

**Saskatchewan Rural Youth
Healthy Lifestyles and Risk
Behaviour Needs
Assessment**

**Report on Key Informant
Interviews**

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1.0 Introduction

The following report is a summary of qualitative interviews with 18 service providers from the rural east central region of Saskatchewan. The service providers included representatives from health, education, and justice. The interview guide is available in Appendix A. Questions were asked about youth substance use, the types of substances being used, and the impact on the lives of youth, their families, and the community at large. Service providers were also asked about the services available in their area and their opinion on what additional services would assist youth, families, and communities who are dealing with substance use issues and addictions. The service providers were asked for suggestions that would help youth make better choices, which in turn would create safer, healthier communities. The issue of rural and urban differences in youth substance use was also discussed.

2.0 Which substances are an issue for youth in your communities?

When asked what substances they thought were an issue for youth in their communities, service providers unanimously mentioned alcohol, illegal drugs, and tobacco. They reported that alcohol was the most widely used and caused the most problems for youth.

“There are more youth participating in underage drinking than any other substances”.

They also noted that marijuana is making its way into the mainstream as a drug of choice and in some cases is becoming as socially acceptable as alcohol.

Chewing tobacco use is on the rise and in some circles exceeds smoking. Service providers noted that chewing tobacco should be included in discussions with youth when talking to them about choosing not to smoke. Chewing tobacco should also be included in prevention campaigns, posters and other health promotion efforts.

Of the remaining risk behaviours discussed, 7 mentioned prescription drugs and 5 mentioned gambling. Self-abuse was also brought up as an issue that youth are dealing with. Prescription drug misuse included a variety of situations; including misuse of youth’s own prescriptions (over using), using others’ prescriptions, selling their prescription to others, having their prescription stolen, parents using their children’s prescription, and parents giving their prescription drugs to their children.

It is important to note that although the interview guide did not include over the counter drugs in the list of substances, service providers raised it as a problem for some

youth. Misuse of over the counter drugs refers to situations such as using cold medications when you don't have a cold or gravol when you don't have nausea. Tylenol, cough syrup, and laxatives are also included in this category of misuse.

3.0 Why do you think youth in this region are getting involved in substance use?

Service providers' responses as to why youth are getting involved with substances can be grouped into eleven different categories.

3.1. Role Modeling (14) and the Mindset of Small Communities (10)

Role modelling and the mindset of small communities were grouped together because the rationale and comments given for these two responses were very similar or identical.

"Alcohol use is considered a normal part of our culture".

Many of the community's recreational activities involve illegal and legal drinking and for the majority of people this is not seen as a problem. Service providers reported that many adults, coaches, and people working with kids use alcohol at youth and children's activities and this is seen as acceptable. These individuals are role models for youth, the people that kids look up to and when they are using alcohol at events, it reinforces the problem. Some service providers asserted youth involvement with substances is a learned behaviour and has a strong connection to family influences. Service providers noted that when children grow up in an environment where everyone around them uses alcohol and has a casual attitude toward alcohol and drugs, they have no other role models to draw on for making healthier choices. Youth see alcohol and drug use at home and younger youths model the behaviour of older youth. Drinking is seen as a right of passage into adulthood.

How do we define fun here? In our small towns they define fun as getting drunk.

Alcohol is engrained into the way of life here.

All of the social activities include alcohol. What alternatives do we provide for youth?

[In rural areas] we minimize the use - it's OK it's only alcohol. It's an attitude. There are some who say its only marijuana at least it's not the hard stuff.

One service provider who had worked in a variety of communities before coming to this area stated that:

I am shocked and surprised at the level of drug use in this community and the variety of drugs available. Marijuana is second to alcohol in its level of acceptability and is not really believed by most people to be the gateway drug that it is.

Many service providers emphasised the importance of looking at drug and alcohol use from a societal perspective and not just as an isolated youth issue. They stated that this is not only a youth problem because drugs are used by a wide range of age groups. Rather, it is a problem that spreads from one generation to the next. They mentioned that although we are attempting to examine the behaviour of youth we cannot isolate these problems as specific to youth alone. Youth substance use is part of a much larger context. One service provider asserted that the pushers of illegal drugs are adults within the rural communities.

Our society accepts this behaviour. Adults are selling to teens.

3.2 Peer and Group Pressure. (8)

Service providers had the following comments on the peer pressure that youth experience.

- *Youth have a deep need to belong.*
- *If drinking and taking drugs are the activities of their peer group then they will often follow rather than be left out.*
- *Kids are extremely vulnerable to the group they associate with.*
- *Some teens are leaders and some are followers.*

People working closely with kids often see patterns and trends. Service providers thought gambling and chewing tobacco were examples of the next up and coming trend.

3.3 Not enough variety in activities for youth, boredom and lack of supervision. (8)

Service providers indicated that youth tell them about the lack of things to do, the general boredom they face and their lack of involvement in activities. At times youth say there is absolutely nothing to do and/or no place to go and socialize. Service providers stated that with limited options and support and left to their own devices youth create social opportunities that are often dangerous and illegal. When youth are not involved in other activities, drinking becomes their social activity. Some service providers noted that when youth don't get involved in activities at a young age they rarely get involved when they are older.

