I know people that have smoked [it] for four or five years and have just quit right there on the day and never want to touch it". It was also widely believed that pot is not as harmful as other drugs and, when speaking about the effects of marijuana on the body and mind, participants noted both that "pot mellows you out, makes you hungry and then makes you want to sleep. It calms you down" and that "when you are stoned on pot, you are relaxed and everything is just happy". Youths did, however, note that long-term consumption of marijuana has some side effects and can lead to a sluggish memory and delayed mental responses. One participant stated, "marijuana does have long-term side effects. My mom used to be the biggest pothead ever, and she finally quit smoking weed, like eight months ago, and she's got the worst memory".

Addiction, problems associated with addiction, and the direct negative side effects of substances on the body and mind of substance users were the major consequences of substance use that were identified by participants throughout the focus groups. Participants identified addiction as one of the major problems of substance use. One participant stated, "my drug of choice is cocaine. I love it so much. I hate it because it fucking kills people and it is a bitch to get clean from it". Another noted, "Drugs would be fine if I didn't get addicted". It was also seen as problematic that the lives of the people who use substances revolved around the drug and that people addicted to substances would do everything from "stealing", to "prostitution" in order to support their addiction. "I've seen lots of people die" stated one participant, "people murdered from their drug problems. I have seen lots of people in pain, and lots of people lose everything. [They] change... going from really gorgeous and healthy and having something going for them to standing on the corner of 20<sup>th</sup> and Queensway." People lose "their job", "their friends", and "their self-esteem" noted other participants. Speaking from personal experience, one participant commented, "I sold everything I had for [that drug]. I lost my best friends". It was also recognized that, in addition to effects on their personal bodies, addictions could also have serious effects on families. For example, one participant noted

The government took away [the family's] children, dad went to jail because he had a bad

problem with stealing. He was trying to support his habit and because of his habit his kids got taken away. The wife also had an addiction, so she turned to prostitution.

In addition to severe impacts on families and friends, addiction manifested in other lifestyle changes, changes that participants observed and captured in statements such as:

You can see when somebody's on that shit, like on drugs and alcohol... just by the way you're living... like you just start not giving a shit and your shit's all over the place, you're not together.... Their physical appearance and stuff... because you're so low on yourself.

While addiction and personal and family problems were understood as the primary negative result from substance use, other related problems such as "violence", "insomnia", "mental disorders" and "depression" were some of the mentioned direct effects of substance use. Other negatively associated effects noted by participants included hallucination and self-mutilation; one youth said that "you start to see bugs and you start picking at your arm. And then you get it wrapped up and you start picking at another place". Another youth noted: "your memory starts to differ, you can't remember things as well as you think."

Different behaviours associated with alcohol and marijuana were also discussed by participants. Domestic and public violence were two of the most frequently identified problems associated with alcohol consumption. One participant noted; "my dad used to always beat up my mom when he was drunk". Another added; "my sister and her husband drink and they fight. Then cops get called. And there have been times when my nephew and niece go into care<sup>6</sup>". A number of participants believed "alcohol has the biggest effect on society" and participants engaged in lengthy discussions regarding the legalities of alcohol. One participant noted,

Alcohol should be illegal because when you think about it, how often do you see people robbing stores while they are high or husbands beating their wives or girlfriends when they are high. It is like 98 % of all cases are when they are drunk.

Regarding the legalities concerning marijuana, many participants thought there should perhaps a

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<sup>6</sup> The participant, when speaking of "care," is referring to the care of the Ministry of Children and Family Development, or the foster care system in British Columbia.

more lenient approach. One youth noted "I just think there's a lot worse things that people are doing that should be paid attention to... like I understand they don't want people out smoking pot... but you kind of have to look at someone smoking pot versus someone that was drinking and causing all these problems". Another participant reflected, "I've had a lot more problems in town with somebody who was drinking rather than smoking [marijuana]". While some participants believed that the government should make alcohol illegal, others noted that if everything becomes illegal "people have to get [it] in ways that often result in crimes and more problems". Thus, the necessity of some ways to limit and control the consumption of alcohol was an issue raised by a number of participants. The complexity of the issue was recognized by participants, one stating that "I mean we can do it either way, it's going to create problems. If you [get rid of] one problem, you're going to have another problem. Other problems will pop up. It's kinda hard to balance everything out."

## **B. Reasons for substance use among youth**

Beginning with their own first experiences of substance use, participants transitioned into speaking about factors that cause substance use among youth more generally. Much like current literature suggests it was apparent from the focus groups that (discounting tobacco) alcohol and marijuana were the two most frequently used substances; for most participants, marijuana and alcohol were first choices among substances. The average age of participants' first experience with alcohol or marijuana was 10 years old. Some youth identified first use as early as the ages of seven and eight, while others were sixteen at the time of first use.

