

BEYOND A DREAMCATCHER



McCreary
Centre Society

Improving services for Indigenous justice-
involved youth with substance use challenges

A youth-led study

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INTERIOR

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Westbank First Nation, Westbank

VANCOUVER ISLAND

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Changing Directions, Nanaimo
Esquimalt High School, Victoria
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North Island Building Blocks, Port Hardy

FRASER

Aunt Leah's Place, New Westminster
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Executive Summary

Between 2017 and 2019, 11 youth researchers co-designed, developed, and delivered this youth-led investigation into the barriers experienced by justice-involved Indigenous youth with substance use challenges. In addition to the researchers, over 300 Indigenous youth participated in the project, including 160 who completed a survey and 288 who took part in a focus group.

The project identified a number of promising practices and recommendations to reduce barriers to engaging with substance use services for Indigenous youth who are justice-involved or at risk of justice involvement.

The barriers to accessing substance use services identified by project participants included individual factors, such as fear, shame, and mental health challenges. Barriers also included community factors, such as a lack of supportive adults and services locally; as well as broader systemic issues, such as racism, a lack of culturally relevant services, and lengthy waitlists.

Additional barriers specific to justice-involved youth included having to detox while in detention, having probation conditions which reduced their likelihood of accessing services, and being mandated into treatment before feeling ready. Some youth also reported they had committed crimes or deliberately breached their probation conditions because they felt it was the only way they would gain access to substance use treatment that met their needs.

Participants also identified barriers to staying engaged in treatment. These included treatment centres feeling too much like a custody centre; being isolated from their family, romantic partner, and friends; having conflict with staff or other service recipients; not having their concurrent mental

health needs addressed; and not having their culture acknowledged or included in treatment programming.

Youth's suggestions to overcome these barriers included easy low-cost solutions, such as providing photographs of the inside of treatment centres so that youth know what to expect, and celebrating milestones in youth's journey through recovery. They also offered solutions which require a change in practice, such as youth being more involved in their treatment planning, or which require larger scale investment, such as creating more resources in smaller communities.

Promising practices which participants identified included having Indigenous-specific treatment programs as well as Indigenous culture, staff, and management at all health care services; providing opportunities for youth to build and maintain healthy connections in the community and to their culture; ensuring youth have input into their treatment plan and are supported to set realistic goals; supporting youth to address mental health challenges; and ensuring all services take a trauma-informed approach.

The strengths-based youth-led methodology of this project appears to have been key to gathering useful information from youth participants who may otherwise have been reluctant to engage in a project targeting Indigenous justice-involved youth with substance use challenges.

Evaluation findings also suggest that Indigenous youth researchers benefited from their involvement in the project. They not only gained skills in research, but also in other areas (e.g., conflict resolution, team work, time management) that will support them with future employment and with their transition to adulthood.

Introduction

This youth-led study sought to capture the perspectives of Indigenous youth who had been involved in the criminal justice system (or who were at high risk of such involvement), and who had accessed substance use treatment and/or had experienced barriers to accessing substance use services.

The project's main objectives were to:

Identify barriers to accessing substance use treatment among Indigenous justice-involved youth.

Identify promising practices which assist Indigenous youth with justice involvement to overcome substance use challenges.

Elicit the perspectives of Indigenous youth involved in the justice system regarding the most culturally appropriate service delivery model to support them to overcome substance use challenges.



The study was conducted by members of McCreary Centre Society's Youth Research Academy (YRA) with support from trained researchers. The YRA is a group of youth aged 16 to 24 with experience of the government care system, including the youth justice system. Members of the YRA are trained to conduct research projects of interest to youth in and from government care and the agencies that serve them.

The study built on a YRA project conducted in two British Columbia (BC) communities in 2016. The earlier study identified promising practices for culturally relevant drug treatment approaches with Indigenous young people in court-ordered residential substance use treatment. The success of the methodology and the richness of the information provided by participants led to the current study.

To supplement the experiential knowledge and expertise of young people involved in this project, a literature review was conducted to identify examples of promising practices in reducing Indigenous youth's problematic substance use and disengagement from services. The literature review helped to guide the development of the project and was used to inform data collection and analysis. Excerpts are included throughout this report and the full literature review is available at www.mcs.bc.ca. The project also included online and paper surveys and focus groups with Indigenous youth. Prior to data collection, all tools were reviewed by the project's Indigenous Advisory Committee.

The study received ethics approval from the BC Government. Data collection occurred between 2017 and 2018. Following initial data collection, a draft report of key themes was created and shared with youth participants and Indigenous community members to ensure participants' input had been correctly captured and interpreted, and to inform the final report.

An evaluation of the project methodology was conducted by an evaluator who was familiar with the project but not otherwise involved. Evaluation findings are summarized at the end of this report and a more detailed report is also available at www.mcs.bc.ca.

Background

Indigenous youth remain over-represented in the Canadian justice system, including youth custody centres, despite the inclusion of the 'Gladue Principle' in the Criminal Code of Canada. The 'Gladue Principle' is intended to ensure that the unique circumstances of Indigenous youth are taken into account during criminal sentencing, and allows judges to impose culturally appropriate, community-based alternatives to custody (Parkes & Milward, 2012).

Whilst the overall percentage of adolescents involved in the justice system has decreased, there has been an increase in the percentage of Indigenous youth in custody (Adjin-Tettey, 2007). For example, in 2015/16, 7% of the Canadian youth population were of Indigenous descent, yet 43% of females and 31% of males involved in the justice system were Indigenous (Miladinovic, 2016; Malakieh, 2017).

In addition to their over-representation in the youth justice system, Indigenous youth are at greater risk of substance use challenges and are over-represented in substance use programs (Cox, Smith, Peled, & McCreary Centre Society, 2013; Smith, Cox, Tourand, Stewart, & McCreary Centre Society, 2013). For example, in BC, Indigenous youth have been found to use substances at higher rates than their non-Indigenous peers and are at increased risk of substance use deaths and critical injuries (Tourand, Smith, Poon, Saewyc, & McCreary Centre Society, 2016; Representative for Children & Youth [RCY], 2018). Also, most prevention programs target middle and older adolescents, and as such, start too late for Indigenous youth who have already developed substance use disorders (Sittner, 2016).

Problematic substance use during adolescence can be associated with many health and social challenges during adolescence and in later life (Smith, Martin, Warren, & McCreary Centre Society, 2014). Additionally, the current opioid crisis has disproportionately affected Indigenous youth and adults. For example, First Nations people in BC are five times more likely to experience an overdose and three times more likely to die from an overdose than non-First Nations people (First Nations Health Authority, 2017).

Although Indigenous youth often report higher rates of substance use than non-Indigenous youth, some communities have low rates of early onset of use and substance use disorders (Sittner Hartshorn, Whitbeck, & Prentice, 2015). There are also differences between youth living on and off reserve, with rates of problematic substance use higher among youth living on reserve (Tourand et al., 2016).

Despite the disproportionate rates of substance use challenges, most Indigenous youth do not use substances, and there has been a decline over the past decade in the percentage of Indigenous youth who have used alcohol, marijuana, tobacco, ecstasy, and crystal meth (First Nations Information Governance Centre [FNIGC], 2018; Tourand et al., 2016; Young et al., 2002).

It has been suggested that providing Indigenous youth with spiritual support and the opportunity to take part in culturally meaningful activities and programming may be fundamental to success in addressing substance use and other issues which bring youth in contact with the justice system (Briggs & Taylor, 2012).

This report identifies the barriers faced by justice-involved Indigenous youth with substance use challenges. It also identifies learnings from youth who have experienced culturally relevant programming and are succeeding in addressing and overcoming the challenges they face. Specific risk and protective factors which can influence problematic substance use among justice-involved youth are also discussed.

Risk factors are experiences and characteristics associated with a higher likelihood of negative outcomes.

Protective factors are characteristics that can reduce a risk factor's impact and can enhance the likelihood of positive outcomes (Substance Abuse and Mental Health Services Administration, n.d.).

The need to reduce risk factors and promote protective factors is necessary to eliminate the over-representation of Indigenous youth in custody (Truth and Reconciliation Commission, 2015).

Risk factors—such as experiences with racism, violence, and trauma—often precede substance misuse and involvement in the juvenile justice system (Acoca, 1999; Estrada & Nilsson, 2012; Gaarder & Hesselton, 2012). Specific risk factors which have been found to increase the likelihood Indigenous youth will engage in harmful substance use include a parental history of residential school attendance, identifying as LGBTQ2S, experiencing mental health challenges, and a history of government care (Armenta, Sittner, & Whitbeck, 2016; Clarkson et al., 2015; Tourand et al., 2016). These same risk factors are associated with justice involvement (Smith, et al., 2013).

Individual protective factors which can improve health and wellness outcomes and reduce the likelihood of problematic substance use among Indigenous youth include speaking their traditional language, feeling connected to culture, experiencing cultural continuity, and participating in cultural activities (Auger, 2016; Tourand et al., 2016).



Methodology



The project took a mixed-methods approach, with youth participants offered the opportunity to participate in a focus group and/or complete a survey.

In total, 160 Indigenous young people completed a survey and 288 youth took part in a focus group.



Focus groups were held in urban and rural communities in each of the province's five regions (North, Interior, Fraser, Vancouver Coastal, and Vancouver Island).

Focus Groups

Focus groups were hosted at youth resource centres, friendship centres, shelters, and other community-based services accessed by youth, as well as in residential substance use treatment programs and youth custody centres.

Where possible, the focus groups were co-facilitated by Indigenous members of the YRA and McCreary staff, and canvassed the opinions of Indigenous youth with justice involvement or at risk of justice involvement who had experienced substance use challenges. Participants were asked about barriers to accessing substance use treatment, challenges to staying engaged in treatment programs, and ways that culture was and could be incorporated into substance use services. They were also asked about services that had been helpful, and for any recommendations they had for how substance use services could better serve Indigenous youth.

Participants were recruited with assistance from local Indigenous community organizations, service providers, youth justice services, and specific Band-run youth programs. At each focus group, a staff member from the local agency was available on-site in case a young person wanted to connect with a support person.

Focus groups typically lasted around two hours, with an average group size of 6–8. Before beginning each focus group, facilitators shared information about the project, provided an opportunity for youth to ask questions, and secured informed consent from those who wished to participate. The facilitators also explained that participation was voluntary and that all feedback would be gathered anonymously.

Each focus group began with an acknowledgement of the traditional territory where the group was taking place, introductions, a brief icebreaker, and the development of a group agreement. This was followed by a semi-structured discussion about overcoming barriers to substance use treatment for Indigenous youth. Each focus group closed with participants sharing examples of promising practices and their recommendations.

Where possible, the focus groups also included an interactive arts-based activity developed by members of the YRA. The activity encouraged focus group participants to record their experiences and ideas in a visual way, and allowed the group to reflect on the imagery which was created.

The arts-based activity visualized a youth's journey through substance use treatment. Participants were given four different coloured shapes to represent different elements of a youth's interaction with substance use services, and were encouraged to write their ideas or suggestions down on the corresponding shape as the focus group progressed.

Green Kelp

Represented barriers youth experienced when seeking substance use treatment.

Purple Fish

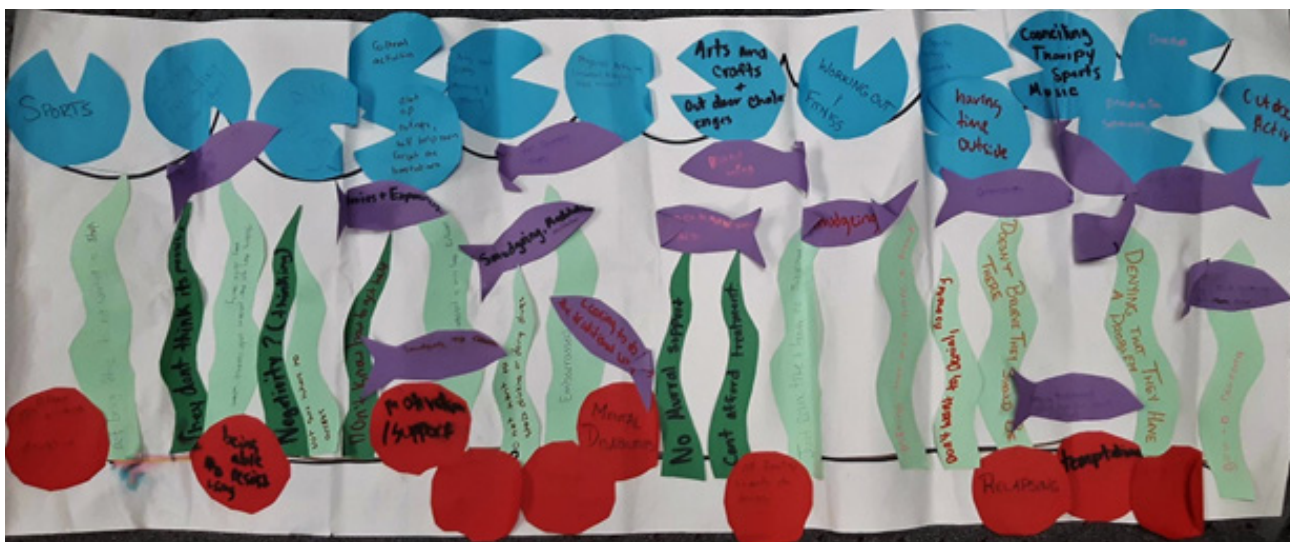
Represented elements of Indigenous culture that youth wanted to see included in substance use treatment.