Drinking and partying become the social activities of the whole community. What alternative do we provide for youth?

A serious look at how youth are viewed and valued as well as recognition of their contribution to our society is needed.

Often there is a blanket statement made about, “kids now a days.” Within the community are they seen as valuable in the community: is there room made for them to volunteer?

Parental support was cited as an important requirement of youth involvement in activities both in the school and in the community. Even though there are some organized activities for children and youth to participate in, parents usually play a vital role in providing activities in communities. Parent’s roles include physically transporting youth to activities, providing financial support, and the volunteer time needed to manage the activity. In rural areas, if parental support is not there, youth have fewer options. A lack of support can arise for a variety of reasons including lack of finances, long hours of work, and multiple jobs. For many rural families these obstacles exclude their children from participating.

3.4 Easily Access (5)

Youth reveal to service providers that family and friends often readily supply alcohol and other substances to them. Parents support drinking by providing the alcohol and the place to drink. Parents often believe that this a safer alternative than kids drinking unsupervised. Parents are sure that these activities will go on with or without their supervision, but in actuality, they are making it easy for kids to participate, by readily providing alcohol.

The party scene is unstoppable. The philosophy of most parents is that we have to supervise the drinking and drug use so they do it safely because kids are going to do it anyway.

We have made pot easy and socially acceptable. Nobody wants to get involved - we look the other way and pretend that it doesn’t exist.

Service providers also commented that youth are more mobile now than they ever have been with internet, cell phones, and traveling from one community to the next. They are very knowledgeable about what is out there and how and who to get illegal drugs from.

3.5 Youth want to fit in and create an identity for themselves as risk takers. (3)

Service providers maintained that many youth want to try and be identified as older or more mature and believe that alcohol is a way to be more adult. They will take great risks in order to stand out from the rest and to create an identity. Some want to be seen as rebels, risk takers, and on the outer fringe of their peer groups.

It’s the cool thing/adult thing to do.

It is a developmental stage that youth go through. They are risk takers. They want to experience everything earlier - they are in a hurry to grow up.

Youth are often impulsive and don't think of the long - term consequences of their behaviour. They are experimenting with substances in order to get high. The internet has opened up a whole new world of dangerous information to kids. They often charge ahead without thinking of what it could lead to.

3.6 Undiagnosed &/or untreated mental health issues. (3)

Service providers commented that some of the youth who are in treatment and/or struggling with addiction, have undiagnosed mental health issues which are the root cause of their addictions. Mental health issues such as depression and other underlying conditions are dealt with by self-medicating. Often youth know something is wrong but without the appropriate help and diagnoses they take matters into their own hands and use what is readily available.

3.7 Media. (2)

All drugs have been glamorized in our society.

3.8 Dysfunctional environment and stress. (2)

Youth workers have also noted that kids looking for a means to deal with stress and family dysfunction are at a higher risk for drug use. Kids who come from homes where there is fighting and constant turmoil will turn to drugs as they look for ways to cope.

3.9 Unintentional drug use when products are laced with "meth" or other substances. (2)

Two service providers reported cases in which youth had unknowingly been given an unidentified substance which produced a serious drug reaction requiring hospitalization. Different drugs, some that have not been identified, have been put into the drinks, cigarettes, and pop of youth who are then unknowingly drugged.

Kids have ended up in the emergency with overdoses, when they have never knowingly taken any substances.

For the most part kids are unintentionally getting involved in "meth" by the way of their pot being laced.

Pushers of illegal drugs ... will even lace substances in order to get the youth hooked.

3.10 Kids who are not socially accepted. (1)

In one service provider's opinion she/he has noted that, kids who are not socially accepted by their peers tend to be the ones who are smoking. It is not the mainstream popular kids who smoke anymore.

Saskatchewan is higher than the national average for smoking at 22%. We have not changed or improved these figures.

4.0 What problems do you see substances creating in the lives of youth in this region?

Service providers indicated that effects of substance abuse were most disruptive in three main areas: school, home life/relationships, and personal life.

4.1 School

Counsellors and service providers working closely with youth reported that, often these kids are absent from school, their performance is poor, and then their grades drop which leads to dropping out of school altogether. This affects the level of education that they are able to attain in the future. Over all, it affects their opportunities, social activities, and isolates them from positive peer groups.

Alcohol and drug use is creating lower ambitions for youth. They spend their time drug seeking and looking for the next party. They are not doing well in school or failing and really don't care - it's not a priority.

Service providers perceived a strong correlation between increased sports involvement and lower drug activity and risk. Also, there seems to be a division between groups of kids; some kids are involved in everything and then there is a group of kids who are never involved with anything.

4.2 Homelife and Relationships.

Service providers reported that youth substance use and addiction creates a higher incidence of violent behaviour and violent interaction in all relationships. They noted that youth who have issues with substances seem to be also having relationship issues with boyfriends or girlfriends.