For one youth, the first experience with drugs involved cocaine usage at the age of 13. Speaking of that experience, the youth stated

I was going to [town] to get my stuff because I had just moved to Prince George and my step-brother had a half ounce of coke to go and sell. And for three weeks before I wanted to try because I watched them do it and they got high. They did it all the time so I thought, 'what's the big deal? I want to know.' And so on this trip he asked me 'so you want to try a hoot or what?' And I was like 'yeah okay'. The first hoot I took... my heart started

racing. The taste was just incredible. Like it was probably the best hit I have ever had, just the rush off it was like nothing that you could ever explain. And ever since that hoot that's what I've wanted to do...the first words that came out of my mouth after that was, 'are you going to give me another hoot or what?' And then for three years after that, I did it like everyday. Sold everything I had for it. Lost so many friends, like best friends –'cause they weren't going to sit around and watch me throw away my life.

In most cases, youth begin their substance use with one of the older members of their families or in the company of one of their friends. Some reasons cited for substance use among youth include the influences of family and friends, influences from their community and their environment, the desire to cope with problems, and the desire to rebel. Reasons for deciding to use substances also involved youths' perceptions regarding the risk of the substance and the effect of the substance.

#### *Influences in their environment - family, friends, and community*

In listening to the words of youth focus group participants, it is apparent that family and friends have a strong influence on youth. Some youth firmly hold that parents act as the first role model for youth, and that parents' values and norms later become youth's values and norms. It is also clear that the availability of substances in the family environment has an effect on youth substance abuse. Furthermore, the influence of peers and friends can have a strong influence on youth substance use.

Most of the participants came from a background where drug and alcohol (ab)use was a norm in their family environment, and many of the youth's first experience with substance use was in the company of one of their family members. One participant reflected on their first (and very young) experience with alcohol, observing that:

My first time with alcohol was like when I was four or five years old. I always went to my dad's hockey games, cause whenever their games ended in the locker rooms, everybody would just sit in the locker rooms for two or three hours just drinking beer and everything

because everyone would bring at least a case each. And everyone would give me beer. And up to this day I still have at least a beer a day.

Participants believed that youth learn most of their norms and values in their family. Thus, when substance (ab)use is a norm in the family environment, there is a higher chance for a youth to become substance user. The connection between family norms and youth substance use was brought out by one participant who said,

[I am] growing up in a family that says it's ok to drink. It's ok to do crack. It's ok to smoke pot. Then I am thinking that it's ok, so I am going to do it. The influences around you make it harder for you to control that.

In addition to the influence of the family norms, the availability of substances in their family environment also had an affect on youth substance use. Substances were easily available in most of the family environments from which the youth in this study came from. Participants noted that the availability of substances in their family environment had some influence on their own substance use. Describing this issue, one participant commented,

They may have given it to you at a young age. Like with me, I started when I was 13. After I started with my stepbrother, I went back and I told my step dad and he started giving it to me. If I had actually had family and they had said 'this is wrong, you have to stop', there would have been an ultimatum there.

Another youth reflects:

I robbed my auntie for a bag of dope when I was young... She was easy to rob. She was always passed out from smoking weed so I'd just rob her for all her dope.

Growing up or spending time in foster care was another influential event brought up by participants. "You don't feel like a regular kid" one youth stated, "like if you want to go over to a friends house for a sleep over, they have to do criminal record checks, everyone is interviewed... so you don't want to do these things". "It's embarrassing" another said. The youth elaborated, observing that

You've come from a bad home situation, you try and go somewhere to help things out, and you just end up feeling like crap again. You either get bounced from home to home, or

your foster parents aren't great or your social worker doesn't listen, you've got to jump through all these hoops for them. So I think a lot of youth might resort to substance abuse, as a way to get away from all this.

In addition to the influences of family, peer and friends also impact on youth's substance (ab)use. As became apparent during the focus groups, in addition to experiencing substances with family members, the first experience of youth substance use was in the company of their friends. Participants spoke about it being important for a youth to fit in a specific group. Using a particular substance might be a norm in the group and thus using that substance is one factor that makes youth fit in with the group. As a result, specific environments might encourage youth to use substances. The following statement describes this influence:

I think a lot of that is because people don't accept people the way they are. So they just branch out into their groups. And then you are in that group and they are doing a certain type of drug. Well you are in that group and it is all that revolves around your group.

With reference to the influences of friends and peer groups, others described a more subtle influence, and, as one participant noted:

If [the youth] is going through something and if they are in a situation where people have drugs and alcohol and someone offers it to them, I think they are really susceptible to doing it, if they are not getting the help they need.

Another participant commented that a youth's perspective might be: "Hey, why not? Nobody else cares [about what I'm going through or what I'm doing]." Thus one would understand the influence of friends to be an example of opportunity and availability, as well as an act for gaining acceptance into a group. However, the idea of a distinct form of pressure that peers might play in the onset of substance use was not a concept agreed upon by all participants. A few noted that peer pressure is more powerful during the younger ages and one participant remarked,

It depends on how old you are and who the person is. If you are 7 years old and some big kids comes up to you and says 'I am going to make you smoke this joint' you are going to be like oh my god, I guess I'd better do it. But if you are 17 years old and some big kid come up to you and says 'I am going to make you smoke this rock', you are going 'I am too smart for that'.