Red Rocks

Represented challenges to staying engaged in a treatment program.

Blue Lily Pads

Represented participants' ideas about how to best support youth in substance use treatment.



Survey

A voluntary, confidential, and anonymous 33-question survey was shared with focus group participants and made available online to youth who wished to participate in the project but did not attend a focus group. The survey asked about youth's background, living situations, experiences with substance use, and experiences accessing supports and services. There was also space on the survey for youth to write their suggestions for how Indigenous youth with substance use challenges could be better supported.

Data Analysis

A thematic analysis was conducted on the open-ended survey responses, focus group transcripts, and arts-based activity.

Quantitative survey analyses were conducted using SPSS statistical software. All comparisons and associations included in the report are statistically significant at $p < .05$. This means there is up to a 5% likelihood that these results occurred by chance.

Analyses were carried out by members of the YRA, with support from McCreary staff.

Limitations

As with all projects, this one had a number of limitations. Most notably, participants in the project were not necessarily representative of all Indigenous youth with justice involvement and experiences of substance use challenges. For example, youth experiencing acute substance use challenges may not have been able to participate in a focus group or complete a survey.

Although the project targeted Indigenous youth with justice involvement and those at risk of justice involvement who were experiencing substance use challenges, youth were not asked to self-identify their experiences during the focus groups, and therefore it cannot be assumed that all participants had these experiences.

Youth who were currently in Indigenous-specific treatment programs were targeted for inclusion in this project. However, many of the agencies running those programs either did not have any youth in residence during the time of data collection, or declined to allow youth in their care to participate in the project.

Additional limitations are discussed in the evaluation chapter of this report.

Project Participants

Survey Participants

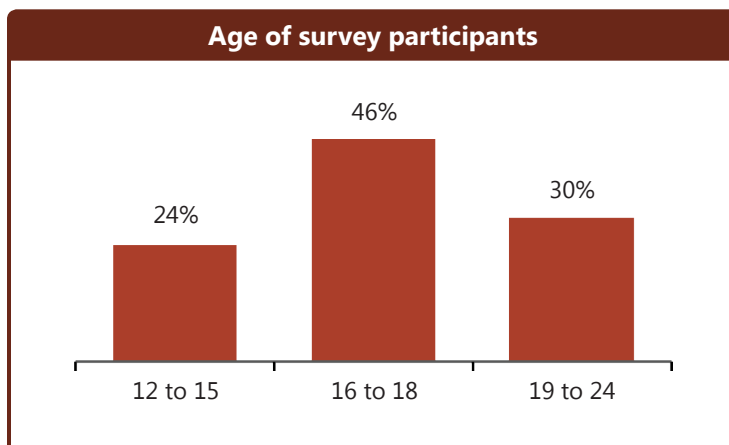
In total, 160 Indigenous youth completed a survey. Forty-nine percent were female, 47% were male, and the remainder identified as another gender identity.

The majority of youth (76%) identified as First Nations, and 29% were Métis (some youth identified as both First Nations and Métis). The percentage who identified as Inuit was too small to report.

Survey respondents most commonly identified their sexual orientation as straight (72%). They also identified as bisexual (16%), mostly straight (7%), and gay or lesbian (4%), and the remainder were unsure of their sexual orientation.

Also, 12% of youth identified as Two-Spirit.

Sixty-three percent of survey participants had lived on a First Nations reserve, including the majority of those who identified exclusively as First Nations (85%).



Engagement with Substance Use Services

Survey respondents represented a range of experiences with substance use services. At the time they completed the survey, 9% were accessing alcohol and drug counselling, 5% were accessing a community-based substance use treatment program, and 5% were in a residential treatment program. Others indicated they had accessed substance use related services in the past, and 30% reported they had never received the substance use services they needed.

Among those who had accessed services, the majority found them helpful.

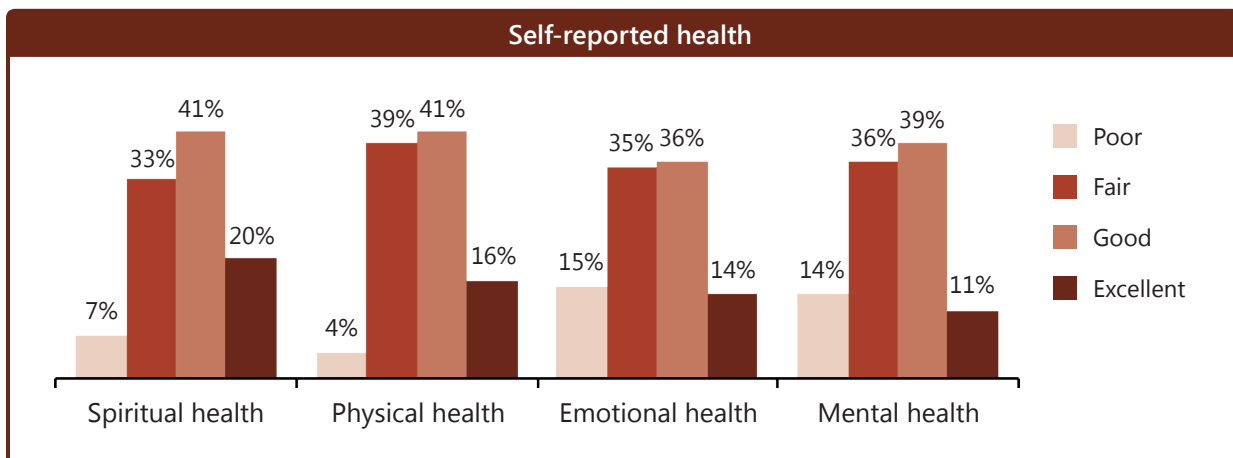
Health Profile

Youth survey respondents were asked to rate their spiritual, physical, mental, and emotional health. Over half reported good or excellent spiritual health (61%) and physical health (57%), and half reported good or excellent mental health (50%) and emotional health (50%).

Youth who reported positive health in one area were more likely to report positive health in other areas. For example, those who reported good or excellent mental health were more likely to report good or excellent physical health, compared to youth who rated their mental health as poor or fair (73% vs. 41%).

Over half of youth (57%) reported having a mental health condition (such as Depression, Anxiety Disorder, PTSD, etc.). Another 16% indicated not knowing if they had a mental health condition.

Substance use supports that survey respondents had ever accessed		
	Accessed	Found helpful (among those who accessed)
Alcohol & Drug counselling	21%	65%
Community-based substance use treatment program	13%	72%
Residential substance use treatment program	12%	70%
Indigenous-specific substance use services	10%	77%
Detox	7%	57%



Government Care Experience

Almost a third of youth who responded to the survey had experience of government care, including 21% who had previously been in care and 11% who were currently in care. More than half (57%) of youth with care experience reported not getting the substance use help they needed, and 35% had disengaged from substance use services they had accessed.

Family History of Residential School

The majority (63%) of youth had family members who had attended residential school. For half of youth (50%) this was a grandparent, 8% a parent, and 33% another relative. Also, 27% were unsure if any relative had attended residential school.

Traditional Language

Among survey respondents, 42% spoke their traditional language sometimes, and 8% spoke it most or all the time. Among First Nations youth, the percentage who spoke their traditional language at least sometimes was highest for those who lived on reserve (70% vs. 25% who lived off-reserve).

Focus Group Participants

In total, 288 youth took part in one of 47 focus groups. Participants represented diversity in terms of Indigenous cultural background, gender identity, sexual orientation, government care experience, justice involvement, and experiences with substance use.

Number of focus group participants by region

Region	Urban	Rural
North	48	63
Interior	32	13
Vancouver Island	32	16
Vancouver Coastal Health	8	16
Fraser	45	15
Total	165	123



Barriers to Accessing Substance Use Treatment

Canada has insufficient substance use programs for youth, and those which are available have long waitlists, are not located where youth are, and do not reach out to youth (DeBeck et al., 2016; Phillips, et al 2014; RCY, 2016). Indigenous youth in BC have previously reported additional barriers to accessing substance use treatment which include not knowing where to go; services being located in unsafe neighbourhoods; a lack of drug and alcohol counsellors; a lack of support when transitioning between services or out of a service; experiencing racism from services providers; and experiencing services as culturally unsafe, irrelevant, and lacking knowledge and understanding of colonialism and Indigenous people's history and cultural practices (RCY, 2016; RCY, 2018).

Indigenous people, particularly those in rural communities, have reported that fears about lack of confidentiality, privacy, trust, and anonymity, and worry about shaming their family, stopped them from accessing needed treatment (Brown, Rice, Rickwood, & Parker, 2016; Oetzel et al., 2006).

Justice-involved youth with substance use challenges can experience barriers connecting with cultural supports which could improve their health and well-being. For example, many Indigenous services or Indigenous cultural events require sobriety in order to participate (RCY, 2018).

Many justice-involved youth experience homelessness (Smith, et al., 2015). Indigenous youth who are homeless can face additional barriers to accessing substance use services. For example, 76% of homeless Indigenous youth reported being unable to access detox services. They also reported barriers to accessing treatment centres, recovery houses, and counsellors (DeBeck et al., 2016).

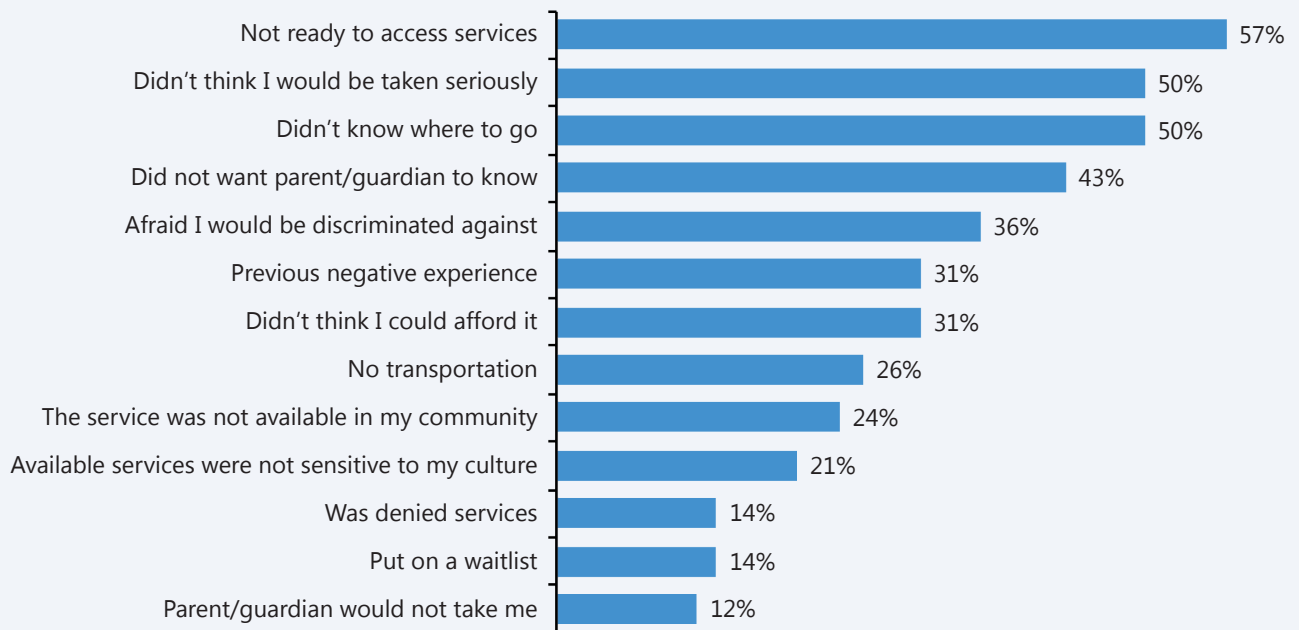
An environmental scan conducted as part of this project identified a number of Indigenous-specific residential treatment programs run by First Nations Health Authority (FNHA) in BC. However, these programs are often limited in which populations they can serve, and some also have restrictions such as prohibiting naloxone or suboxone use or requiring a TB test prior to entry (Smith, et al., 2015).

Barriers to accessing substance use services (as well as barriers to completing substance use treatment) were explored through the current project's focus groups and surveys. Youth were also asked for their recommendations on how to address these barriers.

Survey Results

Among survey respondents, 30% reported they had needed substance use help but had not received it. There were no gender differences in reasons youth had not accessed treatment.

**Reasons for not accessing substance use treatment
(among Indigenous youth who did not access needed treatment)**



Note: Youth could mark all that applied.

Stigma and Fear

When participants were asked about barriers to accessing substance use treatment, in almost every focus group the first response was 'shame,' 'stigma,' or 'fear.'

For some youth, shame and fear were different barriers, and for others they were connected. For example, they reported being afraid of the shame they would feel if they admitted they had a problem with substances. Reflecting the survey findings, focus group participants also expressed fear of their parents finding out they needed treatment for substance use.

"I didn't want to go because of fear—fear of being shamed."

"I was scared of the judgement."

