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Introduction

In October 2009, as part of a community-wide Substance Use Strategy¹, the first local Youth Drug Survey was administered at Revelstoke Secondary School. The survey was developed by Jill Zacharias, Social Development Coordinator for the City of Revelstoke, in partnership with Lory Borges, who at the time was the Interior Health School-based Prevention Worker.

The survey covers a wide range of topics from personal substance use to how much RSS students know or have experienced about harms related to drugs and alcohol. The survey was administered again in November 2013, during National Drug Awareness Week. In both 2009 and 2013, the survey was done on-site and in partnership with Revelstoke Secondary School, with over 85% of students completing the survey. In 2009, there were 399 valid responses (out of 450 students), while in 2013 there were 340 valid responses (out of 397 students). Surveys that were obviously 'spoiled' were discarded. The goals of the survey were to:

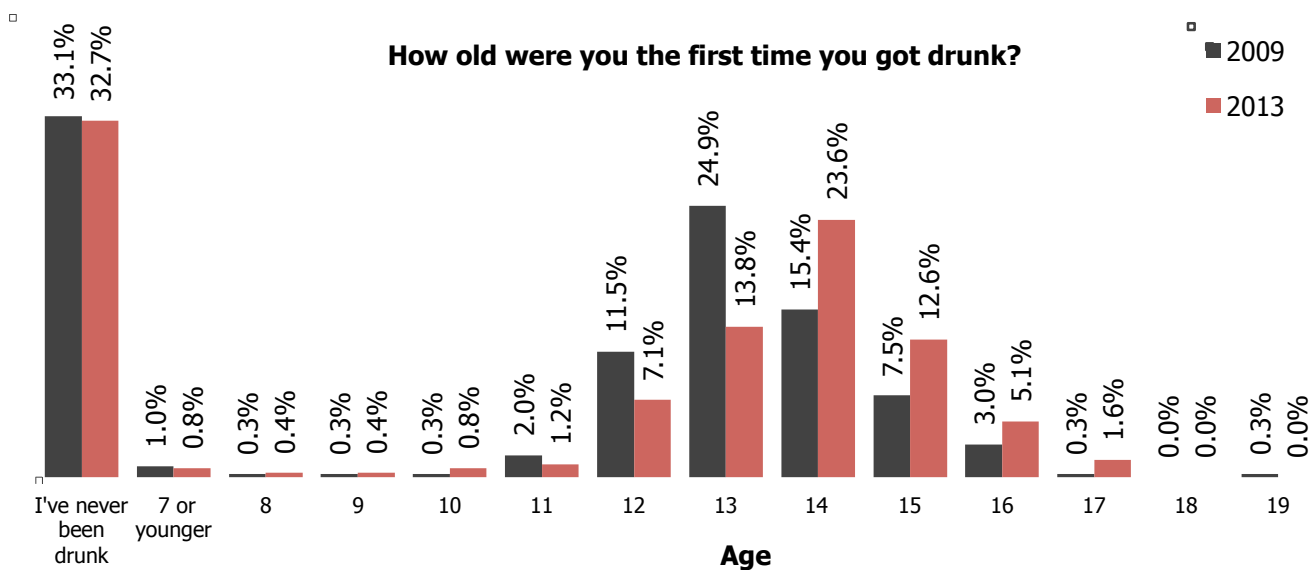
- Better inform those who work with youth on the scope and patterns of use.
- Use the survey as a tool to increase awareness of use that may lead to a variety of harms.
- Measure the impact of preventative and supportive strategies over time.

This report compares the 2009 and 2013 results of the Youth Drug Survey.