While no consensus existed with regards to the role played by peers in the beginning stages of substance abuse, most participants did agree that friends played a strong role for those who were quitting drugs and alcohol. One participant related to this reality, noting that:

You do have to [get new friends] otherwise you just get pulled back in. Six months ago a bunch of my old party friends came down to visit, and we went partying and I thought it would be fine, but it wasn't. I got into a whole whack of trouble. It kinda made me realize that I have to watch who I hang out with.

Within the discussion regarding influences of substance use, there was a tension regarding the most influential factor for substance use. Some believed it was environmental and societal or, as one youth stated,

Looking at those root issues for why people are doing it, I mean it is their choice to do it, but there are other factors that led them to do it. It's not their choice in the sense that [they are thinking] 'I'm going to do this and get all screwed up, not be able to find a job and support myself for the rest of my life'. There are other issues, social issues.

At the same time it was recognized that using substances also depended on the individual; as one youth noted, "I came from that and didn't want to do it, but my brother came from the same situation and got into it all". Another declared "It's up to you whether you want to or not, but then the influences around you makes it harder for you to control that." Another youth affirmed that substance use is "totally conflicted, it's like a pressure... you're the only person in the whole bar drinking water, how realistic does that get? There are some people who can do it, but most people just roll with the moment."

Consistent with the current literature, our research found that community characteristics, such as availability of substances in the community, social acceptance of substance use, and geographic isolation and boredom, do have some effect on substance use among youth. The availability and low cost of substances, a lack of control over substance use, and boredom and lack of recreation in the city were all seen as some characteristics of Prince George that effect youth substance use.

Participants believed that substances are easily available in Prince George, noting that “it is cheaper to buy drugs in Prince George”; “you get more for less money” and “it [drugs and alcohol] is just everywhere”. One participant noted, “there is about the same amount of drugs here as Vancouver but there are less people here”. According to youth participants, drugs that are easily available in Prince George include marijuana, cocaine, alcohol, and crystal meth. Heroin use was not as common, because, according to one youth, “you had to know someone” to get heroin. “In northern towns, like here, there is not that much access to ecstasy and stuff, most people just stick to what they can get a hold of” stated one individual. When substances are more available in a community, youth are exposed to a situation that offers them substances more often. Consequently their chances of using substances are higher. Making the connection between availability of substance and substance use, one participant commented, “I didn’t touch anything until I came to this town. I lived in downtown Hastings [in Vancouver] and I wasn’t even offered anything until I came to Prince George”. Comparing Prince George with a larger Canadian city, one participant stated “they’re hustlers back there [in the larger city]. Prince George is just the common Joe Blow trying to be a hustler.”

Another matter related to community environment and substance abuse concerned youth’s belief in the existence, within the broader community, of a perception regarding high rates of substance use by First Nation’s individuals and a high use of substances in certain neighborhoods. This perception was challenged by a number of participants, one acknowledging that:

People don’t talk about it with white people like they do with the different races... you know the white person’s sitting in his house, drunk and he beats his kid, and no one knows or is willing to admit it, its hidden away... and it happens in a lot of high class neighbourhoods. People think it’s in the poor neighbourhoods and I’ve never had any problems living there. And they are like ‘there is so much drug dealing down there’ and I’m like ‘there is just as much drug dealing in College Heights [a more affluent area in Prince George], how do you think they afford all the houses?’... they do it on the side of their nice big job so no one knows, no one is willing to admit it.

Another youth confirmed racist perceptions within the community, observing the existence of a community assumption whereby “people go like ‘Drunk? Oh they’re Native.’”

It was understood that despite the frequency of substances and substance abuse in the city of Prince George, authority figures such as the police and the mayor do not pay enough attention to the issue and there is not enough control over it. A lack of concern and direction from authority figures regarding substances and substance use in the community enhances the social acceptance of substance use and social acceptance will resultantly increase substance use among youth in the community (May, 1995). Statements such as "I can guarantee 85 % of the cops in this town are on some kind of drug" or "the cops will only take your drugs away and they'll use them" and "the safest spot in this town to smoke pot is right on city hall" express participants' perceptions regarding the role of authority figures and how this perception affects their substance use. Related to this was the observation that "people don't hide it [substance use] here."

