



Department of  
Health

# **A P.E.I. Youth Substance Use and Addiction Strategy**

## ***Framework Document***

**DRAFT**

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## Executive Summary

Over the past decade, a system of services for youth with substance abuse problems / addictions has begun to emerge in Prince Edward Island. Now, after a decade of incremental development, PEI's system is being reviewed to ensure that it responds to the changing needs of youth and their families and communities, and that it reflects today's best knowledge of effective approaches and practices.

To fulfill these goals, work began in December 2006 to develop a strategy for youth with substance use problems or addictions. Led by a working group from the Department of Health and guided by an interdepartmental advisory group, the project is developing a plan to build on the existing system of community based services.

The work is being carried out in three phases:

- Phase I included research into best practices, consultations with stakeholders, scan of relevant federal and provincial legislation, information gathering on approaches in the other Atlantic provinces, and drafting of the framework set out in this report.
- Phase II will include public consultations to review and validate the findings of Phase I.
- Phase III will develop a detailed implementation plan.

Based on work to date, the following vision is proposed to guide further development of the strategy: ***Island youth will have access to a full continuum of appropriate, integrated services to prevent and treat substance abuse problems / addictions.***

To fulfill this vision, the report recommends the following measures with regard to each component of the service continuum:

Increase the emphasis on **education and awareness** to prevent youth substance abuse and to increase awareness of the services available:

- Expand and refresh the Student Assistance Programs for grades 3-12.
- Increase the emphasis on public education;
- Develop or expand "root cause" groups in schools across the Island to develop skills and build capacity among youth at risk;
- Expand partnerships with other agencies and community organizations serving youth to carry out public education and expand positive options for youth.

Enhance **counselling services**:

- Increase the number of counsellor positions, and ensure they are deployed across the province and available after-hours;
- Add family therapy to the continuum of services.

Establish youth **treatment services** within Prince Edward Island:

- Develop a day treatment program;
- Design and establish a residential treatment component.

Investigate the potential to provide a **secure assessment** service on PEI and the measures required, including:

- Define a legal framework for non-voluntary assessment;
- Examine the program design issues requiring policy/direction;
- Investigate options for secure setting and any required renovations;
- Define the human resource implications with regard to recruitment and training.

Increase the availability of **aftercare** services throughout PEI:

- Develop an aftercare program available in all regions of PEI;
- Encourage the development of self-help community based groups.

Next steps, in Phase II of this initiative, consist of the following work:

- Review in depth the findings of the *2007 Survey on Student Drug Use* to update knowledge of trends and concerns;
- Validate the findings of Phase I as set out in this report, through a public engagement process;
- Explore opportunities for partnerships both with the federal government, and with community organizations;
- Establish an Advisory Committee to provide guidance to Phase III of the strategy.

Based on these processes, the project team, with input from the Intergovernmental Advisory Group and the stakeholder Advisory Committee, will:

- Refine and finalize the directions suggested in this report;
- Prepare a detailed implementation plan for Phase III of the strategy;
- Establish an implementation team to carry out Phase III of the work.

## 1.0 Introduction

Substance abuse by youth threatens their health, safety and well-being, and takes a toll on families, communities, and society. In Prince Edward Island, some progress is being made in meeting this challenge. Recent data from the *2007 Student Drug Use Survey* indicate that the rates of some types of substance abuse have dropped during the past decade and that PEI has lower rates of substance use than the other Atlantic Provinces.

Despite these gains, a major share of Island children and youth continue to be involved in substance use. As well, several types of illicit drugs are becoming more widely used. The impacts are also severe. According to the *2007 Survey*, almost one out of five Island youth in Grades 9, 10, and 12 has a pattern of high risk behaviors related to alcohol use, and one out of twelve has high risk behaviors related to drug use. Community leaders, concerned parents, and professionals working with youth are calling for a broader range of resources for youth and families struggling with this complex issue.

In Prince Edward Island, specialized services for youth with substance abuse problems have been in place for just over a decade. In 1996-97, a pilot project involving staff from the PEI Youth Centre and Addiction Services in Summerside identified major needs throughout Prince Edward Island. The Province responded by creating seven designated Addiction Youth Counsellor positions and placing them throughout the Island. Over time, further services were added to address specific needs. Now, after a decade of incremental development and growth, PEI's current system is being reviewed to build on the strengths and the gains of the past decade. This project aims to adapt and develop existing services to better meet the changing needs of youth and their families and communities, and to reflect today's best knowledge of effective approaches and practices.

To fulfill these goals, work began in December 2006 to develop a strategy for youth with substance use problems or addictions, building on the existing system of community based services. The project is mandated to review relevant federal and provincial legislation, to research best practices, to review existing facilities, and to consult with stakeholders to obtain input on programming and models of care serving youth with substance abuse problems / addictions. Building on those findings, the project is to develop a program model to address the identified needs of the target population, encompassing both community programming, and residential programming including criteria for facility selection. These findings are to be presented in a report which includes an account of activities and undertakings, findings from research and consultations, recommendations for a PEI Youth Substance Abuse Strategy, a proposed implementation plan, and a budget.