"I didn't want the humiliation."

"I think most people are just too scared to admit they have a problem."

For others, the fear was a fear of the consequences they might experience if they attempted to address their substance use problems. These included losing connections with friends and family who were still using substances and did not want to address their own substance use, as well as changing the relationship that they had with substances, and fear of the unknown and unfamiliar services they would have to interact with.

"Fear of change. Like these are my friends and if I stop drinking I'll have no friends."

"You quit drinking, you lose your friends. You might get made fun of."

Some youth also spoke about the fear of not being taken seriously if they tried to reach out for help for their substance use. This included a few who felt that although their use was negatively impacting their life, service providers would not think it was 'bad enough' to admit them into a service.

"You need to hit rock bottom or they don't take you seriously."

In rural communities, participants talked about being afraid of leaving their home community to access services. They feared the changes they would experience staying in a larger urban centre away from their home, friends, and family. Some youth explained that they had never left their reserve before and did not know what to expect if they did. They also spoke about the fear of integrating back into their community after being in treatment.

"I went to treatment and before then I'd never been off reserve, so fear was a big thing for me."

"My first time going in a program I was scared and I didn't want to go. I was afraid and knew when I came back it'd be different."



“You are afraid of who you’ll be after you’re sober and who you could have been if you didn’t do drugs in the first place.”

Youth in both urban and rural communities reported there was stigma in their family and/or community attached to accessing substances use services, which had prevented them from admitting they needed help for their substance use. Youth in rural communities stated that it was particularly hard for them to overcome the stigma of accessing services because it was difficult to keep information private in a small community.

“If something happens, it gets around so you need to not tell someone. That’s the only way to keep your stuff private because everyone talks in the community.”

Youth’s Recommendations

- Reduce fear of services by providing easily accessible youth-friendly information. For example, put pictures of what a treatment program’s physical space looks like on the program website to help alleviate anxiety and misconceptions.

“I thought it was going to be padded cells and really scary but if I had seen pictures of it, I might have gone to treatment sooner because it didn’t look like that at all. A virtual tour would have really helped.”

- Locate more treatment centres close to smaller communities, so that youth from rural areas can access them without having to travel long distances.
- Develop more day treatment programs so that youth can address their substance use challenges without being removed from their support network.

“Privacy and confidentiality is a really big part. Who wants to admit they have a problem at such a young age?”

Racism

Focus group participants described experiencing racism from health care providers, particularly when seeking support for substance use and mental health problems. This included staff making insensitive and racist comments, and being dismissive of youth's beliefs and world view. Youth reported that they had reacted to the racism they experienced by disengaging from the service, and being reluctant to access another service in case they experienced similar racism.

"[Service providers should be] finding understanding to build more respect for culture."

Youth's Recommendations

- Health care providers (especially hospital staff) and youth justice employees should undergo effective cultural sensitivity training and learn the history of Indigenous peoples in BC.
- Treatment services should make all youth feel safe by building a culture of acceptance for youth from different backgrounds, as this would promote an atmosphere of understanding where youth could practice their culture without fear of repercussions.

One youth spoke about being taken to hospital when she was ill, but having hospital staff assume she was intoxicated. She believed it was *"because they were racially stereotyping"* and this put her off accessing other services. Other youth talked about their fear of being stereotyped or denied service by non-substance use services if they were known to have accessed substance use services. This made them reluctant to discuss their substance use issues.

Racism from non-Indigenous youth was also a barrier, as some Indigenous youth feared they would be targeted or socially excluded if they accessed a mixed-race substance use group or treatment program.

Lack of Supportive Relationships

Many focus group participants stated they lacked healthy adult figures who could be positive role models, and whom they could approach when they were thinking about seeking help for their substance use. Several youth stated that they did not know anyone who would support them if they wanted to seek treatment. They also knew that the adults in their life would not provide them with reliable information.

"It's hard if you grew up without supportive parents."

"Realizing and accepting you need help and talking to people—It's really hard to talk when you're at that point. There's not always someone in the community we can talk to."

One youth talked about growing up in an environment where everyone they knew used substances. It was only when they met someone who lived differently that they realized they could also make different choices about their substance use.

"If everything is related to alcohol, where is the escape?"

"In a lot of families it's normalized so who do you talk to?"

"I didn't admit I had a problem because everyone I know drank and did drugs and my parents did, and then I met this First Nations woman who was five months clean and that really helped."

A few youth said that restrictions on relationships were a barrier to accessing services. One youth explained that they had wanted to access a treatment program with their sibling who also needed help with substance use, but the program did not accept people who were related. As a result, neither of them entered treatment.

"This one time my sister and I tried to go to treatment, but they wouldn't let us because we were sisters. It would make us stronger together because we could be each other's support system. Why would you want to do it alone?"

"Let couples come."

However, some youth disagreed that this was a barrier to accessing treatment and said they never would have gone to treatment if they had attended with someone they knew.

"I 100% believe you shouldn't go [with] someone you know, let alone a family member."

Youth's Recommendations

- Youth should be able to connect with family regularly, and programs should offer financial assistance for family members to visit.
- There should be the option to access services, including residential treatment, with a sibling or close friend for those who would not otherwise access services.

"There needs to be connection to family and community. There can't be a disconnect."

"[In] my experience I went with my best friend and it did help. You should be allowed to go with a friend if it works for you and them."

"I think it's beneficial because then you know someone by your side to follow your path and also kinda help you make that addiction worth quitting because you know that person with you wants to quit and you can do it for that person."

"It might actually make you wanna stay if you have friends, or a partner is allowed to be with you."

- Youth at risk of justice involvement or who are currently justice-involved should have access to a healthy adult mentor.

Financial Issues

A few participants said they had been unable to afford to access needed substance use treatment. For example, youth who had to support themselves financially reported they were too worried about losing their job and source of income to attend a residential substance use treatment program or to access community services, which were often only open during their work hours.

"Some youth need time to work and don't have the time to commit to a treatment program."

Justice-involved youth who had experienced substance use treatment explained that they had not been able to access treatment until they became justice-involved because they could not previously afford it, including the cost of transportation to attend. They therefore had to wait until they were ordered into treatment by a judge or referred by a probation officer. Some youth said they had requested to be charged when going before a judge because they felt it was the only way they could afford the treatment they needed.

"If you haven't committed a crime, then you are left trying to sort out how to get to treatment on your own, including the cost of getting there."

"You find a really good treatment centre that will take you but it's like \$30,000."

"For the good programs you find your own way there. Like here [name of program] it's free but I had to take two planes because I'm not from the area."

“ *Programs can be paid for by the government as long as you pay your own way there and have a referral, but we spent over \$800 getting down here.”*

Youth's Recommendations

- Provide youth with assistance to cover transportation costs to attend substance use services.
- Provide financial support to youth who are living independently so that they can continue to pay their rent and bills while they are in treatment.
- Have a sliding scale, allow installment payment plans, and/or find other ways to make treatment centres more affordable to avoid youth feeling they have to offend or re-offend before they can access the treatment they need.



Family Responsibilities

Some youth felt they could not access treatment because of their family responsibilities. For example, youth who were contributing to the finances of a partner, child, or other family members were concerned about how their dependents would cope if they had to give up their job to receive treatment, and if they would be able to get another job when they completed treatment.

“Lack of money, no opportunity to make money—your family’s relying on it or maybe you have kids to feed.”

Youth who had been or currently were in a romantic relationship with someone else who used substances spoke about concerns about what would happen to their partner if they went into treatment. For example, one youth talked about avoiding treatment because her boyfriend had medical conditions and she worried he would die without her care. She felt that her support staff should have helped them to seek treatment together or at least offer support for him to be near her while she was in treatment.

Youth who were parenting worried about the impact of entering treatment on their child or children, especially if their child was very young and they were likely to miss things like their child’s first words or steps. (This worry was also noted as a barrier to continuing treatment.)

“I have a daughter and it’s really hard to think about missing out on so much stuff.”

“A hard part of treatment for me was that I didn’t really have a choice to go but if I had, I wouldn’t have chosen it because I have a daughter and I felt like I’m missing things.”

Pregnant and parenting youth also worried that admitting they needed help with their substance use might affect their custody rights.

Youth’s Recommendations

- Programs should take account of each youth’s unique circumstances and relationships, and tailor treatment accordingly.



Mental Health and Trauma

Survey Results

Youth who indicated having a mental health condition were more likely to have missed out on accessing needed substance use services than those who did not have a mental health condition (41% vs. 11%).

Similarly, most youth who described their mental health as poor (59%) had not accessed substance use supports they needed, compared to a minority of youth with better mental health.

Mental health challenges were cited in most focus groups as a cause of substance use problems and as a barrier to accessing treatment. Participants explained that when youth were struggling with their mental health, it was difficult to reach out and access needed help, so they would turn to substances to manage their symptoms.

“Lots of Aboriginal kids go through depression. They have no support. That’s why there [are] so many suicide attempts.”

“You don’t want to feel, so you go get high.”

“With people who have anxiety, they could be fighting with wanting to go to treatment and not wanting to go.”

“You have to take care of one thing first—like trauma or depression—and the substance helps take care of that disorder, so you can’t stop.”

The ongoing impact of intergenerational trauma was identified in most focus groups as a barrier to accessing substance use services. Participants felt that it affected every aspect of their lives, including substance use and mental health, and made it harder for Indigenous youth than non-Indigenous youth to reach out for help.

“Many youth are using drugs to deal with both individual and intergenerational trauma.”

The overwhelming grief associated with losing friends and family to an overdose was also a factor for some youth in their substance use, and was seen as creating a barrier to accessing services.

“Most Aboriginal youth have a problem. Like with fentanyl last year I lost so many friends. Lots of them overdosed on purpose just to deal with [intergenerational trauma] and other traumas.”

“There’s other problems that lead to the substance use and you have no other way to cope with those things.”

Some youth were forced to choose between in-patient treatment for serious mental health issues, which did not appropriately deal with substance use, or in-patient treatment for substance use, which could not always handle serious mental health issues.

Medication to address some mental illnesses could be an additional barrier to accessing Indigenous treatment programs. For example, some programs might consider certain medications used to treat mental illness to be incompatible with cultural protocols around sobriety and ceremony.

Youth's Recommendations

- Have more treatment options which can support youth to address mental health challenges and trauma, as well as their substance use problems.

Lack of Information

Reflecting findings from other studies and the current survey findings, focus group participants highlighted a lack of information as a barrier to accessing treatment, including not knowing where to go to get help or how to access the programs that they knew about.

"You don't know where to go."

Youth felt it was difficult to get accurate information about substance use treatment programs as most did not have a website, and those with a website often only provided instructions to email or call for more information. Youth explained that this was often a step they were reluctant to take.

"I looked up all my information online but even on there it says you have to call or email, which I don't want to do."

"Resources are hard to find, but by word of mouth you get more than you could find by a Google search."

Youth's Recommendations

- Provide accurate and easily accessible information about what to expect in a program, including what is and is not allowed (e.g., cigarette smoking, vaping); what is provided (e.g., support with transportation, snacks); what a typical day/session might look like; how many other youth might be involved, etc.
- Create a database with all treatment/substance use programs and services with one easy-to-complete application form which is easily accessible on the database.



Waitlists

Focus group participants expressed frustration at the waitlists they experienced for residential and community substance use treatment, including access to a drug and alcohol counsellor. Youth explained that once they had overcome the internal barriers they experienced to seeking help, it was very demoralizing to be placed on a waitlist. For a few participants, this meant they did not reach out for help again.

“Some people don’t necessarily have the support and help to get into somewhere like this [treatment program] because there are waitlists for alcohol and drug counsellors.”

“Long waitlists are a major barrier.”

“The problem is programs have limited space. What we need is more places for youth to go.”

Some youth spoke about waitlists for Indigenous-run substance use programming being particularly long. This was a major issue for youth who did not feel a non-Indigenous program would work for them.

“When I was trying to go to treatment, there were six- or eight-month waitlists for the few First Nations ones in existence.”

Having to go on a waitlist for treatment and recovery programs following completion of a detox program was also problematic. Participants expressed frustration that after completing withdrawal, they were then placed on a waitlist for a treatment program. It was common to relapse during this time, which then disqualified youth from entering the treatment program when they reached the top of the waitlist.

“Lots of people binge before going to treatment.”

Youth’s Recommendations

- Offer access to support at the time youth reach out for help.
- If youth have to be placed on a waitlist, ensure they receive regular check-ins so they know they have not been forgotten about and know where they are on the list.
- Ensure there are places available in treatment for all youth who are in detox services so there is no wait between detox and treatment.

Substance Use Program Requirements

Youth participants in the focus groups expressed frustration at the inflexible age restrictions in many programs. This was a barrier for younger youth who were not old enough for many programs, as well as for those approaching their 19th birthday. For example, some reported that at the age of 18, they were forced to choose between entering treatment with people much older than themselves or not accessing treatment.

“In the region where I’m from there’s not many programs for youth.”

“It’s so weird going to AA with a bunch of adults. We can have a voice with youth. We don’t have a voice with adults because they are an overpowering presence.”

"At 18 you're too old for youth [treatment] and too young for adult treatment."