One service provider stated that substance abuse creates family problems and bullying. Families will often deny that their kids have a problem, until things escalate, so their kids often do not receive help when they need it. Family breakdown and stress on all members of the family is evident. When one member of the family is struggling, it affects how the whole family functions. Children's problems can cause marital problems for parents.

Youth substance abuse creates family issues and problems but on the other hand family issues can create youth substance use. Which comes first, is hard to say.

When I asked one youth if he could get his parents involved in his counselling he responded, 'my mother is my dealer.'

Service Providers working within the communities notice compounding problems for kids who move out of home before they are able to take care of themselves. They often have to access services like the food bank and social services. If they are trying to go to school and hold down a job, they are met with many obstacles that make succeeding in life very difficult. This puts them at risk for dealing with lifelong poverty.

One service provider linked the long-term effect of youth substance abuse to the current work place problems of adults. He/she thought that in the work place many people are dealing with the results of becoming addicted as youth. These problems remain with individuals their entire life, in turn creating generational problems: family neglect and children's basic needs are not being met.

4.3 Personal.

Addiction happens quickly with youth. It creates dependencies that carry on into adulthood.

The younger they start the harder it is for them to quit.

Because of substance abuse, service providers report seeing more incidence of ...

...risky behaviours. Increased sexual behaviour and crime. We have related health risks. It affects their ability to find healthy ways to cope. Drug use becomes their choice of a coping mechanism.

Health workers report seeing the after affects of drug use which can create chronic mental health issues where there would not have been one before. For example with "meth" there is a change in chemistry that puts one at risk for schizophrenia. There is also the issue of serious health problems, chronic disease, and financial strain. With substance abuse comes stress, hopelessness and an increase risk for suicide.

People and youth who fall into this life pattern are not prepared to work towards goals.

It's not so much high school pregnancy that we are seeing but, just out of high school pregnancies because it becomes something to do with themselves and their life. It's not because they want to be parents. How do we break this cycle?

They have very poor parenting skills.

Substance abuse creates an unsafe environment; for themselves and others - unsafe driving, fighting at parties and social gatherings, and risky sexual choices that they later regret. It introduces them into social scenes that are unsafe.

We are seeing an increase in STD's in our community.

There often is loss of employment and employability, which leads to poverty. It can also lead to other illegal activities in order to support the habit. Gambling has added to the hopelessness, it creates more problems for families and specifically children.

Problems that these patterns create really start to present themselves for people in their 20's. They are delayed in many ways from their peers. They are not going anywhere in their life and they have no goals.

5.0 What problems do you see youth substance abuse creating in the lives of families in this region?

Service providers who work with families report that, youth substance abuse puts many uncertainties into the lives of families. Things are unpredictable. Families don't know how to deal with their kid's problems and often parents go into denial. They are not equipped to deal with the reality of admitting a problem. Very often these youth have to deal with isolation from their families. At the same time, families who are trying to deal with their kids addictions are often isolated from the rest of the community. Addiction brings a lot of shame to families.

One service provider has directly witnessed some parents with financial means who have given their children large amounts of spending money with no supervision. Then when the child gets into trouble they will spend a thousand dollars to fight a \$120.00 ticket, just to prove who is in charge, rather than admit that their child has done something wrong.

Some service providers commented that they often see that the knowledge about how to parent and how to have healthy relationships has not been established. Many times youth follow in their parents' footsteps creating generational patterns of very poor parenting skills.

Some families and adult support this type of activity (substance use). Parents give the kids booze and party with them, and don't see this as a problem leading to normalization of substance abuse. One youth reported to his/her service provider.

My mom sat and smoked a joint with me

They themselves [parents] know nothing about delaying gratifications and they cannot teach their children. There are some that are trying but don't have a clue.

[women set in the cycle of addiction] have no expectation from a relationship or about how to form a partnership. They are set up for domestic violence and abuse, both for themselves and their children.

One service provider observed that, in permissive families there is initially lower conflict because the parents let their children do whatever they want and see the use of substances as part of growing up or a way to keep the kids occupied so they don't have to be involved. An attitude of 'I did it so they can too.' Distress enters the picture when they see their kids start to fail in life. For other families there is increase in family conflict, unhappiness and hurt.

Stress and distressing situations are created for the entire family. Parents report an increase in financial pressure and demands put on family time. Parents miss work to deal with kids' problems. Money goes missing when kids are stealing to support addictions. It can create marital problems, family violence, family negligence, bullying and family breakdown.

Getting help for kids can be difficult. There is a huge cost and disruption of family life. Parents are often frustrated and don't know what to do.

6.0 What problems do you see youth substance abuse creating in the community.

Service providers reported that youth substance abuse taxes the resources of small communities. The health, social, and justice systems are short staffed and because of stress on the system, services are not available when others really need them. Small communities are seeing an increase in petty theft and senseless vandalism by intoxicated youth who are thrill-seeking. This is very stressful for the elderly in the community. It is regular and routine to see very young children hanging out at 7-11 at all hours of the night. In general it creates an increase in crime, poor performance of the community and its citizens, loss of opportunity for employment, and violence towards persons and property.