Alcohol

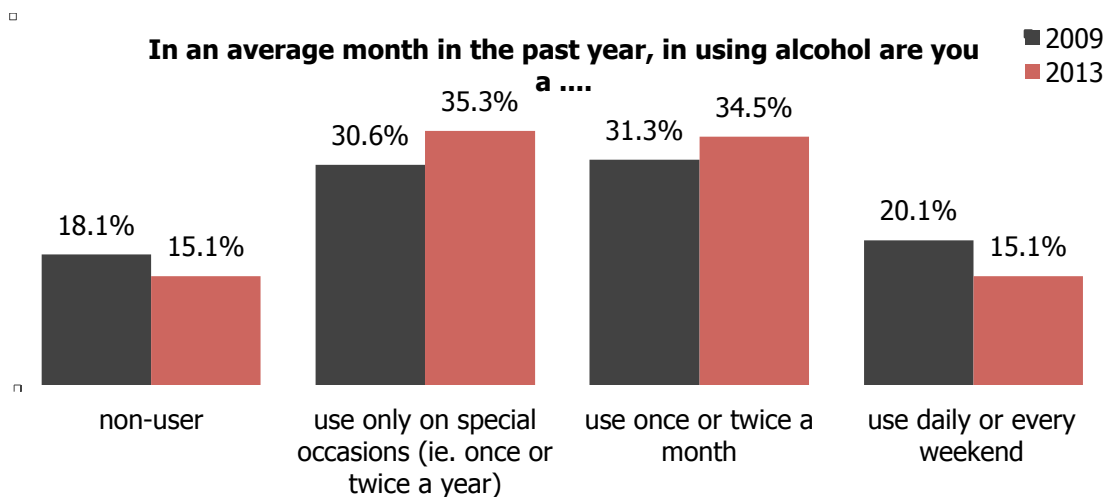
The survey asked, 'have you ever had alcohol to drink'? In both 2009 and 2013, about 23% students said **NO** & 77% said **YES**. Of those who said **YES**,

- In both 2009 and 2013, about 33% reported that they have never been drunk.
- Between 2009 and 2013, the average age of first use increased slightly, as did the average age of 'first time drunk' (from age 13 to age 14).



¹ <http://www.revelstokesocialdevelopment.org/assets/files/Substance%20Use%20Strategy%20Final%20report.pdf>

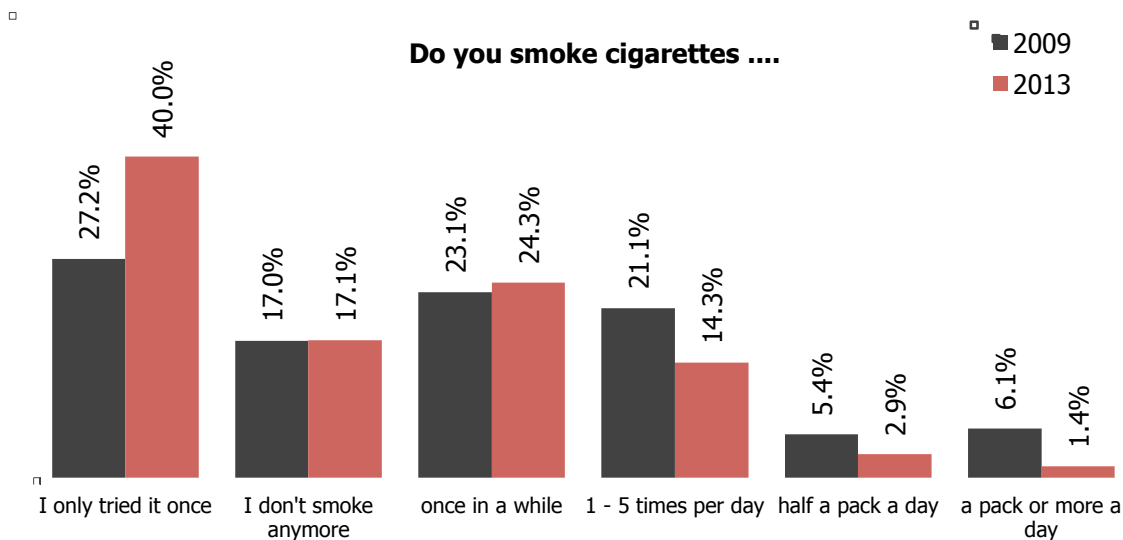
- The percentage of students who reported having alcohol occasionally increased while those who reported using daily or every weekend decreased by 5%.



- Finally, the percentage of students who reported drinking “until you get really drunk” decreased by 3.5%, from 16.7% in 2009 to 13.2% in 2013. This shows a slight decrease in reported binge drinking.