While participants observed that the high availability of substances in the city and the lack of control over substance use were both factors that increased substance use among youth, they also spoke about boredom and a lack of recreation for youth as other factors affecting youth substance use. Participants believed that the smaller a community is the more drug abuse there is likely to exist, stating that substance use arises because "there is nothing to do". It was widely accepted that there were not enough programs for youth in Prince George and if there were, they required money and were expensive. One participant noted, "There is the Y, there are swimming pools, there are ski hills here. But it all has to do with money, it is all money based". Another barrier identified was that youth are often not welcome to 'hang out' at places where money is required. One participant noted "I mean youth could be hanging out at the mall and having a good time, but people push them away from these places if they don't have any money to spend." Because of their young age, and because youth typically have less education and experience, many in the same age range as the participants do not have a job or other steady sources of income. As a result, particularly if there is an inability to access family economic support, they cannot afford to partake in many community programs. Youth then turn to substance use as a way of experiencing and maintaining pleasure. The situation (a lack of accessible recreation) was described as much worse in smaller communities such as "Smithers", "Williams Lake", "Grand Isle", or "the reserves" (communities in outlying and surrounding areas to Prince George). One participant who came

from a smaller town stated, "every one is drinking and doing drugs there. There was absolutely nothing to do in that town." Simultaneously, smaller and more closely knit towns also increased the likelihood of exposure to substance use; "everybody does it with everybody, right... your friend knows this person and this person knows that person, and that person is the person you used to do drugs with." Some youth view substance use as a way to find pleasure in small towns where they feel boredom. Observing the limited recreation that might be available to them, one youth surmised the sentiment as "I've done that before...oh nothing to do; I'm going to do meth."

### *Escapism and coping with problems*

Throughout the research process, it was apparent both that youth faced a variety of problems in their lives and that many youth do not have the skills in order to 'productively' cope with these problems. As a result, some youth turn to substances as a way of coping with problems. Youth believed that in general, substances "calm you down" and thus using substances is a way of coping with problems. Some youth referred to substance use as a way "to escape from reality", "to make a break", and "to deal with problems". The use of substances as a way of coping with problems was brought up by a number of participants, including one participant who stated, "in my case, I think, I did drugs and alcohol more because I couldn't handle the loss of not having dad..." Another participant, in reference to the need for escape which precipitated a sibling's transition into using substances, observed that,

My foster sister has been in care since she was 18 months old, my foster parent had her for like three years or something, and the ministry never told them what she had been going through as a kid, they never got a counsellor for her for like two years, and meanwhile she's running away from the house and battling all these issues, but the ministry would never tell them what she's been through. So she moved to a group home and kept running away, and went down to Vancouver and was recruited, started working the streets at 13.

While participants were in agreement that substance use is "easiest" but "not a right way" to deal with problems, they nevertheless observed they often didn't have any alternative coping strategies.

Although some youth referred to ways such as “meditation, yoga, anger management, go for a walk, breathe, pet your dog, spend quality time with someone you love, and go into the bush by yourself” as other means for calming down, none of these ways seemed practical in the time of crisis. Other coping mechanisms spoken of included “crying... if coping is anything, it’s crying”; punching a punching bag or walls, “turning up your music really loud and screaming”, laughing, or talking to someone. Even though these alternative coping strategies were voiced, however, there was agreement between participants that the use of drugs and alcohol was often a fast and accessible way to escape problems or to cope with the many life-challenges which, as youth, they were facing.

### *Rebellion*

Some youth see substance use as a form of rebellion. Statements such as “I’m not going to do what you say”, or “I can do whatever I want, when I want, and how I want” and “Like fuck you guys! Right. I am going to do what I am going to do, when I want to do it and none of you guys have anything to say about it”, demonstrate rebellious attitudes and behavior among youth, namely that some youth are resisting and refusing anything or anyone they perceive as being in a place of authority in relation to them. Youth participants spoke about their enjoyment of going beyond the boundaries that are set for them. Prohibition of substance use was understood as a boundary because prohibition means substances are illegal and thus are controlled, monitored, or overseen by parents, teachers and other “authority” figures. Sometimes the attempt at control over youth made them more desirous of substances, summarized clearly by the statement of one of the participants who said, “well this is illegal so why not do it?”. Youth want to “go against what they are supposed to do” and at least one participant testified that,

When you get to be a teenager, it is like nothing you say matters, so you are going to say fuck you I am going to do what I want. And I just do heroin, do coke or E just to be rebellious and say that ‘you can’t rule my life!’ so I’m going to go do this.

Youth also spoke about their rebellious behavior against their parents, observing that “If [parents] hide [substances] from [their] kids and tell them ‘no you can’t’, [youth] will want to do it more.” As

was apparent during the focus groups, too much control over youth, from hiding substances from them to setting too many boundaries for them, sometimes makes youth want even more to use substances. A possible solution to this viscous circle, noted by one participant would be, "don't tell kids 'don't'". Given these observations, if the goal is substance (ab)use prevention, it may be speculated that speaking honestly with youth about substances and their entire effects is a better way than forbidding substance interaction..