We see lower ambitions in youth, graffiti, illegal activities, vandalism break-ins and dangerous behaviours.

When people are intoxicated it puts others in our community at risk.

There is a fear reported by community members, to service providers, that a community's struggle with substance abuse can create a bad name for that community. When the surrounding areas 'find out' that a town is dealing with substance abuse, they are labelled a "drug town.'

[You will hear things like] *that town has a serious “meth” problem: that town’s hockey team has always allowed minors to drink in the hockey bus.*

One service provider noted that community members who do not want to participate and support these practises and speak out against these engrained patterns, fear reprisals of isolation and being outcast by the rest of their community.

The implication of substance abuse and addiction is that,

Youth don’t know how to give back. They don’t pay taxes and they don’t volunteer. All of their energy is used to try and keep their own life going. They are scrambling for life and can’t give back. Community structure is digressing. The small prairie town is not what it once was. Some people are trying to hang on to the old idea of what a small prairie town was but it is going down hill. Our communities have people who work too much and those who don’t work at all.

It was felt strongly by some that, kids who have substance abuse issues have no relationship with the community and everyone loses out. The communities older youth who are using drugs and alcohol become the role models for younger kids, creating a perpetual problem.

We need meaningful participation from all our youth in our community and for community to value youth. All agencies need to hear the voice of youth.

It is believed by service providers that, when problems are identified, communities and families need support to overcome problems instead of having to confront obstacles to obtaining services and the fear of being ostracized.

7.0 Services available to youth who are dealing with substance abuse.

Collectively, service providers listed the following services available to youth in their area.

- George Bailey Centre in Humboldt,
- Saskatoon Health Region
 - mental health services,
 - public health nurses,
 - addictions counselling.
- Partners for Rural Family Support,
- School counsellors,
- Private counsellors,
- Clergy,
- Family doctors,
- Nurse practitioners,
- Social services,
- Food bank,
- Addiction management through the court system
- Public health nurses
- Teachers

The two major avenues to accessing help are through the health and education systems.

However, service providers felt that the general public does not fully understand who provides what services and how to access them. Many of the services were reported to be confusing to access for some patients and clients.

You need to be an insider to know how the system works.

A few service providers reported that there seems to be a gap in services between school counsellors and the health services. They cited instances where parents wanted to help their children but relationship building is a problem. They also questioned how comfortable kids are with accessing help from school counsellors when they have a fear that their peers may find out. The importance of changing the stigma about getting help was mentioned several times. They thought that accessing help when it is needed must be made a normal and healthy thing rather than feared and the goal should be primary prevention.

Privacy can be an issue - confidentiality. Who is going to go to an al-a-teen meeting in a small town, even though it's needed?

One service provider felt very strongly that:

We need more support within the community and help [for youth] before they have to deal with the courts - alternative measures and restorative justice.

A great concern for many service providers was the lack of services specifically targeted for youth in small communities. The minimal addiction counselling available is not always youth specific. A youth psychiatrist is not available locally and service providers reported they have experienced at times a two-year waiting list in the referral process to the city. There is no 24 hour care for youth with suicidal tendencies or other emergencies. Many rural communities do not have victim services. Dedicated services for youth are located in the cities.

Some service providers reported that when they have had to put people on waiting lists the success rate goes down. This lower success rate was also reported when treatment can't be provided within the community and all detox is referred into a city such as Prince Albert or Saskatoon.

[It was also mentioned on several occasions that] the loss of SADAC and youth treatment centres was a huge loss for our whole province.

One service provider stated that:

We do have great public health nurses but we do not identify their use and use them to the fullest potential. If you have a pro-active teacher then they will seek

out support and education, but for the most part everyone wants to pretend that we don't have any problems here.

Service providers reported that most of the services listed above are located in the larger centres in the rural area and as you travel further out, services become more difficult to access. Travel is difficult for many outside the immediate service area. There are many obstacles, such as, transportation and finances. One service provider gave an example of the dilemma youth face when they are trying to access help.

Kids don't come home and say, 'hey mom can I have the car so I can drive to town to go to treatment.'

[Another service provider reported that] it is available in theory but not in practise. If everyone who actually needed these services accessed them we could not provide the care.

The more local the support, the more successful the treatment and recovery. When we have to send people away to unfamiliar places they will often not follow through with treatment and /or when they return home they do not have as great of success with follow through. Services need to be more local, immediate, and at hand.

Services like the food bank are located in the larger centres which for people in outlying areas creates a huge obstacle.

There have been times when [people] from out of town had to hitch hike in [to town] to get food from the food bank.

A gap was also identified in the transition from detox to treatment. People caught in this gap need some kind of support system. There is no service in the immediate area to deal with this. A gap also exists between the school and the justice system.

There is a missing link between the school system and the legal system. They may be in school, then expelled or quit, then gone, and then turn up in the legal system.

