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MAY 2006 - 2008**

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## Position Paper Youth Substance Abuse and Addiction

*The following is from a Focus Group Discussion on Youth Substance Abuse and Addictions, January 24<sup>th</sup>, 2007 - Western School Counsellors' Meeting with Donna Birch and Sterling Carruthers with added input from PEICA membership.*

**1) What's working:** What Addiction Services for youth have you accessed and had a positive experience?

- SAP
- Addiction Counsellors in Schools
- Liaison with Addiction Services
- Ability to take a student to the addiction office for assistance
- Addiction counsellors in schools are used as a resource for educational activities within the school
- S.I.S. has a support group (ala-teen idea)
- COA groups are helpful
- At the elementary level one or more counselling services meet at the school
- Prompt response for children in need

**2) What's not working:** What Addiction Services for youth have you accessed and not have a positive experience?

- SAP - materials need to be updated. Program does not allow time for sharing
- Parental consent is not productive, has impacted children accessing this service (could addiction services look at alternative ways to provide a self referral service for children under 16)?
- Mt. Herbert - does not provide youth counselling on weekends
- More counsellors needed so referrals can be seen for one-on-one time
- More time for prevention/promotion
- Portage facility - takes a long time to get in

**3) Recommendations:** If Addiction Services for youth were to be improved and/or expanded what would you recommend?

- **"Voluntary versus involuntary care"** needs to be considered. Students under the age of 16 warrant our duty to protect as per the child protection act. This special circumstance dictates that it is in the best interest of the child to contemplate the option of involuntary residential care. Parents could have the right to admit their child for such care for a certain time. This admission should be supported by the school counsellor or other mental health professional. Parents need to be empowered to parent their children.
- While counsellors are grateful to have Addiction Workers in our schools, it would be helpful if they operated more like Youth Workers who have high visibility in our schools, talk casually engaging students, walk about in the cafeteria and informally get to know students and their issues. This approach would empower students to talk more freely and also be an opportunity to do prevention work.
- Expand resources to addictions as we do for smoking (money for resources to shed light on addictions as we do for smoking)
- SAP training to grade 7 teachers (health course)
- More school based counsellors
- Residential long-term facility (6 mths-1 yr open to any age especially 12-18 yrs)
- After care services
- Information pamphlet on children's rights and parental rights
- Public education aimed at youth
- More government sponsored elementary programs (similar to "DARE")
- Family services for parents' addiction as it affects children
- Brochures regarding services and contact numbers
- Peer support - i.e. rehabilitated students talking to peers
- Help tree idea
- Concurrently disordered services streamlined
- Prescription drug system where pharmacist can see when prescriptions were filled by others
- Exploration and discussion on how to deal with addicted youth who are high risk and will not consent to treatment (dealing with the involuntary client)