Inflexible rules were also a barrier for many focus group participants. Youth reported wanting to be in control of as much of their life as possible when they entered treatment because they felt powerless, and being in treatment was a difficult experience. For example, not being allowed to smoke tobacco prevented many youth who smoked from accessing treatment as they were unwilling to quit cigarettes at the same time they were quitting the substance(s) they were finding problematic.

"Treatment centres make you quit smoking. BC just passed a law about it and some of them get rid of flour and sugar and that's not great."

"My problem when I went to treatment and why I didn't succeed was because I couldn't have any smokes and because I was far away from home."

Youth explained that a lot of treatment programs required youth to be sober before they could attend, meaning they either had to go to a detox centre or try to detox themselves before they could be admitted.

"For me, having to go to detox and having to go through withdrawal in order to get treatment was too tough, as a lot of centres require you to detox before you go."

Youth from rural communities talked about the difficulties they had experienced trying to stop using substances on their own when a detox centre was not available in their community. Geographical boundaries of services also made it difficult for rural youth to access many city-based services.

One example which was shared was of a foster parent lying about the location of their home in order for the youth in their care to be able to access treatment.

"You have to lie and say I have a house out there because they won't take people from outside the city."

Youth's Recommendations

- Have more substance use services, including prevention programs, targeted at younger youth.
- Have services which cater exclusively to older youth/young adults.
- Offer more detox centres and treatment facilities for youth.

"More treatment centres. I know there are none here or in the next town, so more would be helpful."

- Allow youth to detox at the same place they will go for treatment.
- Ensure there are no waitlists for detox or between detox and treatment.
- Remove intrusive restrictions, such as requiring a TB test before youth can enter some treatment facilities.

Location of Services

The location of substance use services and programs was a substantial barrier to the majority of focus group participants. Youth in both urban and rural communities noted that even if their transport costs were covered, there was often no transportation available for them to get there.

"What if you have the desire to go but you can't get there?"

"The only way I got into the treatment program was my foster parent drove me all the way down there to Vancouver when the place had a bed become available."

Most BC residential treatment services are in the Lower Mainland or an isolated Interior community, and participants from outside these communities talked about not wanting to go to these locations and be away from their familiar community and home.

"You're living in a remote community and it's hard to be far from family."

Several youth spoke about substance use programs which were located in areas with high substance use. They were reluctant to access these services as they found it hard to abstain from using substances when they felt tempted or were approached by people selling drugs.




"[The treatment centre] is too near [specific street]. You can leave when you want and just go get f-d up."

"Even if you go for a walk, you know where the drugs are [sold], so it would be difficult to avoid them."

Youth's recommendations

- Locate services in youth-friendly, easily accessible areas.
- Provide transportation to attend treatment. For example, treatment centres could have their own transportation and could transport youth to and from the facility.

"You get them their own charter bus and they pick up kids who need detox or treatment."



“ *I wouldn't be too happy about having to leave my community. You have to leave your home for six months.”*

Lack of Cultural Sensitivity in Program Design

Youth spoke about feeling reluctant to access services which did not incorporate Indigenous cultural components, and which were heavily focused on Western ideologies.

Some youth who had experienced treatment programs run by Christian organizations or which incorporated religious teachings reported that it brought up intergenerational trauma related to church-run residential schools. They also talked about how this was further exacerbated by these programs having primarily non-Indigenous staff and high levels of structure.

“Some are church-based and that’s a huge issue.”

Youth’s recommendations

- Ensure youth are aware if a program has a religious component before they attend, and ensure there are sufficient programs available which welcome all world views.

“Be compassionately curious in those spaces and allow our Indigenous culture to show in that treatment program.”

Lack of Exclusively Indigenous Services

Other studies have found that Indigenous youth experience mistrust or suspicion toward services that are not culturally sensitive and which are located outside their home community (Tsuruda et al., 2012). Although some youth in this study expressed no issues with non-Indigenous treatment centres, others said they would not access such services. Reasons included feeling uncomfortable around non-Indigenous peoples, and feeling there would be a lack of understanding of the relational components of Indigenous culture.

“I think one of the biggest barriers are treatment centres are mainly white. I don’t want to sound racist but as a First Nations youth, it’s really hard to not be around your own people.”

Reflecting findings from the environmental scan, in communities where Indigenous treatment services were available, both First Nations and Métis youth reported barriers to access. The most common barrier for Status First Nations youth was the waitlists. Whereas for Métis or non-Status youth, they were often deemed ineligible due to being funded through the province for health care, rather than through BC’s First Nations Health Authority.

“It’s hard to prove your status and if you don’t have the documents, it’s hard to get the funding [for Indigenous specific treatment programs].”

“There’s lots of red tape if you don’t have your Status card.”

Youth’s recommendations

- Offer more programs designed exclusively for Indigenous youth of different backgrounds, including programs designed specifically for Métis youth.

Juvenile Justice Involvement

Youth regularly reported that they had been denied substance use services until they were heavily justice-involved and/or heavily abusing substances. Some youth did consider it a positive that justice involvement had helped them start treatment, but felt that the help should have been available sooner.

"A lot of the good programs like an FTAP [Full-time attendance program] have to be court ordered."

"You get turned away because you aren't alcoholic enough."

"I would never have come here if my probation didn't say I had to. So what's the answer—put a lot of kids on probation?!"

For some who had not been able to access detox in their community, being held in police cells, remanded in custody, or serving a custodial sentence had forced them to detox, which had been a negative experience.

"I detoxed while in juvie. I would prefer treatment to being jailed!"

“ *People want to go to substance use treatment not jail!"*



Youth in one community talked about being held in police cells over the weekend while they detoxed, without medical treatment. This experience was made worse by seeing other people having to be rushed from their cell to hospital because they were in severe withdrawal.

"They always have the ambulance coming like every two hours. It was horrible."

Additionally, when released from police cells or custody after an enforced withdrawal, youth noted that they often went straight back to using substances, which could be dangerous if their body's tolerance had lowered while they were being detained.

"They let youth go after like four days, probably if someone looked at it they'd see a lot of them overdose."

Probation conditions which prohibit substance use were raised as another barrier to seeking treatment. Youth reported being reluctant to admit any substance use problems for fear of being returned to custody for breaching their probation conditions.

"If you breach, you get sent back to custody, which isn't a good alternative."



Youth also stated that probation conditions often required them to avoid contact with others who were actively using substances. They felt this was an unfair and unrealistic condition to set as they did not have control over others' use. For many, this meant they could not interact with family and friends, or stay at their home if others were using substances there.

"My parents are potheads. My boyfriend is a pothead. I'm around people who smoke pot all the time. How does it make sense to breach me for it when it's normal at home?"

"There's too many [probation] conditions that don't really make sense."

"Using is not a crime."

Youth also pointed out that when they were held in custody as a result of crimes related to their substance use or addiction issues, they often met youth who were there for more serious crimes. This could lead to their own increased or more serious criminal involvement.

"People are in for serious charges, and youth get connected to those people and it gets worse."



Youth's recommendations

- Provide more access to treatment without the need for justice involvement or extreme substance use difficulties.
- Offer medical help and support to youth who may be experiencing detox while held in police cells or custody.
- Don't criminalize addiction, but assist youth to get support.

"Instead of punishing and breaches, give them a counsellor they have to work with for like 200 hours because that's a lot of time to be clean."

"I think if youth go on probation, they should get an [individual support] worker."

- Ensure probation conditions take into account the youth as a whole, including their home life and family circumstances.
- Ensure probation officers take the time to develop a relationship with youth.

"My PO takes me out for lunch...during the day I'm looking forward to that so I try to do good."

- Offer support to youth who want to 'make a fresh start' away from their home community and old peer group. For example, offer youth support with employment, school, and housing applications in a new community.

"Helping to find work...get back in a good routine."

Barriers to Successfully Completing Substance Use Treatment

In addition to the barriers Indigenous youth identified to accessing substance use services, they can also face barriers once they engage with services. Other studies have found that few substance use treatment services are designed to work well for Indigenous youth, and Indigenous individuals are more likely to disengage from treatment than non-Indigenous ones (McCormick, 2000; RCY, 2016).

Different cultural values and beliefs toward promoting health and treating illness can mean some Indigenous people do not receive appropriate treatment and support from non-Indigenous service providers (McCormick, 2000; Tsuruda et al., 2012). For example, it may take Indigenous people longer to establish a relationship of trust with a service provider than the time allotted by that service (McCormick, 2000). Additionally, Indigenous youth have reported experiencing mistrust or suspicion toward services that are not culturally sensitive and which are located outside their home community (Tsuruda et al., 2012).

Some of the major challenges to providing culturally competent care for Indigenous youth include a lack of diversity in health care services' leadership and workforce; a single system of care which is not designed to meet the needs of diverse patient populations; and poor communication among service providers and service users of different backgrounds (Betancourt, Green, & Carrillo, 2002). Additionally, it has been suggested that the presence of Indigenous staff or activities may not be sufficient to create a culturally relevant program as Indigenous cultures are diverse (Akeo et al., 2008; Garrett et al., 2011).

It has been recommended that for treatment programs to be successful at keeping participants engaged, they must move beyond focusing on the presenting substance use problem to address mental health challenges, relationship violence, and trauma, using an integrated and culturally relevant approach (Austin, Bloom, & Donahue, 1992; Bloom, Owen, & Covington, 2005; Briggs & Taylor, 2012; Covington & Bloom, 2008; Morash, Bynum, & Koons, 1998).



Survey Results

In total, 21% of Indigenous youth who had been in a substance use treatment program had left substance use treatment early.

Reasons for disengaging from substance use treatment (among Indigenous youth who left treatment early)



Note: Youth could mark all that applied.

Mandatory Treatment

A few youth who had been mandated into a treatment program—which they felt had been tailored to their needs, taught them life skills, and had a large cultural component—noted that they had committed to completing the treatment and ultimately benefited from the experience.

However, being placed in mandatory treatment was seen as a major barrier to successful treatment completion by most youth who participated in a focus group. Some youth who had completed mandatory treatment reported they had returned to using substances immediately after discharge because they had not been committed to addressing their substance use, and were resentful of being forced into treatment.

Similarly, in one group held at a treatment program, youth participants noted that they had been given a choice between going into custody or going into residential treatment. They felt that this limited their commitment to completing treatment, as their decision to enter treatment *“didn’t feel like a free choice.”*

“A lot of people are forced to go and they don’t want to be there and they come back worse.”

“They [youth] have to decide whether they want help. You can’t push or pressure them.”

“Being forced to quit is really different from quitting, because if you don’t want to quit, you’ll just go back.”

“Me personally, I was like, ‘No, I don’t need treatment’ for months on end and afterwards I ended up in the same place I was before.”

Participants who had been mandated to transition directly from a custody centre to a treatment program felt this set them up for a negative experience. They reported that they were not presented with treatment options, and had no opportunity to discuss options with their family before entering a program.

Youth’s Recommendations

- Treatment should be voluntary and not mandated, as youth have to decide for themselves when they are ready to access help.

“ *Self-initiative is important—being honest to oneself. No one is going to do well in a treatment program if they don’t want to be there.* ”



Mental and Emotional Health

Mental health challenges were a barrier to completing treatment as well as to entering treatment. Focus group participants talked about how mental health challenges could become overwhelming during treatment for youth who have previously been self-medicating with substances.

“Being abstinent from alcohol and drugs goes hand in hand with dealing with your mental health. If you don’t do that, you’ll be right back where you started.”

“I am in treatment trying to get clean, dealing with anxiety attacks or panic, and thinking ‘I’m actually doing it but can I pull through with it?’”

Youth with and without diagnosed mental health challenges talked about the heightened emotions they felt during treatment. Not knowing how to manage these intense feelings often led them to become impulsive and volatile, which in turn sometimes led to them disengaging from services or being asked to leave.

Youth’s Recommendations

- As mental health and substance use are often interconnected, programs should take a holistic approach and address mental health issues as well as substance use ones.

“A lot of the time when people have problems such as drug and alcohol use they have other problems, so access to counselors or psychiatrists is as important as the cultural aspect.”

- Substance use programs should teach youth how to manage their emotions.

“Anger management would be helpful, which [treatment programs] don’t have as much.”



Program Structure and Expectations

The structure of treatment programs was raised as a barrier to successful treatment completion in most focus groups, including all groups with youth who were currently in residential treatment.

Participants explained that youth often go from living a very unstructured lifestyle to the strict structures of residential treatment, which can be a difficult adjustment.

"It is a feeling like you are pretty much on house arrest."

"Some of them are very hospital like. They're not very homey. It's too structured. Some of them have bed times, wakeup calls, and it doesn't feel normal."

"I hate people telling me what to do. If you tell me what to do, I'll not do it."

One youth recalled being expected to talk in front of 30 people while in a residential treatment program and being so scared they did not speak for four weeks. They felt that the expectation that program participants should share their struggles with people they did not know was unrealistic and showed a lack of understanding of Indigenous culture. Other youth who had spent their entire lives on reserve reported that speaking to people outside their community was difficult for them, and they needed time to build relationships before they would open up and talk to them.

"I didn't want to sit with people I didn't know and talk about my problems."

Some youth who had been in custody reported that the rules and structure of a treatment centre felt too similar to serving a custodial sentence, and made them feel like they were being punished. For example, they had little choice about whether to participate in activities, even if they were sick, were having a bad day, or the activity was not something they felt comfortable participating in.