There need to be more services available to the community so people can be directed to the help they need.

8.0 In your experience what are the most common illegal drugs that youth are using?

What are the most common illegal drugs that youth are using?					
Drug	Most Common	2 nd most common	3 rd most common	4 th most common	5 th most common
Alcohol	14				
Marijuana		11			
Methamphetamines		2	7	2	
Tobacco		1			
Cocaine			1	4	
Ecstasy			1	1	3
Mushrooms			1		
Over the counter drugs			1		
Acid				1	
Heroin					2 (rare)

All service providers who responded to this question reported that alcohol was still the most common illegal drug for youth to use. The above table indicates that marijuana is the second most common followed by methamphetamines then cocaine and ecstasy.

Glue sniffing and inhalants was also mentioned but, rarely and only in small amounts.

Most of the sniffing and inhalants have a stigma attached to them about who does them and few kids report trying them but didn't like it.

Another service provider said that there is very little heroin, ecstasy, and intravenous drug use but did report that he/she has seen it in this area. In the words of this service provider, kids report that:

All of the drugs are available if they choose to find them.

That being said she/he reports that she/he has not had to deal with all the drugs in his/her work but that the kids let it be known how easy it is to get anything.

In conclusion one service provider summarized drug use patterns as follows:

There seems to be two groups of kids; one, those who want to try it and two, those that are deathly afraid of it. We see drugs run in cycles. Different groups of kid's have habits that seem to follow them all throughout their school years. The same group we have trouble with, say in grade nine, will be that way until they graduate and the next group that is older we may never have had trouble with

and never will. We have also noticed that when kids are committed to sports it equals less drinking.

8.1 What is the most common prescription drug that youth are using?

Prescription drug use in this area is not as clearly reported on as illegal substances are. Few of the service providers have had direct experience with this and one reason given for this is:

This community is very closed so we don't know the extent of things. Violence and prescription drug abuse is kept very secretive. [For example] There is more historical sexual abuse starting to be revealed ... and in some cases it is twenty years old and had taken place over several years.

Out of the prescription drugs mentioned, Tylenol 3, Ritalin, and Ativan were emphasized by service providers as having high rates of misuse. Some of the mentioned abuses include tylenol misuse by both the prescription holder and by people accessing it through others' prescriptions. This also includes other pain treatments, prescription narcotics, as well as Ativan and Ritalin, both their own prescriptions and those of others.

Ritalin misuse varies from youth dealing their own prescriptions, youth being bullied out of their prescription and parents using their children's Ritalin. This becomes more of a parent drug problem but kids are still seeing this as an example. There are some reports of athletes using performance-enhancing drugs and an adult drug bust of morphine was mentioned.

9.0 What services are needed in this region to deal with substance abuse?

The service provider responses to this question can be divided into four main areas.

9.1 Education

Service providers stated that the highest priority need is education.

Young children through to adults need to understand the behaviours that constitute addiction and be empowered to make healthy choices.

Education is needed to help break down the stigma that is attached to addiction and substance abuse.

How to access services is not well understood, there needs to be education on how systems work within the schools and health care.

The scope of education included parents as well as youth and young children. There was a strong sense that the whole community needs to be involved in public awareness

and education about drugs, what constitutes addiction, and the services that are available to families and individuals.

We need to start defining it by what it is - alcohol abuse. It's not just a phase that people go through, or just how we socialize, but abuse.

Several service providers stressed the importance of parent education

It is a goal that I think is attainable and important that parents know their kid's friends and parents so they can work together to keep kids safe. How would we facilitate this? Invite parents to consider how we are going to handle all the issues that will face their children - about grade nine is the right age. We need to talk to parents about how to attain this unity - possibly parent nights. There are parents who want to demonstrate to kids that they are the cool parents and have fewer rules and are more permissive and this makes it difficult for parents who want to work at keeping kids safe.

Service providers felt that attitudes need to change stating that many people believe that youth drinking is not a problem until they get into trouble or it follows them into adulthood.

We do not understand what behaviours constitute being a problem.

There needs to be more focus on addictions. We need to educate at an earlier age at the school level. We want to keep kids from starting. Treatment begins with prevention.

We need resources dedicated to prevention, more time and dedication.

We need mandatory health teaching and education in school with sufficient and specially trained staff. We need more health promotion. There are determinants of health - issues like economy and housing and they need to be recognized and addressed.

More strict laws about substances, more school counsellors, more information and education, more police officers. People need to be educated about physical and mental abuse.

One service provider summarized the rural need for services as follows:

My greatest concern is that we [rural communities] don't have alternatives. We need education, drop-in centres for youth, and youth employment - there needs to be more. And for these alternatives we don't have the finances, which leads to

hopelessness. When youth are given the opportunity for employment they would make better choices.

Education on stigma was mentioned several times. It was felt that the better-educated people are the more able they would be able to access services that they need.

Several service providers made comments on stigma:

We all need more education. There is a stigma here that prevents people from accessing help.