This report sets out the findings and conclusions of the first phase of this work and proposes the steps necessary to complete the work called for in the mandate. It begins with a brief description of the measures used to gather information and stakeholder views. Guided by this research and consultation findings, a vision, goals, and principles are then proposed. Next, the challenge is defined: patterns and trends of youth substance abuse and addictions service use in Prince Edward Island are described, and

the context and factors affecting youth substance abuse are discussed. The core elements of the strategy are then set out: awareness and education, detox, counselling and assessment, treatment, and aftercare. For each of those elements, the report describes the current context and services, notes best practices and community input, and proposes measures to further develop the continuum. The report closes by suggesting next steps to validate the findings, analyze new data, and refine the components of the strategy, in preparation for an implementation planning process.

## 2.0 Approach to the Work

The project is being carried out by a Project Working Group, comprised of the management team of Community Mental Health and Addictions Services. This group was established in December 2006 and is responsible to prepare a work plan, prepare updates for the Interdepartmental Advisory Group, manage resources assigned to the project, and ensure completion of work in line with the proposal schedule.

The Working Group is guided by an Interdepartmental Advisory Group chaired by the Department of Health, and with representation from the Departments of Health, Attorney General, Education, Transportation and Public Works, and Social Services and Seniors. The group was established in December 2006, to provide the Working Group with interdepartmental advice on how best to approach the project, review progress to date, provide further direction, and provide regular progress reports on the plan to their home departments. Members of the Advisory and Working Groups are listed in the Acknowledgments at the end of this report.

Department of Health resources were reassigned to resource the strategy by organizing and facilitating consultations with professionals, preparing work plans and regular updates for the Interdepartmental Advisory Group and the Project Working Group. Research measures to determine current and best practice included the following:

- The literature was reviewed, including *Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems* (Health Canada, 2001);
- Teleconferences were held with addiction service providers within PEI, in Newfoundland, and at the Choices facility operated by the IWK Hospital in Halifax;
- Site visits were made to the Wood Street Centre in Truro, NS and the Portage program in Norton, NB;
- An initial inventory was carried out of existing facility capacity in Prince Edward Island.

To ensure broad community input, a total of 24 consultations were held across the province with approximately 240 persons in attendance. Individuals unable to attend these sessions were given the options of faxing or emailing their responses. Participants at public consultations who were uncomfortable with speaking in public were given the option to write their comments and provide them to the facilitator at the end of the session.

- Five public consultations were held, in Souris, Montague, Charlottetown, Summerside and Bloomfield, attended by over 100 people;
- Five stakeholder groups were also consulted: Concerned Parents Groups in Charlottetown and Summerside; youth in treatment; and groups representing the francophone and Aboriginal communities;

- As well, 14 consultations were held with professionals and service providers from the Departments of Attorney General, Education, Health (Community Mental Health & Addictions) and Social Services and Seniors;
- Meetings were also held with the Addictions Youth Counsellors to seek advice and to discuss best practices and potential models for residential treatment.

Given the amount of facilitation required in a limited time frame, Future Learning Inc. was contracted to arrange, facilitate and document the results from the public and stakeholder consultations, and to document and synthesize themes from these professional consultation sessions. Input from the consultations is summarized in the sections below as applicable.

Specialized expertise was provided by the law firm of Gaudet Dorsey MacLeod, who provided a preliminary review of federal and provincial legislative pertaining to involuntary assessment and treatment of youth for severe addiction issues.

## 3.0 Youth Substance Abuse: The Challenge Ahead

### 3.1 National Context

Since the mid-1990s, there has been a significant increase in the prevalence of alcohol and other drug use in Canada. From 1994-2004, rates of current use for adults went from 72% to 79% for alcohol; from 7% to 14% for cannabis; from less than 1% to almost 2% for cocaine/crack use; and from 1.1% to 1.3% for LSD/ speed/ heroin.

One out of four Canadians occasionally to frequently uses alcohol in a manner that increases risk of acute or chronic complications. This risk varies significantly by gender: an estimated 9% of female drinkers and 25% of male drinkers are considered “high risk.” Young males aged 18-24 and single persons were the most likely to exceed the CAMH (Centre for Addictions and Mental Health) “drinking guidelines” of two standard drinks on a single day to a maximum of 14 drinks/week for men and nine drinks/week for non-pregnant women. Alcohol is the primary criminal cause of motor vehicle deaths; however, drugs are also becoming a growing concern, with 20-26% of fatally injured drivers registering the presence of drugs such as cannabis and cocaine in their system.