"They say that's what the program is for—to teach structure and how to follow rules. I say, that's what jail is for."

"You do what staff say, how they want and when they want, and then they say you have choice, but you really don't."

"[Specific treatment program] is exactly like jail with locked doors and all that. I got into it and I only lasted two days even though it's in my hometown and everything."

However, other youth with custody experience talked about the importance of having structure and routine to support them with managing their substance use. They explained that it was important for the structure to be complemented with flexibility, so that each youth was offered the individual support they needed to meet their needs.

"There should be structure and a little freedom—a mesh of both at the same time."

Youth's Recommendations

- Give youth sufficient time to adjust to the structure, routine and rules of treatment rather than kicking them out when they struggle.

"Youth can mess up a lot in treatment and still change."

- Ensure treatment does not feel punitive, including having unlocked doors, informal relationships with staff, trust, and choice within the program.

"Have a program that doesn't make you feel locked down."

Unrealistic Goal Setting

Participants felt that many treatment programs did not allow youth to set their own treatment goals, and goals that were set for them were often unrealistic. For example, youth in several groups noted that they had attended programs where they were given a goal of abstinence from substance use, whereas the youth's aim had been to achieve safer substance use, such as drinking within Health Canada's low risk guidelines. This not only discouraged them from staying in treatment, but also made it more difficult to maintain any progress they had made in treatment after discharge, as they knew anything except abstinence would be considered a failure.

"The only definition of success is your own definition."

"Treatment did help me. Although I didn't stay 100% sober, I'm nowhere near how bad I was. To me, I succeeded."

Youth also felt that programs which stated they took a harm reduction approach often had an ultimate goal of abstinence. Participants felt that a true harm reduction approach would allow youth to choose to continue substance use but learn to use more safely (such as at times and in places which were safer). Such an approach would also ensure youth received information which was accurate, balanced, and addressed the pros and cons of sobriety.

"There's no book for people that don't wanna stay clean."

"This program likes to call itself a harm reduction program but I'm not seeing much of that."

Youth's Recommendations

- Allow youth to be engaged in program planning.
- Make individualized plans and agreements with youth rather than having one set of rules for all.
- Allow youth to choose what activities they take part in during treatment.

"Offer optional programs because sometimes you're not in the mood and you don't want to go."

- Offer more programs and aftercare which offer a diversity of solutions to problematic substance use (rather than using sobriety as a singular measure of success).

"I think there should be some things for people that aren't focused on sobriety, like why should I wanna get clean?"

Relationships Within and Outside the Program

Youth spoke about the impact that relationships with program staff, other participants, and family members had on their chances of successfully completing treatment.

Reflecting the survey findings, focus group participants talked about feeling that treatment program staff often did not take them seriously or consider their perspective, and also noted that they often felt that staff did not make the effort to connect with them. For example, when a conflict arose between a youth and their caregiver or another staff member, they felt that youth's opinions and feelings were either not asked for or were discounted.

Youth also felt that they were judged based on their previous behaviour, which resulted in their complaints or concerns not being taken seriously.

"You go to a program and staff don't even talk to you. You feel like you just have to help yourself."

"If I say I'm having a panic attack and if I'm not crying, freaking out, and turning into a crab they say 'you're not having a panic attack'."

"I swear your baby making station won't be working by the time you get out of treatment 'cos they don't listen when you tell them you need to see a doctor."

Youth also talked about finding it difficult to trust program staff, particularly when they first entered treatment, as many had a history of government care and home situations where it was unwise to trust others immediately. Some youth also felt it was hypocritical that staff often did not trust and respect them, but youth were expected to trust and respect staff.

"When you first get here, they expect you to start trusting them... like I can get along with you but I can't trust you yet. That's a lot to expect."

"I got trust issues because of my life."

Focus group participants had experienced challenges being in treatment with other youth for an extended period, especially when there was conflict. This was especially challenging for youth who were not used to living with other people, and who wanted to spend time alone.

"Dealing with roommates and others in your space [in a substance use treatment program] can be hard, especially when you're used to being independent and being on your own."

"You don't need another person up in your space moving and breaking your stuff."

Participants reported that when program staff did not deal with racist remarks made by other program participants, this made them feel like the staff were racist as well. Some youth noted observing racism between staff members, and particularly directed towards cultural workers, which made them feel unsafe in the program.

Focus group participants also struggled with feeling that some staff could not understand their situation because the staff lacked experience with substance use, or because of their age or gender.

"Diverse staff—you should have people who've been through drug use challenges, so they get it."

"In my opinion all staff in treatment programs should have been addicts."

"She could connect with everything I'd talked about cause she'd been through all the same things."

Youth wanted to be able to access counselling and medical care from same-gender staff. This was particularly true of females with a history of abuse by males. Some female youth noted that they had been forced to see male doctors for reproductive health; and though a female nurse had been in the room at all times, they had felt uncomfortable.

"There's one [female] doctor they want you to go see but she's not always there."

*"I have trouble telling all this to a guy because a guy did all this s**t."*

Relationships with family or caregivers in their home community also impacted engagement in substance use programming, as it was hard for youth to be fully committed to a program if they knew their family did not support them being there. Some youth also spoke about disengaging from treatment because they were missing their family, romantic partner, or support network.

"Family struggles—like maybe family not fully supporting you through the whole thing."

One of the relationships youth felt had the biggest impact on their ability to complete a program was that with a romantic partner, because of the limited opportunities they had to stay connected.

"If you're dating someone you should be able to contact them. Like I haven't got to text my girlfriend since I got picked up."

Youth also talked about the impact of relationships with people who they used to use substances with. Several youth talked about difficult interactions including threats from former drug dealers, and encouragement to leave treatment and return to the lifestyle and friend group they used to use substances with. Youth also talked about feeling a desire to leave treatment and go back to using

substances when they encountered people whom they had previously used substances with while in treatment.

"When I was first in treatment, people who got me into that lifestyle or who knew me when I was in that lifestyle would call me and say 'oh you don't need to not use' and that was really hard."

"What if there is a drug dealer and they're wanting to get clean and you're at the same place. You see that person and they're an automatic trigger."

Youth felt that non-Indigenous treatment programs often had a very narrow definition of family which could put restrictions on visitors and on who could be involved in their treatment.

"It's good to know what you have in family. Lately I've realized I've had a lot of family who've been trying to help me for a while. Now that we're re-connected, they've been a good support."

Youth talked about not having many opportunities to develop connections to the community surrounding the treatment centre. This increased their feeling of isolation and made them feel less inclined to want to stay there.

Participants in a few of the focus groups gave examples of a couple of Indigenous-specific treatment centres that allowed family to stay with their relative who was receiving help, but that these programs were not located in convenient locations and were difficult to get into.

The vast majority of youth wanted to maintain contact with their family and friends while they were in treatment. However, there were a few who found it easier to stay engaged in a treatment program outside of their community because as one put it, *"It isolated me from all my friends, and gave me a period of time to focus on myself."*

Youth's recommendations

- Treat youth with respect and do not judge them by their past behaviours.

"Talk to [youth] like they're adults and people."

"The staff need to connect with youth and spend more time with the youth."

- Ensure programs have a 'zero tolerance' policy towards racism (e.g., between program participants and staff).
- Ensure staff are relatable in terms of gender, age, and substance use experience, and are at a healthy place in their life.
- Have Indigenous volunteers who can engage with youth in treatment programs, as youth appreciate they are not being paid to be there, and can bring specific skills that program staff may not have, such as coaching gym or doing Indigenous pipe ceremonies. Indigenous volunteers are particularly important in non-Indigenous substance use treatment programs.

"You're more bound to talk to someone who is there on their own time than someone who is getting paid."

- Have sufficient numbers of Indigenous staff members on each shift to create a sense of cultural safety.

- Support youth to stay connected to their romantic partner while they are in treatment.

- Have outings into the local community so that youth can meet new people who are not using substances.

"They [staff] could say 'Hey everyone, let's go out for lunch or coffee'. If the staff are the only people we know in the community, how are we supposed to meet people?"

- Allow youth time to be alone and unsupervised.

"For me, the type I am, if I were going to ask for something in the program, I'd ask for a quiet room where I could just sit and think about things."

"I like to be alone sometimes—a few minutes to be alone, be in a quiet space, have a room for that."



Being Asked to Leave

Survey Results

Among youth who had left substance use treatment early, 43% had been asked to leave. Males were more likely than females to have been asked to leave.

Male and female focus group participants noted that youth sometimes want to complete treatment but are asked to leave early, with this experience more common among males. Male youth said that often anger management challenges and aggressive outbursts (such as responding aggressively to experiences of racism), resulted in them being kicked out.

"Boys wanting to be the bigger person and not wanting help, just [resorting to] the aggression thing as the solution to how they're feeling."

"Because I know if there was a racial slur I'd be throwing a chair across a room...Imagine going from using [substances] to treatment and hearing that—You'd get mad."

Participants also explained that when they lost their place in treatment, they often quickly returned to using substances. This was especially so when programs asked youth to leave without ensuring they had somewhere safe to go or the means to return to their home community.

Youth's Recommendations

- Offer anger management training to youth in treatment to reduce the likelihood of them being asked to leave.
- Have staff try to understand reasons behind youth's behaviour.
- Ensure consequences which are imposed for unacceptable behaviour do not include being kicked out, and recognize that the behaviour may have been a cry for help or a response to being provoked.

"Don't just kick everyone out – try suspension and you don't get privileges for two days."

"Just give them more help, more support."

- Youth who are sent to a treatment program as one of their probation conditions should not be sent to custody if they breach the condition (i.e., if they use substances while attending a program). Instead, youth should be offered continued support to manage their substance use within a treatment program.

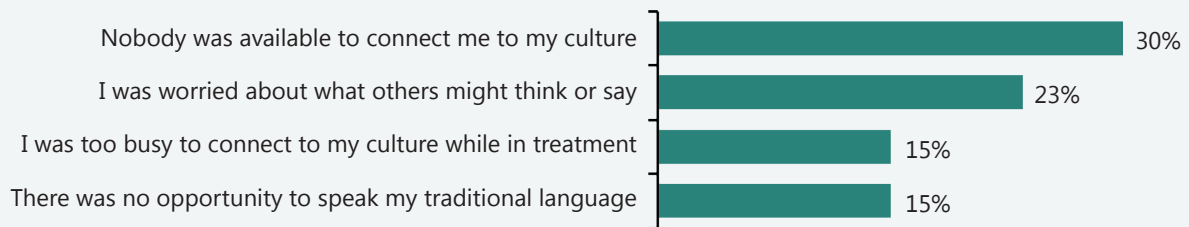
"If you breach, you shouldn't be sent back to custody, because it isn't a good alternative."

Lack of Meaningful Cultural Supports

Survey Results

Most youth (91%) who completed a survey felt at least a little connected to their culture, including 19% who felt very connected. However, most of those who had been in a treatment program (62%) experienced challenges connecting to their culture while in treatment.

Most commonly identified barriers to connecting to culture while in a substance use treatment program (among Indigenous youth who had been in a treatment program)



Note: Youth could mark all that applied.

Almost all youth who completed a survey (98%) thought that learning traditional cultural teachings was at least a little important to them, including 66% who thought it was quite a bit or very important. However, 18% reported they did not want to connect with their culture while they were in treatment.

Youth who had accessed treatment programs were asked how often cultural practices were offered in the program. Around half (47%) reported they were never offered, while 13% indicated that cultural practices were offered once a month or less, 23% indicated two to three times a month, and 17% reported these practices were offered once a week or more.

In total, 60% of youth took part in cultural practices at least some of the time when these were offered in treatment. Most of these youth found this to be quite a bit or very meaningful to them.



Reflecting the reasons focus group participants gave for not accessing needed services, a lack of cultural supports and lack of respect for non-Christian world views led some youth to disengage from services.

“Use Creator; I mean there are different words depending on the place but Indigenous people use Creator and it’s better than using God. God isn’t good when you have intergenerational trauma.”

“A few treatment centres really push God and it doesn’t sit right with me.”

Youth also reported not being motivated to stay in treatment when there was insufficient Indigenous representation in the staff. Several groups also specifically stated that having a cultural worker was not sufficient to make them feel like they were represented, as they wanted to see a range of staff who represented Canada’s different First Nations and Métis people to reflect the various backgrounds of youth in treatment.

“I know if I have a worker who’s not the same ethnicity as I am, I don’t connect.”

“If I’m going into these programs I’d love it if the person was Métis too.”

Participants also mentioned that not all cultural engagement was valuable or meaningful. Many gave examples of tokenism they had experienced in substance use programs, including having Indigenous activities run by non-Indigenous staff or by Indigenous staff without the correct knowledge, and which did not take into account the cultural differences and needs of individual Indigenous youth.

One youth spoke about what they described as *“the difference between surface culture and deep culture.”* They explained that if programs took the time to understand cultural practices which are similar across Indigenous culture—such as respect for land, connection to Elders, respect for tradition, and lack of individualism—it would be more meaningful than focusing on ‘surface culture’ such as making dreamcatchers or smudging, which were not common to all bands.

“It can’t just be anyone who runs the sweat lodge, it would need to be a fire keeper.”