### *Perceptions of risk and other effects of substances*

In addition to each of the factors spoken about earlier, the way that youth perceived the substances has some effect on their use of substances. Youth perceptions regarding enjoyable effects of substances, in combination with or in addition to the fact that youth "think short-term when they do drugs" can be reasons for substance use. Participants spoke about the enjoyable, relaxing and happy feelings that they experience when they use drugs. On the other hand, youth also noted that they usually think "short-term" when they use substances. In other words, they don't usually think about their future or any long-term negative effects of substance abuse when they use drugs. Even if youth think about the long-term negative effect of drug abuse, they testified to thinking negative effects will not happen to them. The following statement by one participant is a good example of the way that youth think about the long-term effect of substance abuse: "it is not going to happen to me because I am going to watch my self, because it is me. Nothing can happen to me. I'm God". Since youth associated substance use with an enjoyable experience that does not have any serious negative effects on them, it is probable that they use substances more frequently than if they were to both understand the long term effects of substance use and understand they too are susceptible to these repercussions.

There is no easy answer to the question of why youth begin to use substances. The responses by youth participants in this study confirm other research done on this topic: there are a number of influential factors for youth substance abuse. These factors include 1) influences from their environment, such as from family, friends and within the community, and 2) personal factors, which include using substances to rebel, to cope with problems, and out of boredom. Finally, it was

recognized that despite all influential factors, there was agency on the part of youth; youth ultimately make their own decision with regard to whether or not to use substances. Nonetheless, the level of agency by youth was debated; in certain circumstances in a youth's life there might simply be too many opportunities for, and too few alternatives to, substance use. The social circumstances must thus bear a large portion of the responsibility.

### **C. Services and programs**

Throughout the focus groups it became clear that while preventing substance abuse may involve specific prevention programs (such as education programs in school) it must also involve general community support for the root causes of substance abuse. Therefore, all programs and services may be considered to be prevention programs when they help children and families who need supports for employment, parenting assistance, housing, food, education and training, counselling and emotional support, recreation, and so on.

With reference to prevention strategies, participants expressed their suggestions regarding substance use related services and programs for children and youth. The discussion participants had regarding programs and services can be divided into three categories, including: youth's suggestions for substance (ab)use prevention programs; suggestions for substance (ab)use treatment programs and services, and; aspects of all programs and services which, in the minds and perspectives of participants, make the programs more effective for youth.

#### *Factors for successful programs and services*

In general four characteristics were seen as factors that make programs effective for youth. These characteristics were: 1) a friendly, welcoming and understanding environment, 2) having social workers (and program employees) with similar life experiences to the youth who will use the service, 3) allowing youth the opportunity to influence the program and to express their opinion about the program, and 4) having youth working for the youth. Most focus group participants had positive experiences with the local Prince George program Future Cents, noting that its friendly environment, youth driven programs, and the existence of a supervisor who has had similar

experience with street life and substance use, made Future Cents an effective program, or as one participant stated, "Future Cents is probably the best program in town, guaranteed". Youth also spoke about the local program entitled Reconnect as a program "that does something for you." The fact that youth could speak easily with the workers at Reconnect and that youth had a confident feeling that everything they revealed was confidential made this program effective for them. That youth consider the social worker in Reconnect more as a friend than a social worker was reiterated by one participant who stated "I don't think of my social worker as a street worker, I think of her as a friend". Given the success and youth approval of these two local programs, it may be understood that programs wishing to effectively address issues of youth substance abuse must move toward a non-judgmental, youth driven, agenda.

Having counsellors and social workers with relevant life experience was one of the main wishes of youth and was brought up by a number of participants. It was reiterated that most social workers (particularly those working with youth) just have the academic background and do not have any experiences with substance abuse or a street lifestyle. As a result, youth believed these social workers cannot understand youth's situation very well and consequently cannot help them effectively. These observations might be understood as a screening or credibility strategy on the part of youth; in other words, youth facing substance (ab)use realities are interested in seeking services from people who can empathize as opposed to criticize, and while criticism may not be overt, youth nonetheless feel "judgment" is implicit by those who do not share a semblance of the youth's realities or background. One participant noted that most social workers "are just coming out of college, thinking they are so hot ...but they really don't give a shit." Another participant observed that because many social workers and other professionals "don't have any experience with drugs or ... an abusive home," they are not much help for youth. In addition to a lack of experience, the lack of motivation of some social workers and counsellors was another factor that was spoken about as a factor making their work ineffective. One participant noted, "they don't care. To half of the [counselors] it is just a job. They don't even care about what is going on and what you want. It is just money. They're getting paid for it and they don't even give a shit."

The issue of staff retention, particularly in small northern or rural northern communities, was also

an identified barrier facing youth in their search for services. Specifically, the issue of counsellors leaving was a factor that negatively effected youth. Youth spoke about negative experiences they had when “all of a sudden” their counsellor left their job, or moved somewhere else. The experience of one participant is an example of this situation:

I actually rebelled against everything when my counsellor left. I could relate to that guy. My counsellor left. Just left me hanging. Just one day showed up and said that I am moving, here is a cake for you. That fucked me up. I don't even know how to put it. It just messed me right up. I had somebody there that was helping me so much, that I believed in, that believed in me. And then all of a sudden, it's just poof he's gone. You're stuck back in the same situation without that person who's helping you.

