

NDP PEI Youth Addictions Forum
May 21, 2013
Poole's Corner, PEI

REPORT

1) Background: The forum was organized in response to concerns Mike Redmond (Leader, NDPPEI) was hearing in the community. In fact, one or two weeks prior to the forum, the Boys and Girls Club of Charlottetown had released an excellent film, made with young people who are experienced or have experienced addictions to prescription drugs, and their family members and supporters. [Innocence Lost](#) received and continues to receive much positive attention.

2) The forum: The forum opened with presentations by a group of panellists, each with a certain perspective. Afterwards, Mike Redmond facilitated a general discussion.

Each panellist had been asked to address the following questions:

What are the social, economic and personal factors that contribute to the growing problem of youth addictions?

What are we doing to address this problem?

What can be done in terms of prevention and care to be more effective?

3) Panellists: Here are brief introductions to each of the panelists:

Courtney Laurence is a research coordinator with the Comprehensive School Health Research Group at UPEI and has been involved in youth health research for over 2 1/2 years. She holds a BA from Saint Mary's University (Criminology and Psychology) and a MA in Criminology, with a focus on crime prevention, from Simon Fraser University. Courtney is particularly interested in how mental fitness, connectedness, bullying, and the built environment influence youth behaviours.

Melissa Munro-Bernard is also a research coordinator with the Comprehensive School Health Research Group at UPEI and has been the project coordinator of SHAPES-PEI since 2010. She holds a BA from St. Thomas University and a Master of Arts in Political Science from Memorial University. Melissa's primary areas of interest include the social and environmental influences on youth health behaviours and school-based health promotion.

Tyler Larter has worked as a Youth Worker for the past 18 years in numerous positions; at facilities for young offenders in Summerside and Georgetown, three years in an Alternative School program, two years at Queen Charlotte Junior

High School and for the past nine years at Colonel Gray High School.

Scott MacIsaac has a Bachelor of Arts, and Masters of Theatre Arts which he obtained in Paris. He has Masters of Divinity and was ordained in 2001. He has served parishes in Nova Scotia and has established a church in Charlottetown called All Peoples Church. He has been a prison chaplain on Prince Edward Island since 2003. Scott has undertaken extensive programs for addictions on Prince Edward Island for the past decade including work inside of correctional centers and on the streets. He is about to embark on studies to receive his certification in addiction counselling from McMaster University.

Alana Leard's background is in child and youth care work. She has worked at AIDS PEI for 4 years, the first two years as the outreach coordinator and presently as the Executive Director.

Rose Barbour was enjoying a nice life with her loving children, her wonderful husband, and a rewarding career. This perfect life fell apart when drugs entered their home and shattered their world. Devastated, scared, and having no experience with addiction, Rose began gathering information that would help save her teenage son. She soon discovered the many gaps in the system that would prove significant barriers to his recovery. Rose broke the silence on addiction by sharing her family's story through talks, the media, and support groups. She started a blog - "Living in the Shadows in Prince Edward Island" - which has had almost 19,000 visits since January 1st. Through her work, Rose tries to give a voice to addicts and their families, build compassion, educate, and hopefully, prevent other youth and their families from living this nightmare.

4) Policy Observations: The following observations are based on what we heard from the panelists and from audience members. The discussion was rich, and by times very moving, as families shared their experiences, supporting loved ones who struggled with addictions.

a. Incidence

Forum discussions revealed some variations in interpretation of evidence about the incidence or rate of youth addictions over time. Researchers report that the rate of youth addictions is relatively stable; parents and front-line workers report that the rate is of epidemic proportion. Reconciling these difference is an important first step in policy formation.

b. Causes of youth addictions

While stress, family discord and personal alienation are real risk factors for youth addiction, a pure population health model of predicting risk can

ignore the strong anecdotal evidence that addictions know “no class”. This could be influenced by the highly addictive properties of narcotic prescription drugs and the greatly increased potency of today’s street marijuana which can “take hold” of someone, even a casual user, much more readily than in the past, leaving even those with otherwise solid mental health prospects vulnerable.

A lack of real, street-relevant information for youth and parents on the practical dangers of illicit prescription drug use is a causal factor.

Shame and denial impede progress at all levels, personal and social.

c. Treatment

Early intervention, assessment and prompt treatment are **not** characteristic of the current Island approach to addictions, especially among youth.

Preventative, relevant, education as a primary support strategy is key but represents **almost none** of the current Island programme spending on youth addictions.

The current PEI reactive model of treatment is largely self-defeating relying on in patient treatment as a first rather than a last resort.

The current in-residence treatment service on the Island is a good start but has serious flaws that confound its effectiveness.

d. Crime Implications

Owing to the high street cost of opiates and other very addictive Rx drugs, few users can afford to maintain themselves without resorting to a variety of criminal activities.

There is a need to get a much better understanding of how much criminal activity is involved with youth addictions.

There is a sense that such activity is widespread but not acted on by authorities owing to the prospect of “plugging up” the justice system and having too-long wait times for courts to consider that the requirement for a “speedy trial” has been met.

There is some support for implementing stricter controls on the

number/amount of narcotic-based medications that can be prescribed and the number of “repeats” that can be authorized at the time of the initial prescription.

Police presence in all Island high schools would have wide public support.

e. Prevention

An education programme that is “real”, candid and targeted to parents and youth will have a positive effect. Good models exist such as the smoking prevention campaigns of the last two decades, and the SADD and MADD approaches to alcohol over use.

NOTE: Another area where different viewpoints were expressed concerned voluntary versus involuntary treatment. One view – addicts must want to recover in order for there to be any chance of treatment success. The other view – that many addicts are unable to form such a desire without being forced into a treatment program that will bring them to a state where they can form such a commitment.

f. Opportunities for progress

Extending the current PEI in - residence treatment programme to cover continuous care over the weekends.

Rigid control and monitoring of narcotic Rx's at the source of authorization and removing Rx repeats

Creating a prevention programme in partnership with parents, youth and key NGOs

Establishing an advisory council on youth addictions that reports annually on progress

Establishing and enforcing stricter sanctions of “dealers” whose interests are clearly (to the courts) commercial

Ensuring that PEI has sufficient trained specialists in addictions to allow more effective and faster intervention and care placement

Commission a public assessment of the current direct and indirect economic costs of additions among PEI youth.