Rural stigma is huge. There is a social perception about the people who obtain services in the community. People will suffer in silence because they don't want to be one 'of those families'.

We need to break down the stigma of accessing these services. It is more of a barrier than an actual service problem.

People also need to be educated about how to access services. As one service provider stated:

The problem with our addiction services and support is that you have to be an insider or know an insider to access service. How the system works and the help is not available and is not well understood by most of the communities and especially those smaller surrounding communities.

For the most part youth do not access information or help.

The public needs to be made aware of what is available to them and most places are short staffed.

Many service providers also stressed that this education process needs be inclusive of the whole community and families.

We need parent education so we can look at reduction. Recognize the gateway to serious addiction. We need to be educated about the tolerance we have for substance abuse. The focus needs to be prevention.

In summary it was emphasised by most of the service providers that they would like to focus on prevention rather than reacting after there is a crisis and in the words of one service provider:

if we do things right in the first place we don't need [additional] services.

9.2 Services that are youth specific and easily accessible for youth.

The structure and focus of many of the current services are geared towards adults. Service providers described the need for services, facilities, and information that are directed to youth and accessible by youth in their daily lives. This issue of accessibility focused on the role of schools in providing services, facilities and information

we need mental health workers in every community. The ultimate goal should be to have them in each school; following a school plus model. We need education to get over the stigma about accessing services. There needs to be availability.

More services need to be made available in the school - meet them where they are.

Schools are a big help to promoting health and health education. Services for adults should be available to youth. We need to educate and inform and it starts with the parents. Ignoring it doesn't make it go away.

School counsellors need to be made available more than once a week or once a month.

We need to use what we have. The gymnasiums could be used as rec. centres. Why are the doors locked? They belong to the community.

Educate youth on how to refuse and that it's OK to say no. Treatment programs need to be geared towards youth. ... Schools need specialized workers to deal with youth and their issues. We need someone in the schools more, who can have the time to form relationships with the kids. They need to be doing presentations and educating families and parents and also providing counselling.

Service providers also commented on service and facility needs in the health and social services systems.

We need in this area a child psychiatrist; the waiting list is usually about four months.

We need drug and addiction counsellors to be more specialized. We need to improve accessibility and to be able to access services quicker, we can stabilize the panic but then they have to wait.

Detox and drop in counselling services. When people need help they do not need to wait on a list.

Within [the major town], service would improve if it were all in one physical location; for local residents anyway.

Accessibility was identified as not only a location problem but also one of the general public not understanding how things work.

Many services are here but people who need them need to know how to access them. The question is what is preventing them from knowing - we need to find that out.

9.3 More cooperation and collaboration between agencies such as health education and justice.

Beyond involving schools, service providers strongly recommended an emphasis on collaboration of all the agencies involved in addressing youth substance abuse. Collaboration included better working relationships among the service providers themselves;

For people working in services [such as] social workers, mental health, health and teachers, we need to get rid of the stigma and differences about specialization - each other's turf, abilities, and educate everyone. We need more cooperation among service providers. We need to define jobs differently and have a more proactive approach. No turf [protection] - we need to share information with other agencies. They [Agencies] are bound by rules that they can't share information and that makes service less effective.

There needs to be more cooperation and awareness between service providers. We need to educate the public on who does what and eliminate any overlapping.

Relationships need to be built. We need an avenue to reach kids and be community based. Social awareness and access and we need it in the schools. A collaborative effort.

Interagency cooperation was repeatedly mentioned as an important factor to the success and future of the youth and community as a whole. It was mentioned several times that Education was a critical partner in this collaborative effort. Many felt that the youth need to be reached where they are.

Education can no longer remove themselves and can no longer operate behind closed doors in our communities. The break of privacy allows communities in - we need to break down barriers.

There needs to be a multi-strategy approach; a process of consolidation. With consolidation we need to look at what is working, including services that exist - try something.

It was stressed often that these suggestions will involve more time, more staff and more resources which are all in short supply in many of the agencies involved.

9.4 Youth need strong leaders and role models.

Some service providers felt that the needs of youth today are very similar to what they have always been and that how youth think has not changed much.

Kids still think they are invincible. They are still saying things like; nothing is ever going to happen to me. I know what I'm doing, trust me and get off my back. Don't worry so much. We really need good role models that set good examples and ones that the kids think are cool.

we need role models for our children. Often the ones working with our children are displaying or promoting their own [substance abuse problems] to our children as an acceptable form of fun.

[Role modeling could include] *Students leading the younger kids. Peer leadership, peer mentoring, self-esteem programs, and respect education.*

Parents are also important role models for their children and in some cases, need assistance and support with parenting.

Parents need help. They are scared to discipline their children. Kids need to see their parents practice what they preach.

10.0 Who is responsible for providing services to assist youth?

Responsibility for providing services to assist youth was seen as extending across all levels of government, all agencies in the community and all age groups in society. In other words, it is everybody's responsibility.

We need to create a chain. Federal, Provincial, and community. Our communities need to provide opportunities to have youth engaged, giving back, and getting involved - get creative.