Rates of substance use are even higher among Canadian youth aged 15-24. Indeed, international comparisons show that rates of cannabis and alcohol use by Canadian youth are among the highest in the world.<sup>1</sup> The rate of alcohol consumption among youth is 83 %, compared to the general population rate of 79%. Of particular concern, 37% or over one of three youth report binge drinking (five or more drinks on a single occasion) at least monthly, and 12% report doing so weekly. Rates of other drug use among youth are more than double the rate for the total population: 37% for cannabis; 6% for cocaine/crack; 4% for speed; 4% for ecstasy or similar drugs; 4% for hallucinogens; and 1% for heroin.

In a cost study by the Canadian Centre on Substance Abuse, the total health, social and economic costs to Canada in 2002 of alcohol and illegal drugs was estimated to be \$22.8 billion. These costs include health care costs, law enforcement costs, and productivity losses.<sup>2</sup>

### 3.2 The Prince Edward Island Context

**Prevalence** In Prince Edward Island, the *PEI Student Drug Survey* provides valuable, comprehensive data on trends in substance use by youth. This survey, carried out in partnership with the other Atlantic Provinces and repeated in 1996, 1998, 2002, and 2007, uses anonymous self-reported responses by a large sample of students in grades 7, 9, 10, and 12. The authors note that the survey excludes students who are home-

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<sup>1</sup>Canadian Centre on Substance Abuse, *Substance Abuse in Canada: Youth in Focus* (2007), p. 5

<sup>2</sup>J. Rehm et al, *The Costs of Substance Abuse in Canada 2002* (Canadian Centre on Substance Abuse, March 2006) p. 1

schooled, attending a private school, absent from school or have dropped out. These latter two groups are at higher risk of substance use than the youth population at large. As well, the authors note that all percentages are likely to be under-estimates, as under-reporting is more likely than over-reporting in self-report surveys. As a result, the data in the report should be viewed as likely underestimating the rates of use to some extent. Despite these cautions, these studies provide the best estimates available to describe the level of drug use in the adolescent PEI student population.

Key findings of the 2002 and 2007 Surveys include the following:<sup>3, 4, 5</sup>

- The drugs most commonly used by adolescent students in PEI are alcohol, cannabis, and tobacco. Just over half of students, 51%, reported some form of substance use in 2007, down from 54% in 2002.
- Alcohol was the drug of choice, with almost half of students, 46%, reporting its use. This rate was down slightly from the 48% reported in 2002, and was also lower than the rates of 50 – 52% reported in the other Atlantic provinces. In 2007, drinking rates ranged from 8% of Grade 7 students to 77% of Grade 12 students. Half of Grade 12 students reported binge drinking in the month before the survey, and 45% reported that they had been drunk. Survey data on multiple drug use demonstrate that alcohol overlaps almost all other drug use.
- Cannabis use was reported by 21% of students in PEI, down from 23% in 2002 and lower than the rates of 27 – 32% reported in other Atlantic provinces. Rates of use in PEI in 2007 ranged from 3% of Grade 7 students to 37% of Grade 12 students.
- Smoking rates across all groups were 15% in 2007, a slight drop from the 18% reported in 2002, and a major drop from the 33% identified in 1996. Rates were down at all grade levels. However, the proportion of students smoking daily showed a much smaller drop, indicating that much of the decline had taken place among occasional smokers. In 2007, smoking rates ranged from 3% among Grade 7 students to 24% among Grade 12 students. Across all grades, 53% of smokers had tried to quit.
- In 2007, approximately 6% of Island students reported using stimulants (methylphenidate, e.g. Ritalin, or amphetamines), 5% reported using magic mushrooms, and 4% reported using inhalants. These rates represented declines

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<sup>3</sup> Dr. Linda van Til and Dr. Christiane Poulin, *Prince Edward Island Student Drug Use Survey 2007: Highlights Report* (Department of Health, November 2007)

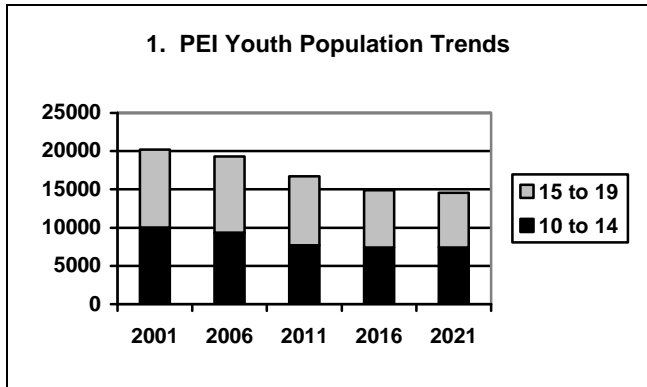
<sup>4</sup> Dr. Linda van Til and Dr. Christiane Poulin, *Prince Edward Island Student Drug Use Survey 2002: Highlights Report* (Department of Health, November 2002)

<sup>5</sup> Dr. Christiane Poulin and Dr. David Elliott, *Student Drug Use Survey in the Atlantic Provinces 2007: Atlantic Technical Report*, Dalhousie University, November 2007

from earlier years. Among age groups, magic mushroom use ranged from 1% of Grade 7 students to 8% of high school students. Inhalants were more widely used by younger students, with peak use of 6% among Grade 9 students, dropping steadily to 1% of grade 12 students. Use of stimulants climbed from 2% of Grade 7 students to 10% of Grade 10 students before dropping to 8% among Grade 12 students.