“Most times they just print out a bunch of designs so people can colour.”

“Culture is so important because it’s how you walk on a daily basis. It’s not just the times you dance in the big house where you need to be sober, it’s also before that...That deep culture is really important.”

“Culture is not a thing we do—it’s how we live.”

Youth from cultures outside BC as well as Métis youth were particularly likely to report that cultural activities they had accessed did not represent them.

“It’s important to actually see where the kids come from. Like if you’re Métis, that’s very different to First Nations. So you can do your type of singing one day and our type next week. That way you get everyone.”

Some urban-based youth who were disconnected from their Indigenous culture noted they would have appreciated support during treatment to learn about their culture and history. For example, they talked about wanting to learn about intergenerational trauma and how it had affected their lives, as they felt this would assist their recovery and help to contextualize their personal history and experiences. Others worried that if they tried to engage with their culture during treatment, others in the program would make negative stereotypical assumptions about them, assume they knew more about their culture than they did, or would judge them for what one described as “*not being Native enough.*”

“I don’t look Aboriginal so that is really what stops me from going there for treatment.”

Racism from other Indigenous youth based on their physical appearance, skin tone, or mixed heritage had made some youth who wanted to connect with their culture feel like they did not belong or were not welcome within a treatment program.

“I’ve seen a little bit of animosity towards Métis people from kids who are fully Native. Like saying things like, ‘Why are you here, white boy?’”

“*Skin tone can be an issue. Some people—they’re Native—but they have white skin.*”

Youth’s Recommendations

- Staff at treatment programs should be relatable and genuine, and should understand and seek to learn about the specific cultures, traditions, and languages of the youth in their programs.
- There should be more representation of Indigenous staff and culture in treatment centres.

“I think they have to bring an Elder. It should be mandatory that programs have an Elder teaching our teachings.”

- Elders who are working at treatment centres should be healthy and able to be good role models.
- Ensure treatment programs understand and embrace cultural differences within Indigenous cultures. This includes recognizing cultural differences among First Nations, Inuit, and Métis peoples; as well as different cultural practices of individual First Nations.
- Allow youth to opt out of ceremonies and practices which are not culturally appropriate for them, and recognize that youth who opt out may still want to connect to culture.

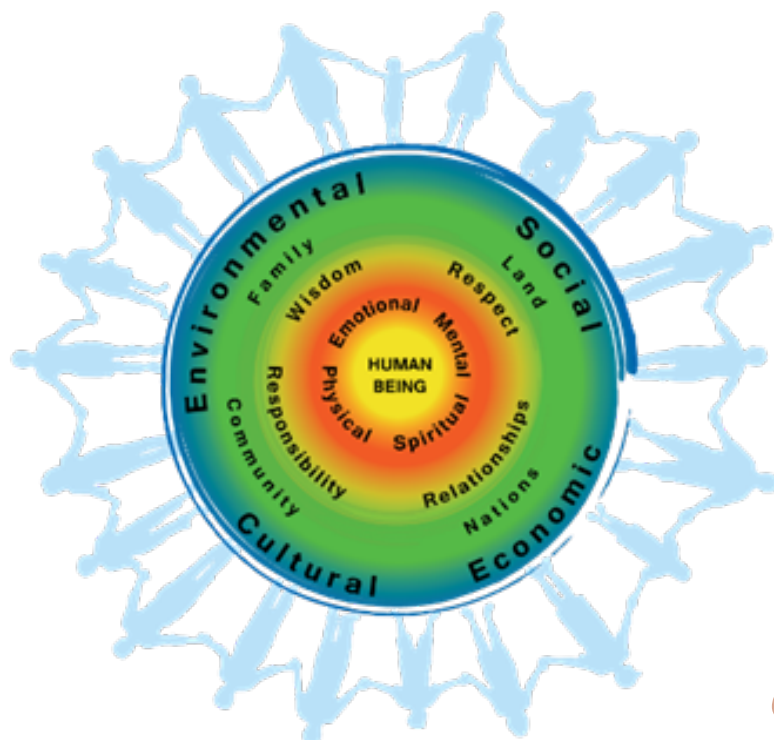
Promising Practices

This section details promising practices that youth participants identified which can contribute to successful completion of voluntary substance use treatment.

As highlighted by youth's experiences of barriers to entering and completing treatment, substance misuse within Indigenous communities is a complex issue requiring culturally appropriate, multi-dimensional approaches (Jiwas, Kelly, & Pierre-Hansen, 2008). Reflecting youth's recommendations in this project, other studies have found that effective programs and practices for Indigenous youth who are justice-involved are those that respect diversity; consider the intersectionality of gender, ethnicity, and socioeconomic status; and are culturally responsive (Covington & Bloom, 1999; Gaarder & Hesselton, 2012; Smith, 2015).

BC's First Nations Health Authority recommends a traditional wellness approach to substance use treatment which addresses the balance and inter-relationships of the physical, mental, emotional, and spiritual aspects of health and wellness. This approach asserts that the recognition of Indigenous cultures is critical to effective program delivery (FNHA, 2014; Health Canada, 2015).

Youth in this project were asked about positive experiences they had relating to entering and completing substance use treatment. They were also asked about any positive experiences with the transition out of treatment, as relapse after treatment can be common, especially when young people return to their home community after a period in residential treatment (Smith, Warren et al., 2014; Smith et al., 2013).



Source: First Nations Health Authority, 2014.

“ I do great in treatment but as soon as I get out of there it turns to s**t and I go back to the same old habits.”

Survey Results

Survey respondents' suggestions on how treatment programs can best support youth to manage their substance use challenges



Note: Youth could mark all that applied.



Youth Voice

Youth focus group participants who had input into decision-making regarding their substance use treatment options felt it had motivated them to change their behaviours around substance use, and increased the likelihood they would enter and successfully complete substance use treatment.

“Having a say in decisions helps put a stop to the repetitive circle that you might find yourself in when it comes to drug use.”

“If you end up at a place you really want to be at, it will motivate you to change.”


Gender-Specific Services

Female youth who had experienced positive relationships with female staff valued this experience. They felt that having a healthy female mentor and role model supported them to stay in treatment, particularly if they did not otherwise have such a figure in their life.

Similarly, males in one community talked about an effective male-only group which connected male youth with substance use challenges to healthy adult male mentors who taught them traditional ways, spent time with them, and instilled a sense of pride in their culture. Females in the community wanted a similar group for females and felt it would empower them and encourage them to take pride in their culture.

In one focus group which took place at a treatment program for Indigenous males, the participants appreciated the program’s focus on structured physical activities, such as daily runs, building a sweat tent, and chopping wood. They felt these activities offered positive outlets for youth with anger management challenges.

Participants in the program also spoke about their appreciation for explanations which were given for any rules within the program. For example, it had been explained to them that the program had a rule about punctuality (and consequences for not being punctual) because punctuality was a skill they would need for the rest of their lives. They liked that when they worked hard and followed the rules, they received incentives such as a trip into town. The participants felt the program supported them to address their substance use issues, while also teaching them the importance of routine, working hard, and respect.



“It’s important to listen to what youth want.”

Maintain Connections

Programs which allowed youth to maintain connections with their family (including their own children) and home community were highlighted as programs which youth were more likely to stay engaged in. For example, one youth shared that they had been in a treatment program for four months and were allowed regular family visits and to go home on weekends. This had helped them commit to the required duration of the program.

“Include the whole family in the healing process.”

“Involving the whole family could promote healing.”

Being in the same treatment centre as peers who had previously been in custody and who they knew had experienced similar struggles with substances was helpful to some youth, who reported that this helped them to reflect on their own life and encouraged them to stay engaged.

“If you were going to have an NA program... it helps when you see rock bottom in someone else.”

A program that allowed siblings, partners, or friends to complete treatment together was praised, as was a rule to exclude youth who they had first met while in custody.

Incorporate Healthy and Meaningful Activities

Both male and female youth who had experienced substance use treatment programs which had a routine and structure—combined with flexibility, healthy activities, and individualized support—stated that these program elements were key to them staying engaged with the program and to their recovery.

Female youth in particular said that having access to healthy food and getting three meals a day was a factor in helping them succeed in treatment.

Programs which incorporated physical activity into treatment provided an incentive for youth to stay engaged, as it provided a positive outlet for built-up emotions and took youth’s mind off substance use. The opportunity to play basketball was particularly important for youth in the North, where it is considered a cultural activity.

“If you can, you should involve sports and stuff. Especially for communities with high rates of substance use.”

“Being active. It keeps you busy. Being on a team, knowing that you’re there and a part of it is good.”

“Physical activities [are helpful], such as going to the gym, playing basketball, volleyball, soccer, or going to the fitness room.”



“They’ve had three sets of sisters come here and I don’t think they would have been successful without it.”

Youth in several groups found the opportunity to engage in extreme sports to be a very effective part of their treatment. Engaging in activities that created an adrenaline rush—such as rock climbing, dirt biking, or snowboarding—taught them that it was possible to achieve a ‘high’ without drugs.

“Activities give you something else to focus on, day to day.”

Other activities which youth appreciated included a quiet space to relax away from other participants; opportunities to take part in creative activities such as art, music or drama; and time to go outdoors and into nature.

“I think art is a big thing because it kind of takes your mind off of things because you need to get the art done.”

“It is helpful to be out in nature, such as going for a walk on the beach.”

Youth from rural communities found that substance use programs which involved connecting with nature were helpful to their recovery, as they supported mental health.

“Being out on the land so you can feel all meditative and at one with it.”

“Going kayaking or gardening in the community.”

Prior to entering treatment, many youth had not had the opportunity or motivation to participate in extracurricular activities. They therefore appreciated programs that allowed them to develop an interest in an activity or hobby which they found meaningful, and which they could continue after they left treatment.

“Keep yourself busy as much as possible. Like full out go hard because when you’re not doing that, you’re thinking about the trigger.”

“Hobbies mean you can put your money into something you can change; break your routine.”

“I took up drumming during treatment and have been using it to help me stay sober.”

Youth who had been in a custody centre valued treatment programs which created an atmosphere that did not feel institutionalized and where youth could do regular activities, had some level of choice and agency, and built positive relationships with treatment program staff. They felt these components all increased the likelihood they would fully engage and participate in their treatment program.

“Regular casual things like having a conversation that doesn’t feel like you are sitting in an office.”

“Doing things, like sober things, and talking while doing them because it would be kind of awkward just sitting pouring my heart out. I can’t do that.”

“I like it when they give us choices like, ‘Do you want to do this activity or this activity?’”



Address Trauma and Mental Health Challenges

Some participants who had experienced trauma-informed care felt it had been crucial to them staying in treatment. They felt the approach had acknowledged the underlying reasons they were using substances, and this had created an environment where they felt safe to address their issues.

Youth who had been supported to learn about intergenerational trauma, including the effects of colonization and their relatives' experiences in residential schools, felt it had helped them to understand how this might have contributed to their substance use.

"Learning about intergenerational trauma and doing workshops can be good, because lots of us don't know what happened and how it affects us."

"You've got to deal with trauma because the things that happen on the res when you're little—they're not fairy tales."

Some youth reported that receiving counselling was fundamental to them completing treatment, as it assisted them to work through the underlying cause of their substance use problems. However, youth in several focus groups pointed out that seeing a counsellor should be optional and not forced on youth who are not ready to open up and address their trauma.

"Considering most substance abuse comes from trauma, it's about finding ways to relax or get that trauma off your mind, like animal therapy."

"[Programs] need to address trauma and sexual abuse in the family."

Promote Cultural Connectedness

"I've been clean for almost five years now and after getting clean one of the biggest parts was learning my culture. I grew up with my European parent so I didn't know much about my culture."

Participants commended programs that made them feel represented and safe, and where they could learn cultural teachings about health and wellness. For example, a youth from a First Nations community outside BC valued being connected to an Elder from their community while in a BC treatment program. The Elder spent time teaching the youth their traditional language and teachings, which the youth felt was a very helpful component in their healing and recovery.

"Culture is the most important part for healing substance abuse in First Nations communities."

"I feel like culture is important to include in a program like this because a lot of First Nations and Métis people can feel really culturally disconnected."

"Aboriginal culture teaches you to honour yourself and they should teach that in all programs."



Offer Indigenous-Specific Treatment Programs

Survey Results

Most survey respondents (77%) who had accessed Indigenous-specific substance use services found them helpful.

Youth who had experienced an Indigenous-specific treatment program reported they had been more successful than when they had been through a program which served Indigenous and non-Indigenous youth. They reported that the Indigenous-specific program offered more opportunities to connect with their culture, which contributed to a stronger sense of identity and inner strength.

“Whatever helps connect to culture [is useful] because having that connection helps our everyday life. I feel like it’s been a big thing for me because my identity’s been so hard because I’ve never been noticed.”

“There should be more cultural programs you can sign up for and stuff. That’s the only thing that helped me.”



Incorporate Specific Cultural Practices

Survey Results

The vast majority of survey respondents (94%) felt it was at least a little important for substance use treatment programs to include traditional Indigenous healing practices and other cultural activities. This included two thirds (67%) who felt it was quite a bit or very important to include these cultural components in a treatment program.