Speaking of a similar experience, another participant added, “I never got reassigned or they never said ‘ok well she's leaving. Do you want another one? Do you want to continue with this?’ They didn't really care.”

Restrictions and limitations from within programs was another issue brought up during the focus groups. For example, youth disagreed with age limit restrictions, limited operating hours, and programs that dictated specific requirements. The age limit for some programs was 18 or 19 years old, after which time a youth was no longer able to take advantage of said program or service. It was noted, though, that the youth who do not meet these age limits still needed some kind of support. One participant stated, “I don't like age limits. I'm just 19 and I'm going to be too old to come here. There are a lot of younger kids here and a lot of older kids are just going to be going away”. Regarding hours of operation, participants noted that most of the programs and services for youth are for daytime use; youth also, however, need some services during the evening or even into the night. Finally, programs offering more flexibility were preferred by youth. Youth did not like to have to meet a lot of requirements or ‘jump through hoops’. Future Cents was popular because of its flexibility, or, as one youth stated, “They don't tell you what to do or what is wrong with you, it's them asking you what do you want to do and asking you what do you think is the problem, and how do you want to solve it. It is your own options.” Some youth found their doctors to be helpful in a variety of non-medical areas, though others felt physicians “should be dealing with other things too, like if someone comes to them and has a problem, they shouldn't be like ‘Oh well, that's not

covered under BC Medical, I don't have to help you with that.'" Some youth felt physicians could be of greater help in this regard, by understanding their role as someone outside of parents and teachers who the youth can trust. From these statements it might be presumed that the youth participants desired a range of flexible services in order to meet their needs, rather than their perception that many current programs have rigid restrictions and require youth to bend to the program's demands.

### *Youth suggestions for prevention programs*

Prevention programs and services are those programs that prevent youth from using substances for the first time, or prevent ongoing and problem use. These programs are typically directed toward children or youth who have not yet used any substances. Participants had four suggestions with reference to prevention programs and services, including: the best time for starting prevention programs, the role of education in prevention (by parents, school and the community), the role of alternative coping strategies, and the existence of more recreation programs for youth. Generally youth were in agreement that substance abuse prevention programs should start earlier with younger ages. The suggested appropriate ages at which to start prevention programs ranged from "five or six-year-old kids" to "the kids that are in grade four". Education related to substance use was the main suggestion for the prevention of substance use among youth. One participant noted, "I wish I had had someone teaching me about not doing drugs". Youth frequently referred to parents' role in educating their kids and believed "parents have a responsibility to do it, but obviously it's not happening, and maybe parents don't know how to talk to their kids about this stuff, so we should be helping parents to know how to do it." Participants stated instead of "hiding the truth from the kids" and saying, "there is nothing out there to harm you"; parents should speak openly and honestly with their children. "The more honest [parents] are with [their kids] the more honest [kids] will be with [parents]". Participants spoke about the necessity of parents talking about both harmful and enjoyable effects of substances with their kids. One participant commented, "total and complete honesty. [I] don't want [parents] to lie about it, you want them [youth] to know how fun it is and how much they would enjoy it, also sit there and tell them how much it will fucking ruin your life."

Youth believed that if parents hide the truth from their kids, the kids will find out on their own about substances and this will ultimately be more harmful to them. Participants also stressed the importance of not “disciplining kids” or “locking them up in a room”, but rather suggested “tell[ing] them what’s good about it and what’s bad about it” and then “let them live their life”. Another youth stated:

Realize that at some point in their life your kids are going to do something you don’t like, and you just have to be there for them. You know these things are out there, and your kids are going to run into them, pretending it doesn’t exist isn’t going to [help things].

In spite of the importance of parents’ role in educating the kids about substance abuse, participants understood that “these are hard topics to bring up” and “parents don’t know how to talk to their kids about it”. Thus the necessity of “helping parents to know how to do it” expressed by one participant became an important suggestion of participants and, should this not prove effective, youth suggested that “schools need to take more responsibility”. Most youth at least go to elementary schools and therefore having some substance abuse related education programs in elementary schools was seen as an effective prevention strategy. Participants also spoke about the advantage of using realistic and related videos, such as the National Film Board production *Through a Blue Lens*<sup>7</sup> for educating children. It might be speculated that a film such as *Through a Blue Lens* was understood by youth participants as an effective prevention tool because of the film’s non-didactic and empathetic view of drug use and abuse, precisely the combination of perspectives the youth observed to be meaningful to them.

In addition to education (the youth’s main prevention strategy suggested) participants also identified other prevention methods, such as being able to learn about alternative coping skills and being able to access more youth-based and youth centred programs and recreation. As previously mentioned, some youth turn to substances as a coping strategy: given this, there was an

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<sup>7</sup> A film produced by the RCMP, the Vancouver City Police, and a variety of community agencies which depicts the harsh realities of people involved in drug use in Vancouver’s downtown east side.

understanding that teaching “positive coping strategies” would be helpful in preventing youth substance abuse. Finally, providing more free recreation programs for youth (particularly youth outside Canada’s major cities) was another suggested prevention strategy brought up by participants.