- The remaining drugs were reported by less than 5% of PEI students. Rates of use of tranquilizers, steroids, and LSD declined to 2 - 3%. Rates of use of PCP and opiates were stable and less than 2%. However, several drugs showed an increase in rates of use between 2002 and 2007, including cocaine, up from 2% to 3%; MDMA (ecstasy), up from 3% to 3.4%; and methamphetamine (crystal meth, speed) surveyed for the first time, and reported by 1% of Island students.
- Among students frequently using alcohol and/or other drugs, the most common consequence was unplanned sex. At each grade level of 9, 10, and 12, approximately half of all students who reported that they were sexually active also reported that they had unplanned sex while drinking. Rates of unplanned sex while drinking rose from 6% of Grade 9 students to 25% of Grade 12 students.
- Over one-sixth of Grade 10 and 12 students with a driver's license drove within an hour of having two or more drinks of alcohol, down significantly from the one-third in 2002; 18% of students had been a passenger with an impaired driver.
- In regard to gambling, 60% of students participated in some form of gambling in the year preceding the 2007 survey, the same proportion as in 2002.
- Among students in Grades 9, 10, and 12:
  - 18% have a pattern of high risk behavior related to alcohol use, that is, they report experiencing three or more of thirteen alcohol problem indicators. A further 21% are at moderate risk, with one or two problems.
  - 8% have a pattern of high risk behavior related to cannabis use, reporting three or more of nine drug-related problems, and 12% have a pattern of moderate risk, reporting one to two problems.

The *PEI Student Drug Survey 2007* strongly recommended continued efforts to support students to make healthy decisions about drug use, to inform the public about the harms of alcohol use, and to develop youth understanding of the consequences of both alcohol and drug use. These recommendations are consistent with the approaches proposed in this report.



**Target Population** In examining current trends in the rate of substance abuse, it is also important to determine the size of the overall youth population. This population is part-way through a long term decline which began in the early 1990s. As shown in Chart 1 (based on census data to 2006 and PEI Provincial Treasury projections thereafter), the youth population aged 10-19 is expected to stabilize at a new and lower level of about 14,500 by the mid-2010s.

Although this population is slowly decreasing on a yearly basis, it still represents a sizeable group requiring prevention, promotion, education, and early intervention programs. As well, the *Survey* findings discussed above indicate severe and in some cases increasing rates and levels of substance use problems among youth. These trends offset the decreases in service demand which might otherwise be expected from a shrinking target group.

## 4.0 Vision, Principles, Philosophy and Goals

### 4.1 Vision

This strategy has been developed in support of the following vision for youth addictions services on PEI:

*Island youth will have access to a full continuum of appropriate, integrated services to prevent and treat substance abuse problems / addictions.*

### 4.2 Principles

The work of developing the strategy has been guided by expert consensus on the characteristics of effective treatment approaches. As identified in Health Canada's *Best Practices Report*,<sup>4</sup> the best practice model involves services and treatment that:

- are highly individualized and client-centered;
- support a harm reduction model;
- support a menu of approaches and methods;
- support youth within the context of their families and communities;
- provide safe and respectful treatment;
- involve families;
- include physical, emotional and spiritual elements;
- provide the least intrusive treatment initially;
- respect the basic worth of youth;
- provide for experiential learning by youth;
- are based on strengths and assets, not deficits; and
- are based on skill building which enhances self-esteem.

### 4.3 Philosophy and Approach

With regard to the overall philosophy and approach, the *Best Practices Report* also recommends:

- A realistic view of relapse, a focus on harm reduction, a client-centered flexible approach to treatment, and involvement of the family through therapy, support or education, as essential approaches to retain youth in treatment;
- A broad psycho-social approach with a focus on skill building, culturally appropriate activities (where applicable) and a recreational component, as an optimal approach to treatment;

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<sup>4</sup> Janet C. Currie, *Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems* (Health Canada, 2001) pp. 34-35

- Measurement of “success” in a multi-dimensional way using a range of “quality of life” measures, client assessment, as well as reduction in substance use.

These philosophical approaches are consistent with the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005).