Participants who were currently in a treatment program spoke about the cultural activities they had found to be helpful, including sweats, smudges, and other traditional ceremonies and celebrations. Other youth also mentioned activities which were not exclusive to Indigenous culture but were particularly important to them and their family and community, such as being out on the land, hunting and fishing, dirt biking, and basketball.

“Our ceremonies and celebrations are important to be able to do because they’re comforting.”

“I read that praying and smudging and asking for help does help. My anxiety went away when I started doing it. I got rid of bad memories. I mean they’re still there but they don’t bug me so much.”

“A sweat lodge can make you feel brand new—it’s cleansing.”

“Cultural activities give me something to do other than drugs.”



Hire Indigenous Staff

Survey Results

89% of youth indicated that the presence of Indigenous staff was important to them.

Youth felt most comfortable with staff from their own nation but also appreciated when staff from other nations made efforts to learn about the youth's nation. Programs that had multiple Indigenous staff also helped youth feel that the program was committed to serving Indigenous youth.

"Yeah, Aboriginal staff can connect and understand us better [than non-Indigenous staff]."

Youth valued programs where Elders were involved. Youth considered Elders as the ones who could pass on knowledge and ensure cultural activities were performed appropriately, such as blanketing ceremonies to celebrate milestones in youth's lives.

Youth appreciated when Indigenous staff ran cultural activities and used those activities to teach Indigenous history. One example was of a youth learning about his nation's history by taking part in a drumming workshop led by Indigenous staff.

"It's preferred if staff have knowledge and background of where the kids came from so they're not generalizing...having someone there who is First Nations so they're more comfortable."

"Elders are important just so that they can help us find certain activities."

"It's cool to learn your history in an interesting way."

Goal Setting/Skill Building

Participants reported being more inclined to stay in treatment when the program was helping them to set and achieve realistic goals and where they could experience success. Some youth also appreciated programs which helped them to focus on future goals, as this gave them positive things to look forward to and helped to motivate them to complete a program.

"Life skills helped. Lots of people don't know how to budget and stuff, plan for groceries. It took me forever to learn that."

"Just talking about future goals and all that, motivates you."

Youth also mentioned that programs should help them develop skills beyond those needed to avoid problematic substance use. This was especially important for youth who were about to age out of government care when they entered treatment.

"I think it has to be the bigger picture of changing your whole life, not just doing changes to make you sober."

"I think the kids have to feel that treatment will benefit them more than just getting clean."

Several youth had stayed engaged in treatment programs because the program had an educational component. They explained that substance use had negatively impacted their school attendance, so being able to continue their education in a supportive environment while in treatment prevented them from getting further behind their peers, and reduced the pressure they felt to leave treatment and return to school.

"Education is key because people drop out of school due to substance use, but now I'm working on my Dogwood while I am in here."

Several older youth reported that having access to an employment program or support to apply for post-secondary had been helpful. One youth noted that their treatment program had supported them to secure a college place for when they left treatment.

“When I was in juvie I saw the pamphlet for a treatment program. When I got there, they helped me get a job so I was making my own money, which felt better than just being given some.”

Youth appreciated programs that offered them the opportunity to gain educational or employment certifications. Examples included forklift licences, Food Safe certificates, and high school diplomas.

Youth who lived alone (e.g., on a Youth Agreement or Agreement with Young Adults) particularly appreciated treatment programs which allowed them to work during their time in treatment and taught them employment skills so they could increase their job skills, earn money, and enhance their résumé while in treatment. They reported this experience helped them to access employment or schooling after leaving treatment, and ensured they could stay in treatment until they were ready to leave.

“Employment program or college help. Because for myself I do well in treatment but I fall when I get back, so I need something I can be doing when I am out.”

Support During Transitions

Youth in every focus group discussed the need for a good transition plan to be in place well in advance of them leaving a treatment program. Youth in rural communities talked about the specific challenges of being in treatment programs far from their home community and then returning to their ‘old life’ of using substances as they had

no plan and support. Youth in custody centres brought up similar issues regarding transitioning back to their home community after having stayed in a structured custody setting.

Allowing youth in residential treatment to go home for overnight stays was appreciated as a way for youth and their treatment team to assess how they coped when they spent time back in the community.

“Overnight stays in your community are good so you know if you’re ready to go back.”

Programs that had mechanisms in place to offer youth support during transitions were reported to be helpful, although only a few youth participants had experienced this. For example, ensuring youth had the opportunity to develop or maintain connections with healthy adults in their home community supported them in their attempt to stay sober and away from justice involvement.

“Doing video chat with someone back on the reserve is helpful for me, so you know you have contacts when you come back. When you get out of treatment a big thing is having a sense of community.”

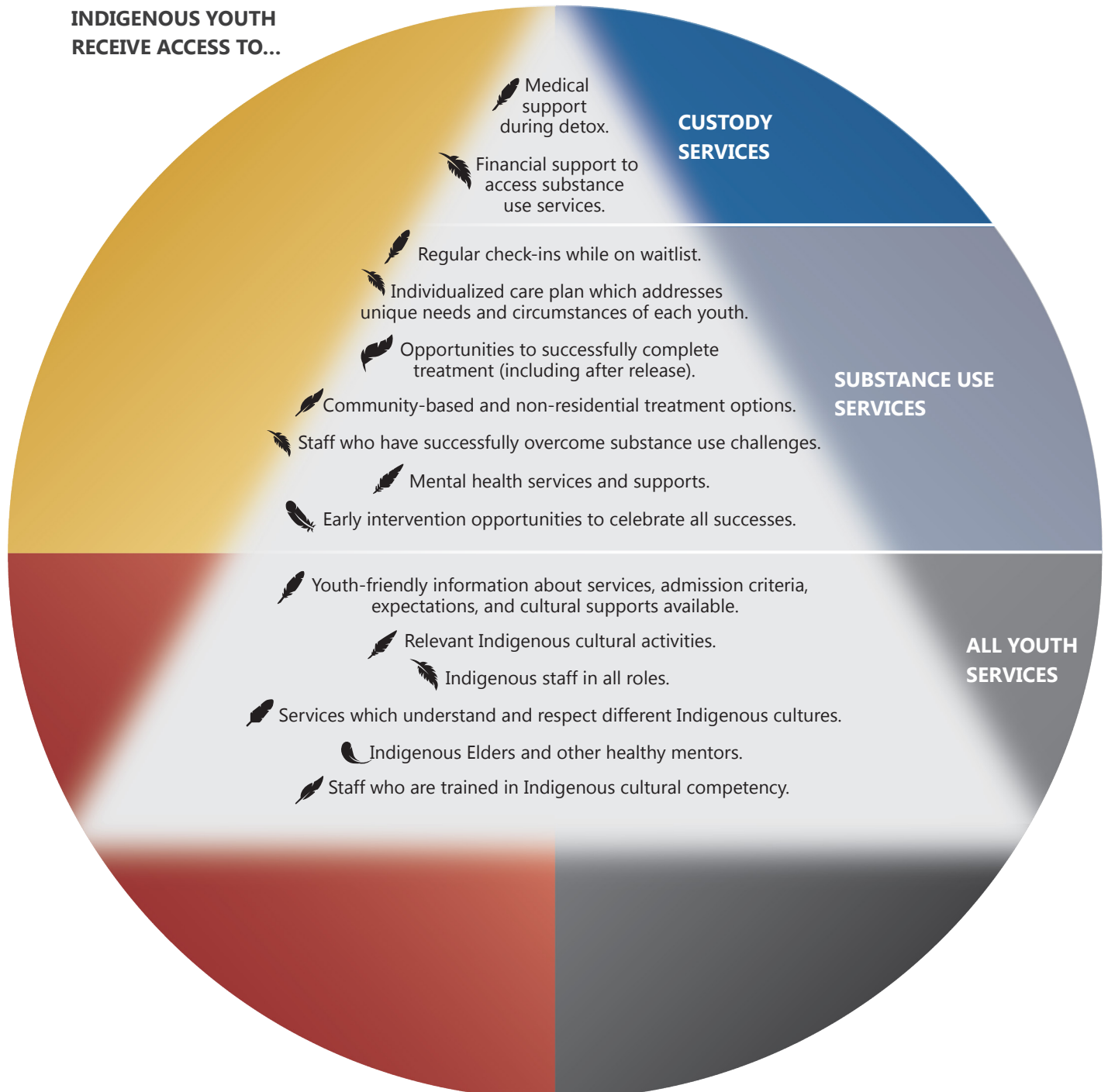
“You’ve got to have community supports. You put youth back in the same place and it’s the same thing.”

Participants felt it was important for adults in the community to support young people who had transitioned out of a treatment program to get involved in community activities (e.g., sports, volunteering, job training) in order to keep busy. The few who had experienced this said that keeping busy doing healthy and meaningful activities had introduced them to a different peer group, and helped them to avoid returning to misusing substances.

A Youth-Designed Culturally Appropriate Service Delivery Model

As part of this project, youth were asked to design a culturally appropriate service delivery model to support justice-involved youth to overcome substance use challenges.

INDIGENOUS YOUTH RECEIVE ACCESS TO...



Evaluation of Youth-Engaged Research

A comprehensive evaluation of the project methodology was completed and is available at www.mcs.bc.ca.

The evaluation included an assessment of the extent to which Indigenous members of the Youth Research Academy (YRA) benefited from their involvement in the project, and the degree to which the project enhanced our understanding of promising practices in carrying out youth-engaged research. The evaluation also canvassed youth's perspectives on the optimal methodology for collecting information from young people about promising practices for culturally relevant drug treatment approaches.

Outcomes Among the Youth Research Academy

Surveys and focus groups were conducted with each cohort of the YRA that worked on the project in 2017, 2018, and 2019. Findings among the YRA included the following:

- Improved knowledge of youth health (e.g., substance use), Indigenous cultural practice, and of BC's Indigenous communities.
 - Improved research skills and knowledge, including survey development, focus group development, facilitation, note-taking, and data entry and analysis.
 - Increased employment-related skills, including teamwork, conflict resolution, and working in an office environment.
- "The skills I've learned have opened a world of opportunities, and the information I learned has informed my career choice."*
- Increased community connections and involvement.
 - Increased understanding of own background, sense of identity, and personal strengths.

"I've realized that I bring value to the table."

Project Challenges and Solutions

The YRA and McCreary support staff identified project challenges and discussed how these challenges were addressed.

- Some focus group participants had difficulty understanding the meaning of ‘culture,’ so the YRA found a way to elicit information relating to culture by asking questions that were more specific yet non-leading and open-ended.
- In the first few focus groups, some participants struggled with one of the activities which asked youth to identify barriers and supports relating to managing substance use. The YRA made modifications to this activity based on their observations and participants’ feedback in the sessions. For example, they clarified the instructions and broke the activity down into simpler steps, which helped youth to understand and stay engaged.
- A few focus groups took place at a youth centre or wellness centre which only allowed youth to attend if they were sober. An online survey link was circulated to include the voices of youth who wanted to participate in the project but were unable to take part in the focus groups (e.g., because they were actively using substances, or were unable to access the location of a focus group).
- Some smaller communities insisted on an adult from their community being present during the focus groups. It did not feel appropriate to ask the adults to leave the space in these situations because of the importance placed on inclusion and sense of community.

“There are many paths up a mountain.”

Lessons Learned

“It’s been such a learning experience, and we’re still constantly learning.”

Members of the YRA identified lessons they learned through the project:

- Visiting Indigenous youth in their home community, and sharing a meal with community members before the focus group took place, helped to foster understanding and trust between the focus group facilitators and the participants. This in turn contributed to more meaningful engagement during the focus group.

“It should be meal first, business later.”

- It was important to have buy-in from adult stakeholders because adults’ attitudes about the focus group affected youth participants’ level of engagement.
- It was critical to not make assumptions going into each focus group. For example, participants in some communities referred to their background using a specific term (e.g., Indigenous), whereas those in other communities preferred the use of a different term. The YRA learned that asking participants, rather than assuming, helped to enhance rapport and engagement in the focus groups.
- It was necessary to be adaptive and flexible at each focus group.

“We learned that we needed to change how we worked in different communities.”

“You need to be able to bend like bamboo—not break, just bend.”

It was important to create and maintain a safe space for all youth participants. Doing so supported participants to share their experiences and suggestions.

Youth's Feedback About the Project Methodology

“ I was pleased that information for this project was collected in a way that would actually attract youth to take part.”

Mixed-Methods Approach

Youth liked the mixed-methods approach of focus groups and surveys to collect both qualitative and quantitative information. The YRA felt the focus groups helped to elicit in-depth information that would not have been captured otherwise. Some youth were uncomfortable talking in a group setting and preferred sharing their thoughts and suggestions in writing (through the survey), or on blank paper provided during the focus group.

Feedback from some youth participants was that a few of the survey questions were difficult to understand, and they appreciated when support was offered to help them understand the wording.

Youth-Engaged Research

Feedback from youth focus group participants highlighted the importance of having youth around their own age facilitating and note-taking as it made them feel more comfortable. They also thought it was important that members of the YRA were involved in all aspects of the project, from start to finish.

A few youth participants cautioned that one possible negative consequence of having peers involved in the focus groups was that it may be perceived that the youth facilitators felt superior to youth participants, because they were there in more of a leadership capacity. They suggested that all youth involved in a project such as this one should receive training around their attitudes and behaviours, as well in the concrete skills that were required (focus group facilitation, etc.).