#### *Youth suggestions for programs and services for treatment*

Treatment programs and services are those programs and services that help youth to stop abusing drugs. Most of the participants had some experience with programs and services in Prince George and thus had some suggestions for making the programs and services more effective for them and other youth in their situations. Participants believed that the first step in getting off a drug is “helping yourself”. In other words, youth understood that “you have to help yourself first and then go for help out there”. One participant stated that “there can be as many services as you want out there but if someone’s not willing to access them” then the programs will be useless. As another step, a number of participants suggested youth should “stay away from every thing that triggers them [to do the drug]. Ditch your drug friends and get new friends, if you can’t get new friends then don’t have friends at all, don’t associate with that group of people”. However, the precise mechanisms for achieving this separation from old friends and habits remained illusive to participants, suggesting further concentration on this aspect of “getting clean” in the lives of youth.

Another observation regarding substance abuse treatment and detox was that some programs are neither broad nor holistic enough to deal with the individual and the reasons behind using substances in the first place. For example, one youth stated: “The substance abuse problem gets treated and they assume the person’s okay, and then three months later the person is back, and they say ‘why did you go back and do it?’, and the person thinks ‘you know, all you did was you just got me off it, you didn’t try and help.” Another youth stated that effective “treatment is dealing with you, [with] personal issues... being free of substances for a very long period of time where its not going to affect your life ten years down the road, no matter how bad it gets.”

With regards to programs and services for treatment, youth spoke about their need to have

someone who understands them and listens to them, a person who is trusted to not to judge them. Unfortunately, participants felt that in the case of most treatment programs, instead of listening to youth and understanding the broader and contextual social issues, people and service providers judged them; as one youth observed, "Everyone listens and then they are like 'oh you did this ...you are bad'". Youth need "somebody with some knowledge of why kids [do this], rather than thinking that they are bad kids. Most of the guys look down on the kids..." Youth voiced the need for somebody "that knows...[the] underlying issues" and who treats them like an adult and cares about what they are feeling and what they are thinking.

Another aspect of treatment effectiveness concerned culturally specific programming, primarily in Prince George (and one can extrapolate to all of northern British Columbia and much of northern Canada) for First Nations and other minority cultures. Culturally-specific treatment and prevention programs for youth have shown positive results in program evaluations (Roberts et al., 2001), and culturally-specific programming has been deemed important for other sub-populations, such as substance using women (Currie, 2001; Lundquist & Jackson, 2000; Tait, 2000). One youth observed that "I think it would be good [for treatment centres] to be able to get back to your roots and stuff, not just First Nations people... there are other races here that are being really oppressed." Programs need to focus on all of youth's needs, stated another youth, saying that "their emotional, physical, mental, and spiritual needs" all needed to be met in order for a treatment program to be successful.

The possibility of youth working for youth in services and programs was identified as another factor that made a program effective. Participants believed that peers know the needs and interests of youth better than non-peers, particularly when those non-peers are adults who lack similar life experience to the youth with whom they are working. Thus, it was believed that youth involvement in program design and implementation had positive effects on the results of programs, or, as one participant commented, "youth know what other youth want because they are going through similar things."

Participants believed that program restrictions limit program effectiveness for youth. It was clear

that programs need to be flexible in order to meet the needs of each individual. Regarding program restrictions that did not allow her to be able to access services, one youth stated: "you are just floating out there, you know, and that's how people fall through the cracks, I think, you aren't the right age or something then -- too bad, so sad." "They [programs] only want to take responsibility for you after you fit into a certain criteria" said one youth, and another youth added 'you don't make a rule and then say every kid has got to stick to it, it just doesn't work." Following from these observations, the expansion of the hours of operation and age limitation of services and programs were suggestions made by youth participants. Participants noted the existing time of operation for services and programs are mostly during the day; youth also, however, need supportive services and programs during the evening and even late at night. Furthermore, youth commented that the age limitation of services and programs should be unlimited, as older youth need some support as well. Having special programs for just older age groups was another youth's suggestion.