#### **4.4 Goals**

Guided by these principles and philosophy, the strategy is intended to achieve progress toward several important goals:

- To increase substance use awareness by youth, their families, professionals serving youth, and the public at large;
- To promote policies and environments that support safe and healthy decisions by youth about substance use;
- To develop, implement, and evaluate services which address gaps in the continuum of substance use services and treatment in PEI;
- To ensure that approaches respect the human rights of the individual;
- To increase satisfaction of youth and their families with the service and treatment system;
- To expand partnerships with other government agencies, non-profit agencies, and communities to advance the foregoing goals;
- To carry out research and evaluation to assess progress toward goals and to support the ongoing improvement of services and approaches.

## 5.0 Strengthening the Continuum of Services

This project aims to build upon the current service continuum, creating more diversity of service and filling identified gaps. A continuum is simply a linear succession of associated services increasing in therapeutic intensity. Clients are assessed as to their treatment needs and are matched to the most appropriate service on the continuum. All components of the continuum are equally important to the overall vision set out above.

This section discusses the continuum, focusing on five major components:

- prevention focused services, including education and awareness, and early intervention;
- detox;
- counselling and assessment, both one on one and group;
- treatment, in both outpatient and residential settings; and
- aftercare and ongoing supports.

Each of these components is discussed below. For each component, the current services provided in PEI are described. Next, the findings of the research and the input from the consultations regarding that component are outlined and gaps are identified. Finally, needed enhancements and additions are discussed and recommendations are made. For comparison, a chart has been created to compare and contrast youth addiction programs in New Brunswick (Portage), Nova Scotia (Choices), and Newfoundland and Labrador (Adolescent Day Program). The chart is contained in Appendix One.

### 5.1 Prevention, Education, and Early Intervention

**Current Status** Although prevention services are an essential component of a healthy continuum, Addiction Services is currently able to devote only limited resources to this area. Currently, Student Assistance Programs (SAP) are offered to grades 3-12 in schools across the province. The programs consist of an Education Program for younger children, Friendship Groups for those who are affected by someone else's substance abuse, and Challenge Groups to assist youth who are harmfully involved with substance abuse. In 2006-07, these programs reached 651 students, down from 740 in 2005-06. With the current complement of Addiction staff and demand pressures on other services, only a limited number of schools can be reached each semester. As well, where feasible, Addictions staff make themselves available to community organizations when requested to speak about substance abuse. However, demand pressures on Addictions Services' resources make it impossible to carry out a proactive program of public education, and hence awareness of the services available is low.

Early intervention is carried out through various channels. For example, Multi-Agency Service Teams (MAST) serve youth in the school system. The teams are comprised of professionals from various agencies such as Social Services, Mental Health, Addictions, Probation, Public Health, School Counsellors, psychologists and other school personnel

as deemed appropriate. These teams work at the Intermediate level and in some high schools as resources permit. They identify and work with students who are demonstrating risky behaviors such as truancy and anger that could lead to potential problems in the future.

Some further education and awareness work is carried out by partner groups and agencies. The new health curriculum for intermediate schools includes expanded and updated material on substance use. As well, the DARE (Drug Awareness and Resistance Education) program is delivered by police forces to Grade 6 classes across the province. Mothers Against Drunk Driving (MADD) and Students Against Drunk Driving (SADD) have worked over the years to prevent alcohol abuse, while Students Working in Tobacco Can Help (SWITCH) is a key part of the province's tobacco reduction efforts. From time to time, community groups carry out ad hoc education efforts, such as the parent information sessions on substance abuse coordinated by the PEI Home and School Federation during the 2006-07 school year.

More broadly, various community groups such as the Boys and Girls Club, Generation X in Summerside, and Generation XX in Montague assist and support youth at risk, and offer recreational and learning options. A new initiative is the 120 Program currently being piloted in Kings County through a partnership between Generation XX, the Montague RCMP, and Community Addictions Services Montague. This pilot program targets youth with a crime prevention and harm reduction focus. Youth who have received fines for alcohol and/or drug involvement are offered a choice of either paying a fine or attending the program. The program aims to help youth aged 12 to 18 years to gain an enhanced awareness of their own problematic substance use and how it impacts on the community, and also includes a session for parents.

**Consultation and Research Findings** The public and stakeholder consultations indicated very positive perceptions of existing education and awareness programs, with praise for both the Student Assistance Programs and the education sessions provided to parents and professionals. Website development for youth was also seen as holding promise. It was strongly felt, however, that much more needed to be done in this area. Participants called for:

- more promotion of Addiction Services and public education within the province;
- increased training for other professionals regarding addiction, illicit drugs, and withdrawal process;
- more information for parents and for the public at large on prevention and health promotion;
- increased financial support provided to community-based partners in prevention such as SADD, MADD, & SWITCH.