Everyone is responsible to help each other. Everyone needs to network. Proactive - make it normal to be healthy. It is the responsibility of the government to provide support, funding and initiatives and to make sure there is good communication.

My preference would be an interagency community, between health, justice, and Social Services. Everyone needs to come to the table to make the impact needed. Pay now or pay later. Education needs to take place in the schools in cooperation

with health promotion. Call in the people who know - people with addiction and health. Every community needs a drug action committee.

There needs to be a joint effort between health and education - form a partnership.

If education is seriously and sincerely developing the school councils there needs to be a cross section of the fabric of our community - including youth. There should be no more excluding.

Everyone is responsible in assisting youth. They all need to work collaboratively with the whole community, elders and clergy too to create the lasting changes needed.

We need to start working as a community. We need to question adult behaviour. Parents often feel powerless. We have a responsibility within our community to help keep each other safe. We need to ask question: What is missing in our communities that we have these behaviour patterns and problems.

We need meaningful participation from our youth in our community and for our community to value youth. All agencies need to hear the voice of youth. We do not have senior's involved and working with youth. There needs to be an intergenerational approach. Adults often discount what youth have to say. We need to respect them as people.

The above comments illustrate a high level of support for community based solutions, formed on a collaborative and co-operative foundation involving health, education and justice but also including youth, parents and seniors, an approach that engages the whole community, excluding no-one. The role that the schools need to play is repeatedly stressed. Service providers expressed some frustrations about the role of the schools in the past and felt that health and education need to learn a new way of communicating with each other for the benefit of the children.

Within the education system you have a captive audience. We need to utilise this. The health care systems and the school system are responsible. There is very little cooperation. The doors of the schools are closed tight when it comes to dealing with issues that are more sensitive.

Health needs to take the lead when dealing with providing services. If it is left up to the schools things get left out.

We need to be able to access schools. We are trying but have met with some complacency. They believe that these problems have always been there and will continue to be. The schools need to take more of an active role.

It was mentioned by a few service providers that youth centres is another way that communities can work with youth to provide an alternate activity for them and provide support and healthy alternatives to drinking and drug use. The point was raised that there need to be alternatives in addition to schools as some youth do not have a positive relationship with the school and not all youth needing services and education are in school.

schools can often see the issues that youth are facing , youth can also see the school as their enemy, the one that is giving them problems. Therefore, they need to be able to access services outside the school. There is a stigma about accessing services that we need to change.

11.0 How are the issues of youth using alcohol and drugs different in rural areas than in urban areas?

There were a variety of different responses given to this question. For the most part service providers thought the issue of youth substance abuse itself is not that different between rural and urban communities. They did however discuss differences in the level of support and resources available in rural areas; rural attitudes and culture; the lack of public transportation options; different drugs of choice; and more limitations in opportunities and choices of activities for youth. Each of these are discussed below:

11.1 Lower levels of support and resources for youth substance abuse

The level of support and resources for youth substance abuse is less than in urban areas. The locations of many of the services are not easily accessible to youth and their families and the driving and time away from work is an expense. As one service provider explains:

Issues are similar in urban and rural. The differences are that we don't have the resources readily available. Getting people into treatment is difficult and then who is going to pay. Young people who need service are fed up.

Another service provider expressed how the main difference is access of service.

There are specialized youth workers in city schools. There is no drop in services available. George Bailey closes at 5:00 and on weekends, how do you get help when you need it? You can drive if that's even an option for you.

11.2 Attitudes of rural people – denial, fear of isolation and stigma

Several service providers maintained that the main difference between rural and urban communities is the attitude of rural people. How rural people react and respond to substance abuse issues in their family is different. The usual first response is denial along with the fear of isolation and stigma.

One service provider who has had the opportunity to work in a variety of urban and rural areas stated that:

.... in rural areas it is the social mindset; addiction for the most part is socially acceptable. Things are different for rural areas in that things are hushed up, we don't talk about it, violence and substance abuse; it's normal behaviour.

In rural areas substance abuse is acceptable. It's not a problem until it creates huge problems.

Problems here are as prevalent as in the city. The difference here is attitude: 'There are no substance abuse issues here,' we pretend we don't have them. This is a very tight-lipped community.

The stigma that is attached to substance abuse was mentioned again as a rural and urban divergence.

We categorize people and labels stick. We accept the good and don't want anything to do with the bad. It is an insular place; there are good families and bad families. We get set up. We want to believe that we are polite. We are very, good at keeping secrets in our community. We work very hard to hide and tell ourselves that it's just a phase. Shame and stigma are a huge piece of our rural identity.

People suffer in silence. We have the city problems - kids are suffering. We have to leave our community to better ourselves. The idea that smaller places are safer is a myth.

11.3 Lack of public transportation

The youth in rural areas are at greater risk for drinking and driving fatalities because of the challenge that is presented by having to travel to see anyone or to participate in activities. In rural areas, there are few to no options in public transportation for youth leading to no option but driving a vehicle.