*“You know, it might be hard if the youth act like their s**t don't stink.”*

Feedback from focus group participants was that they could identify and connect with the Indigenous youth facilitators involved in this project. This increased their motivation to actively take part in the session and share their thoughts and suggestions. Similarly, members of the YRA felt that the presence of youth researchers created buy-in with youth participants.

Indigenous members of the YRA appreciated that they and their peers were involved in developing and implementing this research project from the outset. They also valued having the opportunity to gain experience and skills in many aspects of research, such as focus group development, facilitation, note-taking, data entry, and analysis.

The youth researchers talked about the importance of each member of the YRA finding their role in the group. They recognized that some of them had strengths in focus group facilitation whereas others had strengths in other roles such as note-taking or data entry and analysis. They felt that a strengths-based approach to youth-engaged research helps youth to identify their assets and what they can contribute to the project.

“It's an important process to realize how we can all complement each other. It's about identifying everyone's strengths and what they can bring.”

Summary and Conclusions

Many of the recommendations made by Indigenous justice-involved youth with substance use challenges who engaged in this project were similar to those reported in McCreary Centre Society's earlier youth-led project which looked exclusively at how to better support youth in residential treatment programs. For example, youth in both projects suggested program staff should be familiar with Indigenous culture and receive training in cultural sensitivity and trauma-informed practice; the support offered to youth should be individualized and flexible; and any cultural programming which is offered should be authentic and run by individuals from the Indigenous community. Youth in both projects also talked about the importance of being supported to develop and/or maintain healthy relationships with staff working in substance use programs, as well as with healthy adults in their community, and of the need for support during transitions into and out of treatment (McCreary Centre Society, 2016).

The current project also brought some new perspectives to the wider issue of how to better serve justice-involved Indigenous youth with substance use challenges, including a proposed treatment model, examples of promising practices, and their experiences of Indigenous-specific services.

Youth in most focus groups identified barriers to accessing community and residential substance use treatment. These included mental health challenges, effects of intergenerational trauma, stigma, fear, and lack of supportive relationships. Systemic challenges were also commonly identified which included waitlists, a lack of cultural sensitivity in existing programs, a lack of Indigenous-specific programs, and not being eligible for available services until after youth were heavily involved in the justice system and/or due to problematic substance use.

Some barriers to completing treatment were similar to those youth experienced accessing treatment. However, additional barriers included their concerns about the ineffectiveness of mandatory treatment. They also identified lack of success in programs without cultural supports and in programs that do not address mental health or support youth to manage their mental health symptoms.

The youth who took part in this project offered similar suggestions for increasing their engagement in substance use treatment as Morgan and Louis (2010) suggested would reduce offending in Indigenous communities. These include taking a holistic individualized approach; addressing both mental health and substance use challenges; incorporating Indigenous-specific content, including an understanding of Indigenous culture, traditions, and law; involving Elders and other Indigenous people in the development and delivery of programs; involving family and the larger community; and fostering mentorship relationships between Indigenous youth and positive role models in their community.

While many of the youth's suggestions echoed those from other projects across Canada and the US, there were also some unique perspectives and some practical suggestions which have not previously been emphasized. These suggestions seem critical to the success of young people accessing and completing substance use treatment, such as providing pictures of the inside of treatment centres, and allowing youth to maintain contact with a romantic partner while accessing treatment.

The involvement of youth researchers in all aspects of this project seems key in conducting youth-engaged research. Using a strengths-based youth-engaged methodology was a valuable means of gathering information about barriers and culturally relevant supports to reduce substance use among justice-involved Indigenous youth.



References

- Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.
- Adjin-Tettey, E. (2007). Sentencing Aboriginal offenders: Balancing offenders' needs, the interests of victims and society, and the decolonization of Aboriginal peoples. *Canadian Journal of Women & the Law*, 19, 179-216.
- Akeo, N. P., Bunyan, E. S., Burgess, K. N., Eckart, D. R., Evensen, S. L., Hirose-Wong, S. M., . . . Vasconcellos, C. G. (2008). Hui malama o ke kai. *American Journal of Preventive Medicine*, 34(3), S67-S71. doi:10.1016/j.amepre.2007.12.013
- Armenta, B. E., Sittner, K. J., & Whitbeck, L. B. (2016). Predicting the onset of alcohol use and the development of alcohol use disorder among Indigenous adolescents. *Child Development*, 87(3), 870-882.
- Auger, M. D. (2016). Cultural Continuity as a Determinant of Indigenous Peoples' Health: A metasynthesis of qualitative research in Canada and the United States. *International Journal Indigenous Policy* 7(4). Retrieved from <http://ir.lib.uwo.ca/iipj/vol7/iss4/3>. DOI: 10.18584/iipj.2016.7.4.3
- Austin, J., Bloom, B., & Donahue, T. (1992). *Female offenders in the community: An analysis of innovative strategies and programs*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Retrieved from <https://www.ncjrs.gov/pdffiles1/Digitization/142251NCJRS.pdf>
- Betancourt, J., Green, J., & Carrillo, E. (2002). *Cultural competence in health care: Emerging frameworks and practical approaches*. Field Report, October 2002. Retrieved from http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf
- Bloom, B. E., Owen, B. A., & Covington, S. (2005). *Gender-responsive strategies for women offenders: A summary of research, practice, and guiding principles for women offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.
- Briggs, S. L., & Taylor, K. (2012). What works with women offenders in the community in Canada: Research and best practices, *Journal of Community Corrections*, 21(3), 5-16.
- Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2016). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, 8(1), 3-22.
- Clarkson, A. F., Christian, W. M., Pearce, M. E., Jongbloed, K. A., Caron, N. R., Teegee, M. P., ...Spittal, P. M. (2015). The Cedar Project: Negative health outcomes associated with involvement in the child welfare system among young Indigenous people who use injection and non-injection drugs in two Canadian cities. *Canadian Journal of Public Health*, 106(5), e265-270. Retrieved from <https://web-b-ebsohost-com.proxy.lib.sfu.ca/ehost/pdfviewer/pdfviewer?vid=27&sid=6049ce40-7985-4c46-983a-95ca91a3f718%40sessionmgr102>

- Covington, S., & Bloom, B. (1999, November). *Gender-responsive programming and evaluation for females in the criminal justice system: A shift from What works? to What is the work?* Paper presented at the 51st Annual Meeting of the American Society of Criminology, Toronto, Canada.
- Covington, S., & Bloom, B. (2008). *Gender responsive program assessment tool*. Retrieved from <http://www.centerforgenderandjustice.org/assets/files/2013/GRProgramAssessmentTool-CJ-Final.pdf>
- Cox, K., Smith, A., Peled, M., & McCreary Centre Society. (2013). *Becoming whole: Youth voices informing substance use system planning*. Vancouver, BC: McCreary Centre Society.
- DeBeck, K., Kerr, T., Nolan, S., Dong, H., Montaner, J., & Wood, E. (2016). Inability to access addiction treatment predicts injection initiation among street-involved youth in a Canadian setting. *Substance Abuse Treatment, Prevention, and Policy, 11*, 1-5. Retrieved from <http://go.galegroup.com.proxy.lib.uwaterloo.ca/ps/i.do?p=AONE&sw=w&u=uniwater&v=2.1&it=r&id=GALE%-7CA451356044&asid=5ee78f6ae4d53c9be92b203a4c05b345>
- Estrada, F., & Nilsson, A. (2012). Does it cost more to be a female offender? A life-course study of childhood circumstances, crime, drug abuse, and living conditions. *Feminist Criminology, 7*(3), 1-24.
- First Nations Health Authority. (2017). *Overdose data and First Nations in BC. Preliminary Findings*. West Vancouver, BC: Author.
- First Nations Health Authority. (2014). *Traditional Wellness Strategic Framework*. West Vancouver, BC: Author.
- First Nations Information Governance Centre (FNIGC). (2018). *National Report of the First Nations Regional Health Survey Phase 3: Volume One*. Ottawa: Author.
- Gaarder, E., & Hesselton, D. (2012). Connecting restorative justice with gender-responsive programming. *Contemporary Justice Review 15*(3), 239–264.
- Garrett, M., Torres-Rivera, E., Brubaker, M., Portman, T., Brotherton, D., West-Olatunji, C., . . . Grayshield, L. (2011). Crying for a vision: The Native American sweat lodge ceremony as therapeutic intervention. *Journal of Counseling & Development, 89*(3), 318-325. doi:10.1002/j.1556-6678.2011.tb00096.x
- Health Canada. (2015). *First Nations Mental Wellness Continuum Framework*. Ottawa, ON: Author. Retrieved from http://nnapf.com/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf
- Jiwas, A., Kelly, L., & Pierre-Hansen, N. (2008). Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs. *Canadian Family Physician, 54*(7), 1000-1000.e7.

- Malakieh, M. (2017). *Youth correctional statistics in Canada, 2015/2016* (Catalogue no. 85-002-X). Ottawa, ON: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2017001/article/14702-eng.pdf>
- McCormick, R. (2000). Aboriginal traditions in the treatment of substance use. *Canadian Journal of Counselling, 34*(1), 25-32.
- McCreary Centre Society. (2016). *Beyond a dreamcatcher: Youth-engaged research into promising practices for culturally-relevant drug treatment approaches*. Vancouver, BC: Author.
- Miladinovic, Z. (2016). *Youth court statistics in Canada, 2014/2015* (Catalogue no. 85-002-X). Ottawa, ON: Statistics Canada.
- Morash, M., Bynum, T.S., & Koons, B.A. (1998). *Women offenders: Programming needs and promising approaches*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Morgan, A., & Louis, E. (2010). *Evaluation of the Queensland Murri Court: Final report*. Canberra City, Australia: Australian Institute of Criminology.
- Oetzel, J., Duran, B., Lucero, J., Jiang, Y., Novins, D. K., Manson, S., & Beals, J. (2006). Rural American Indians' perspectives of obstacles in the mental health treatment process in three treatment sectors. *Psychological Services, 3*(2), 117-128.
- Parkes, D. L., & Milward, D. (2012). Gladue: Beyond myth and towards implementation in Manitoba. *Allard Research Commons, 35*(1), 84-110.
- Phillips, M., DeBeck, K., Desjarlais, T., Morrison, T., Feng, C., Kerr, T., & Wood, E. (2014). Inability to access addiction treatment among street-involved youth in a Canadian setting. *Substance Use & Misuse, 49*(10), 1233-1240.
- Representative for Children and Youth (RCY). (2016). *A review of youth substance use services in B.C.* Retrieved from https://rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy_reviewyouthsubstance-final.pdf
- Representative for Children and Youth (RCY). (2018). *Time to listen: Youth voices on substance use*. Retrieved from https://rcybc.ca/sites/default/files/documents/pdf/reports_publications/timetolisten-youthvoicesonsubstanceuse-2018-web-final.pdf
- Sittner, K. J. (2016). Trajectories of substance use: Onset and adverse outcomes among North American Indigenous adolescents. *Journal of Research on Adolescence, 26*(4), 830-844. doi:10.1111/jora.12233
- Sittner Hartshorn, K. J., Whitbeck, L. B., & Prentice, P. (2015). Substance use disorders, comorbidity, and arrest among Indigenous adolescents. *Crime & Delinquency, 61*(10), 1311-1332.

- Smith, A.R. (2015). A community psychology approach to program development for female juvenile offenders: A community-based arts initiative. *Global Journal of Community Psychology Practice*, 6(2), 1-17.
- Smith, A., Cox, K., Poon, C., Stewart, D., & McCreary Centre Society. (2013). *Time out III: A profile of BC youth in custody*. Vancouver, BC: McCreary Centre Society.
- Smith, A., Martin, S., Warren, B., & McCreary Centre Society. (2014). *Voices from the inside II: A Next Steps project with youth in custody*. Vancouver, BC: McCreary Centre Society.
- Smith, A., Stewart, D., Poon, C., Peled, M., Saewyc, E., and McCreary Centre Society. (2015). *Our communities, our youth: The health of homeless and street-involved youth in BC*. Vancouver, BC: McCreary Centre Society
- Smith, A., Warren, B., Cox, K., Peled, M., & McCreary Centre Society. (2014). *Listening to young women's voices II*. Vancouver, BC: McCreary Centre Society.
- Substance Abuse and Mental Health Services Administration. (n.d.). *Prevention and behavioral health: Risk and protective factors*. Retrieved from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>
- Truth and Reconciliation Commission. (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. Winnipeg, MB: Author.
- Tourand, J., Smith, A., Poon, C., Saewyc, E., & McCreary Centre Society. (2016). *Raven's Children IV: Aboriginal youth health in BC*. Vancouver, BC: McCreary Centre Society.
- Tsuruda, S., Hoogeveen, C., Smith, A., Poon, C., Saewyc, E., & McCreary Centre Society. (2012). *Raven's Children III: Aboriginal youth health in BC*. Vancouver, BC: McCreary Centre Society.
- Young, S., Corley, R., Stallings, M., Rhee, S., Crowley, T., & Hewitt, J. (2002). Substance use, abuse and dependence in adolescence: Prevalence, symptom profiles and correlates. *Drug and Alcohol Dependence*, 68(3), 309-322.



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