According to the National Institute on Drug Abuse, "Research-based prevention programs can be cost-effective. Recent research affirms earlier findings that for each dollar invested in prevention, savings of up to \$10 in treatment for alcohol or other

substance abuse can be seen.”<sup>5</sup> The study further notes, “For young children already exhibiting serious risk factors, delaying intervention until adolescence will likely make it more difficult to overcome risks. By adolescence, children’s attitudes and behaviors are well established and not easily changed.”<sup>6</sup>

The research indicates that recreation activities are of great value in engaging youth with substance abuse problems, building their self-esteem, and retaining them in treatment. Involving youth at an early age, particularly disenfranchised/marginalized youth, plays an important role in decreasing the risk factors that lead to substance abuse. While this is not an Addiction Service per se, these activities could be arranged in partnership with local youth groups, youth organizations, and municipal governments.

“Root Cause” educational counselling groups are a more focused early intervention targeted at youth who are beginning to display warning signs that may predict later drug abuse. Such signs include the following:

- aggressive or withdrawn behavior;
- problems interacting with peers and family members;
- early academic failure; peer rejection;
- chaotic home environment;
- lack of significant caring adult;
- a caregiver who has mental health issues or abuses substances or engages in criminal activity;
- drug availability and cost.

Input from consultations indicated that the materials and resources used in the Substance Abuse Programs are dated and need to be revised. In particular, programming for the high school aged group needs to be refreshed, as the current programs have been deemed relatively ineffective with this population.

**Recommended Directions** Increased emphasis on education and awareness is needed to prevent youth substance abuse and to increase awareness of the services available. Priority should be placed on the following areas:

- The Student Assistance Programs for grades 3-12 need to be refreshed with new materials and resources, and should be expanded to ensure that they can have a presence in all schools across PEI.
- Increased emphasis should be placed on public education, both directly through Addictions Services communications and outreach, and through strengthened partnership with other agencies and community groups. Particular emphasis should be placed on family and parent education. Dedicated staff resources are required to identify target populations and design appropriate educational campaigns, design service brochures, provide public education sessions, build

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<sup>5</sup> National Institute on Drug Abuse, *Preventing Drug Abuse among Children and Adolescents; A Research-Based Guide for Parents, Educators, and Community Leaders*, 2003, pg 5.

<sup>6</sup> *Ibid.*, p 7

relationships with the media, provide training or information sessions for other professionals, and update resources used by other Addictions staff.

- “Root cause” groups should be developed and /or expanded in schools across the Island. The number of groups and types of groups should be based on the assessed needs of youth in each school. Counselling topics addressed by these Root Cause groups could include social skills, communication skills, anger management, self-esteem, and positive decision-making.
- Partnerships should be developed and strengthened with other agencies and community organizations serving youth to promote expansion of recreation options for youth, and access to those options by youth with substance abuse problems/addictions.

## 5.2 Detox

**Current Status** Currently, detoxification services are provided by the Provincial Addictions Treatment Facility, which has two beds designated for youth. However, this service has significant limitations. The PATF is an adult facility. As well, the recommended maximum stay is 120 hours, limiting the PATF’s role to detoxification and some assessment. During 2005-06, a total of 29 youth used the facility, comprised of five youth from Prince County, three from Kings County, and 21 from Queens County.

**Consultation and Research Findings** Major concerns were expressed in the consultations about the limited number of youth detox beds at Provincial Addictions Facility (PATF), and about the location of the two available beds at an adult facility. It was strongly and unanimously felt that youth should not be co-located with adults for detoxification and treatment.

As well, in consultations, many concerned parents and some service providers expressed concern about their inability to obtain a secure assessment for youth whose behavior was out of control and posed a risk to themselves and/or others, and called for such a service to be added to PEI’s continuum. Accordingly, work was conducted to identify approaches in other jurisdictions.

Secure assessment is an involuntary service for youth who are beyond parental control or behaving in a manner which presents a risk to themselves or others. They are non-voluntary, yet require a safe and secure placement to immediately lower the risk. The youth is held for a set period of time, governed by legislation, while an intensive assessment is completed to determine the appropriate course of treatment for the youth. Secure assessment is not treatment, but allows for a period of safety for the youth and an opportunity to prepare them for treatment.

The law firm, Gaudet Dorsey MacLeod, identified legislative requirements for a secure assessment service and indicated the provinces that provide secure assessment do so through Child Protection, Addictions, Mental Health, or Youth Justice legislation, with detention periods ranging from 24 hours to 90 days. Only Alberta, Ontario, Quebec,

and Nova Scotia have legislation that allows an extension or renewal of the custody order. For addictions treatment only, Alberta, Manitoba and Saskatchewan have legislative capabilities for secure assessment.

**Recommended Directions** Further work would be required on a number of fronts if a secure assessment service is to be provided on PEI.