While there are specific needs mentioned by the youth regarding prevention and treatment programs, another clear message clear concerned the need to have programs and services that help youth and families with whatever they need in general. In other words, programs and services should not be restricted in relation to substances but should rather acknowledge the long term benefits of helping children and youth before there is a specific problem. "People aren't doing things until the problem occurs, and it's like they see these dark storm clouds on the horizon and they just ignore them until it's pouring on top of them" stated one youth. Another youth stated "it's like you've got to have a problem [already] in order to get help." "They don't try and ask 'okay, what services could we give to this parent, to try and help them out'" confirmed another youth. One stated: "What has to start when they are really young is not saying 'don't do it', but there are other ways you can support them, to be there for them. You've got to like, talk to them generally, and just be there more for kids." Another suggestion was for programs that deal with root issues and that start with very young children; "whatever the program is, usually it's more about communication, healthy friends, and a healthy lifestyle, so why not teach the kids while they are young? Because when they get to be older, they already have this knowledge and they have to re-educate themselves, so why wait?" stated one youth. Speaking of the process of re-education,

another youth stated "You are abused so much, you are sexually abused for so long, and even mentally and physically abused, that it becomes normal. You don't even know it is wrong until you educate yourself different, until somebody says 'hey! That's wrong, that's not the way it is supposed to be.'" Thus, participants noted the need for children and youth programs that teach all youth (not just those that meet specific criteria) about communication and healthy relationships. It was felt that these programs would go a long way in preventing substance abuse. It was also seen as beneficial to enable families to get the help they want, on their own terms, instead of punishing parents or "taking the kids away and saying 'you are a bad parent.'" Having this form of help available earlier is far more effective than waiting for children and youth to fit into certain criteria, by which time bigger problems have arisen.

# VI

## Conclusions and Recommendations

By conducting youth based participatory action research, this project allowed youth of similar age groups, although from a wide variety of backgrounds, to come together in order to generate discussion and ideas regarding youth substance (ab)use, including education strategies, prevention, intervention and treatment programs, community responses and responsibilities, and root causes. Although perspectives were as varied as the participants, upon analysis of the data generated through focus group methods a series of commonalities became apparent in reference to youth views and understandings concerning substance use and abuse. Linking all the youth participants' views was a desire for more meaningful and thoughtful consideration of youth perspectives and needs when it came to not only their lives and realities, but also their struggles with and reasons around using drugs and alcohol. Youth reiterated that the issues of youth substance (ab)use were complicated and multifaceted; in order to address the issues, programming and services have to do much more than offer "lip service" to the needs of youth. In the same way that some services and programs have become specialized in the areas of women and seniors, efforts must be made to more meaningfully integrate the specific voices and needs of youth into strategies ostensibly designed for youth. The following recommendations encapsulate the perspectives of youth in regard to their vision of a future which adequately addresses the perspectives of youth on substance (ab)use.

1. Recognize programs that support youth and families in general will help to prevent youth substance (ab)use (i.e. programs that offer help and support with parenting, leisure and recreation, or emotional and subsistence support).
2. Health and social programs for children, youth and families should take on a forward-thinking and holistic approach; services and programs should be available to help youth and families before a 'problem' develops or without having to 'qualify' under certain conditions.

3. Substance (ab)use prevention and education should be addressed by and within the entire community. School-based prevention efforts will be limited in their effectiveness for those youth not connected with schools, and when there are conflicting messages about, and acceptance of, substance use within the community.
4. Ensure that, prior to implementation or operationalization, curriculum, program models, and service delivery mandates are “run past” the youth for whom they are being designed.
5. Ensure educational strategies and outreach programs reach youth at an early age, preferably prior to Grade Three.
6. Incorporate flexibility into all curriculum, program models, and service delivery mandates designed for youth.
7. Guarantee or set aside specific roles and positions for youth, preferably youth with applicable “life experience,” when developing all curriculum, program models, and service delivery mandates designed for youth.
8. Include cultural and/or geographic specificity when developing all curriculum, program models, and service delivery mandates designed for youth around substance abuse issues.
9. Always account for the role of family and peers, including larger contextual and holistic roles, when developing all curriculum, program models, and service delivery mandates designed for youth around substance abuse issues.
10. Maintain and support ongoing research efforts in the areas of curriculum, program models, and service delivery mandates designed for youth around substance abuse issues.

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## Appendix One

### FOCUS GROUP QUESTIONS

Throughout the focus group, the terms “drugs and alcohol” and “substance abuse” will definitely be heard a number of times. When these terms pop up, you may want to consider the following substances before you define them for the group. Take a quick look over the following and see how they fall into your definition. Thanks.

Alcohol, Marijuana, Angel Dust (PCP), Prescription Drugs, Cocaine, Rohypnal, Crack, Crank, Speed, Ecstasy, Heroin, Acid (LSD), Caffeine Pills, Amphetamines (Crystal Meth), Tobacco, Hallucinogens, Inhalants, Ketamine, Solvents, Gas, Glue, Barbiturates or Opiates.

1. What is a “substance? What does “substance abuse” mean to you?
2. Does drinking play or have a role in drug use? If so what?
3. What kinds of problems have you seen that are directly related to drug and alcohol use? What do you consider a drug problem? What is your definition of clean?
4. Tell us about your first experiences with drugs and alcohol. What was it like doing drugs for the first time? How old were you?
5. Have you ever lived anywhere other than Prince George? What are the differences and similarities between the Prince George drug scene and the other places you have lived?
6. Tell me a story about your experience with a program or service in Prince George.
7. If you could develop a “perfect” service or program for youth in this town, what would it focus on?