Everywhere you go you need to drive and then need to drive to get home; there are no taxi services in the rural. Sometimes youth are traveling a far distance; they may be at parties or other activities.

11.4 Different drugs of choice in rural areas

Service providers see the drugs of choice to be different in rural areas compared to what they see as a common choice of drugs in the urban centres. As was mentioned earlier if youth want a certain drug, they can get it. However, some may be more difficult to acquire than others or more acceptable than others. Service providers noted that:

In rural areas alcohol is acceptable and at an earlier age than in the city. There are not as many hard drugs as in the city. You need to have the culture to support it: rave verses a bush party, ecstasy verses alcohol.

There is less access to certain drugs; they have fewer choices. [However] Trafficking in rural areas is easy because of the remoteness. There are less justice workers with a greater area to cover.

11.5 Limitations in opportunities and choices of activities for youth

The opportunities and choices of activities for youth to participate in are very limited in rural areas.

[In the] rural areas there is not much to do. Kids have a hard time entertaining themselves. Urban areas things are more accessible, both good and bad.

The rural economy and the dwindling population also affect the resources for youth activities. These service providers addressed the financial restraints.

In the rural area because of the remoteness, there is not enough to do. Low income is an issue for families; they are unable to access what is available.

We don't have a large disparity in financial status. [Rural area] A lot of poor, some middle, but this is dwindling. There is stress around the farm economy; this impacts on the family.

For our young people who are not into sports there is not a lot for them and often these activities are expensive. Youth centres can provide healthy alternatives for kids. We need more focus on art and music for kids who are not into sports.

In rural areas if you are not part of a peer group there is nothing for you. If you are not into sports you're not into anything. They need positive peer groups. Schools need to be put to better use. Our schools need to be utilised in our community life; sharing and caring by everyone. Trustees are elected by the tax payer - they have no ownership over our schools. They need to be open and accessible to everyone.

12. Conclusions:

Key Informants reported that alcohol was the most widely illegal substance and caused the most problems for youth. They also mentioned tobacco and illegal drugs, most commonly marijuana and methamphetamines.

Key informants felt that youth were getting involved in substance use especially alcohol due to its pervasive presence at most recreational activities and its use by

adults and parents who are role models for youth. Other factors considered important included peer and group pressure, lack of activities for youth, easy access to substances, untreated mental illness, media influence and dysfunctional environments and stress.

Key informants thought that the issues of youth substance abuse in rural areas did have some different characteristics compared to urban areas. These differences included lower levels of support and resources for youth substance abuse, a different attitude among rural people in how they react and respond to these issues, different drugs of choice in rural areas, limited opportunities and choices of activities for youth and the lack of public transportation as it related to drinking and driving.

The problems created by substance use in the lives of youth include poor performance or dropping out of school which affects opportunities in later life and issues with relationships, both with their family and with their peers. Substance abuse was also thought to contribute to personal problems as substance dependencies carry on into adulthood. It also leads to increased engagement in other risky behaviours. The effects on the family are emotional and financial and very disruptive of family life. Problems in families such as parents not knowing how to handle the problems their youth have and in some cases denying them, poor parenting skills, parents supporting substance abuse activities and permissive parenting as a way to reduce conflicts all contribute to illegal substance use. In the community, youth substance abuse taxes the resources of the community, and the community loses potentially productive members.

Services available to youth in small rural communities are lacking and those that are available are generally accessed through health and education. Key informants noted that many people don't know how to access the services they need. Most youth specific services are confined to urban areas and transportation and costs are barriers to access.

Key informants talked about four groups of needs in the region.

1. Education focussed on young children, youth, parents and the community as a whole. This education would target a wide range of related issues including information about drugs, addressing the stigma about abuse problems, how to make healthy choices, and about the services available.
2. Services that are accessible and targeted to youth.
3. Co-operation and collaboration between agencies such as health, education and justice.
4. Strong leaders and role models for youth

Key informants felt that the responsibility to provide for the needs identified fell to everyone, all levels of government, all agencies in the community and all age groups in society.

Saskatchewan Rural Youth Health and Risk Behaviour Survey Service Provider Interview Schedule

1. Do you see alcohol use as an issue for youth in this community?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
2. In your experience what are the most common illegal drugs that the youth are using?
3. In your experience what are the most common prescription drugs that the youth are using?
4. Why do you think youth in this region are getting involved in alcohol use?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
5. What problems do you see alcohol creating in the lives of youth in this region?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
6. What problems do you see alcohol creating in the lives of families in this region?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
7. What problems do you see alcohol creating in communities in this region?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
8. What services are available for youth needing help with alcohol abuse?
9. Where are these services located?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
10. What services do you think are needed in this region to assist youth in dealing with alcohol abuse?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
11. Who do you think is responsible for providing services to assist youth in dealing with alcohol abuse?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)
12. Do you think the issue of youth using alcohol is different in rural areas than in urban areas? If so how do you think it is different?
(Ask the question for illegal drugs, prescription drugs, tobacco, gambling as well)