- The legal framework for non-voluntary assessment would need to be defined and developed.
- Program policies would need to be designed, including work to:
  - define age requirements;
  - develop a process that empowers parents;
  - define high risk behaviors;
  - outline judicial due process;
  - explore need for Youth Advocacy;
  - outline the assessment process, and develop guidelines and procedures;
  - determine the professional staff complement.
- An appropriate secure setting would need to be identified and any necessary renovations carried out.
- Appropriate professionals would need to be recruited and trained to provide the assessment.

### 5.3 Counselling

**Current Status** Addiction Services currently has a complement of 6.5 Youth Addictions Counsellors. These personnel provide assessment, monitoring, and treatment programs to youth with substance abuse problems / addictions, working in cooperation with other helping professionals in the school system and the community. As part of this work, they also provide support and education to parents/guardians and other family members. The counsellors also deliver the Student Assistance Program and provide educational sessions to the community as resources allow.

**Research and Consultation Findings** The public consultations indicated very positive perceptions of the work being done by existing personnel. Areas of particular strength included the following:

- Assessments, referrals, and responses are seen as timely;
- Praise was expressed for counsellors' ability to establish therapeutic relationships with youth;
- Responses are integrated through partnerships among addictions staff, with mental health staff, and with other agencies and services – maintaining client contact while receiving other services such as inpatient mental health care, promoting a seamless transition into adult addictions services if required, and providing feedback to referral sources;

- Services are portable across the province and are available in the school setting as well as in offices.

The consensus was that the counsellors are doing well with limited resources but they are “stretched too thin” and unable to meet the demand in the community.

A need was seen to build on these strengths and to address gaps in services, through measures to:

- provide evening and week-end coverage by Youth Addiction Counsellors;
- expand services to offer appropriate client service matching;
- move from a fixed length of program toward a duration of service that meets individual client needs;
- increase coordination with other partners and provision of a single point of contact for youth and families;
- serve parents/caregivers and other family members through various means, including education, support, and family therapy.

Participants called for these services to be enhanced and to strengthen their emphasis on a harm reduction approach.

The best practice literature identifies outreach to youth as an essential element to actively engage the youth in treatment. An emphasis on the physical presence of program staff at locations where youth congregate and provision of direct support and training to staff working with youth serving agencies (particularly schools) are considered critical elements of an outreach strategy. With additional staff, evening hours, weekend coverage, and an outreach approach would greatly expand the service.

Research on best practices also identifies that for optimal outcomes, the following adjunctive services need to be integrated into the client’s case plan:

- community mental health services;
- physical health services (e.g. immunization);
- education;
- recreational services;
- Aboriginal spiritual services;
- employment apprenticeship training.

Mental Health has been experiencing a huge demand for their service, creating wait lists for potential clients. Additional staff resources would enable reduction of wait lists, more co-facilitated groups, co-joint management of high risk cases, and expanded work on a more integrated concurrent approach between Mental Health and Addictions staff.

Family Counsellors have recommended an increased complement of clinicians to specialize in working with youth and their families. The literature indicates that family participation in treatment activities is a significant element in the success of the treatment. In the Alberta Alcohol and Drug Abuse Commission’s Youth Detoxification

and Residential Treatment Literature Review, numerous family therapies were reviewed. It appears that multi-dimensional family therapy (MDFT) (composed of 15 sessions - six with the adolescent, three with the parents, and six with the whole family) showed greater reduction in drug use and improved school functioning as well as improved self-esteem and reduced peer anti-social behavior.

**Recommended Directions** To provide a more complete continuum of services in this area, the following enhancements and additions are recommended:

- The number of counsellor positions should be increased and deployed across the province;
- Family therapy could be a new and valuable element in PEI's service continuum for youth. To add this element to the continuum of services, a family therapist position would be required.

## 5.4 Treatment

**Current Status** At present, there is no option for residential addictions treatment for youth within the province. Youth who require residential treatment are currently referred to Portage, New Brunswick. Portage offers treatment to drug abusers who have expressed a desire to change and have voluntarily asked to enter the program. To quote the literature sent by Portage, "the community is the therapy." Role modeling and mentoring by peers are key components. Successful clients help set an example for newer clients. The normal length of stay is anywhere from three to six months, depending on the youth's needs. There is only limited involvement of families. Emphasis is placed on the concept of self help and positive peer influence within a caring environment. Youth who are experiencing issues related to social or mental health are referred to local community based services.

**Research and Consultation Findings** The strongest theme expressed throughout the consultations was the call for the establishment of a youth addictions treatment facility within the province. Very strong concerns were expressed by many families about the complete lack of in-province residential or day treatment programs for addicted youth. It was noted that access to out-of-province treatment involves a complex and lengthy process, which can impede outcomes. As well, the needed travel out of province to participate in case conferences, family sessions, or to visit the youth is costly, putting it out of reach for some families. An in-province facility was seen as vital to provide more accessible and timely support, to ensure more proximity to family and other support networks, and to enhance the capacity to integrate the youth back into Island society in a controlled and effective way.

Day programming can be held in conjunction with a residential treatment program or as a stand alone program. The programming is essentially group work in a number of different areas offered during the days, evenings, or weekends but without the residential component.

There is consensus among key experts, supported by the literature, that youth treatment should be separated from adult treatment and matched specifically to client needs. Ideally, the residential program should be based on best practices and evidence-based research. This means that there is an evaluative component that shows the efficacy of the treatment. The best practices literature indicates that a residential treatment program is most appropriate when clients have a significant level of dysfunction as a result of their substance use and the community/peer environment is not conducive to intensive treatment activities.

**Recommended Directions** The continuum of services available in Prince Edward Island should be expanded to include:

- A day treatment program should be developed and put in place;
- A residential treatment component should be designed and established.

## 5.5 Aftercare

**Current Status** Aftercare is a part of the follow up treatment service following discharge from residential treatment, involving continued structured therapeutic contact, usually in a weekly group format. Aftercare is a fundamental component of treatment as it allows continued follow-up, feedback, reinforcement of newly learned skills, and prevention of relapse. Length of times varies but 6-12 months is not uncommon. Currently, aftercare is largely provided on PEI by staff of the Portage program in New Brunswick.

Self-help community-based groups such as twelve-step groups for youth and their families are limited in PEI. Where feasible, clients are referred to appropriate groups during or upon completion of treatment. Efforts are being made to develop self-help groups for youth in addition to aftercare programming.

**Consultation and Research Findings** Participants in public consultations expressed concern about the limited availability of self-help groups for youth and family members, and the lack of aftercare/continuing care program following residential treatment.

**Recommended Directions** Action should be taken to expand the range and availability of aftercare services in PEI:

- An Aftercare program should be developed and offered in all regions by Community Addictions Services. Additional resources will be required for the implementation and monitoring of this service;
- Greater emphasis should be placed on encouraging the development of self-help community based groups.

## 6.0 Next Steps

In order to move forward with the enhancement of services to youth with substance abuse problems/addictions in PEI, the following steps are proposed as Phase II of this initiative.

- The findings of the *2007 Survey on Student Drug Use* should be reviewed in depth to identify detailed trends in the nature, incidence, and severity of youth substance use, and to refine the measures suggested in this report.
- The findings of the Phase I consultations should be validated through a public engagement process. This process should include expert presentations on best practices and information on survey findings, as well as discussion of the directions suggested in this report and identification of priorities.
- Opportunities for partnership should be explored, including the potential to:
  - enhance services in PEI through partnerships related to the new federal strategy on substance use; and
  - build stronger linkages with and among community groups.
- An Advisory Committee should be established to provide guidance to Phase III of the strategy.

Based on these processes in Phase II:

- The recommended directions suggested in this report should be refined and finalized;
- A detailed implementation plan should be prepared for Phase III of the strategy;
- An implementation team should be established to carry out Phase III of the work.

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- *Prince Edward Island Student Drug Use Survey 2002: Highlights Report* (Department of Health, November 2002)
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### ***Project Background Documents***

Project Terms of Reference

Consultation Schedule

Future Learning Inc. *A Public Consultation on Youth Addictions Programs, Prince Edward Island Department of Health* (March 2007)

Communication Plan

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## Appendix One: Atlantic Provincial Service Comparison Table

	<b>Adolescent Day Program St. John's, Nfld</b>	<b>Choices IWK, Halifax, N.S.</b>	<b>Portage Norton, NB</b>
<b>Age Range</b>	12-18 years	13-19 years	16-24 years
<b>Residential component</b>	no day program only	yes residential & day program	yes residential
<b>Philosophy</b>	harm reduction, stages of change model, motivational interviewing, client centered with family involvement	harm reduction, stages of change model, motivational interviewing, client centered with family involvement	therapeutic community, abstinence, family involvement
<b>Number of spaces</b>	10-12	14	55
<b>Program duration</b>	open ended	8 weeks	up to 1 year
<b>Staff complement</b>	5 professional staff	18 professional staff	7 certified staff per day and evening shift, 2 teachers, and administrative staff
<b>Type of Client</b>	Voluntary	Voluntary	Voluntary (2 beds for Justice clients who choose treatment rather than open custody)
<b>Setting</b>	Urban, St. John's	Urban, Halifax	Rural, Norton, N.B.
<b>Treatment</b>	acupuncture, mixed groups, Cognitive Behavioral Therapy, evening/weekend, recreational, school, family work, individual therapy	mixed groups, Cognitive Behavioral Therapy, evening/weekend, recreational, school, family work, individual therapy	gender specific groups, case management, peer groups, life skills, recreation, school, family involvement