Tobacco

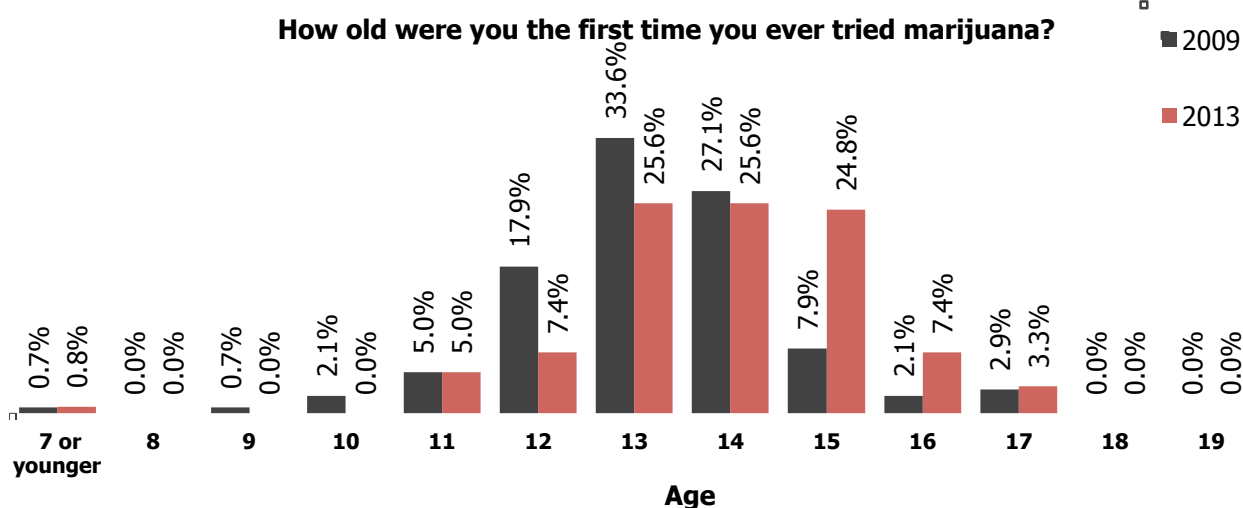
- The number of students who reported having tried smoking cigarettes decreased 16% between 2009 (38%) & 2013 (22%). Again, the average age of first use increased slightly.
- Of those who said, **YES**, in 2013, only 18.6% of students reported smoking cigarettes daily, compared to 32.6% in 2009.



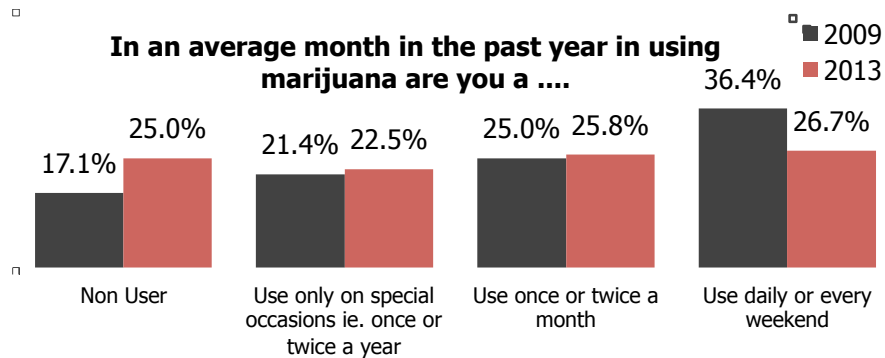
- We also asked about other forms of tobacco. Between 2009 and 2013, the percentage of students who reported having tried cigars or little (flavoured) cigars decreased by nearly 17%, with a significant decrease in the number of students who reported regular use.
- There was also a 2% decrease in those who reported using smokeless tobacco – in 2009, 17 students reported using smokeless tobacco regularly compared to 13 students in 2013.

Marijuana

- Ever tried smoking marijuana? In both 2009 and 2013, about 64% students said **NO** & 36% said **YES**.
- Of those who said **YES**, between 2009 and 2013, again the average age of first use increased a little.



- Students who reported having tried marijuana but still considered themselves non-users, had increased by nearly 8%, and those who reported using daily or every weekend decreased by nearly 10%.



Other drugs

The survey asked about a number of other drugs, from caffeinated energy drinks and prescription drug *misuse* to ecstasy, magic mushrooms, LSD and the like. Between 2009 and 2013, reported use of other drugs dropped considerably.

- In both 2009 and 2013, caffeinated energy drinks held the top spot for reported 'other' drug use, followed misuse of a variety of prescription drugs, magic mushrooms and ecstasy.
- In 2009, 259 respondents reported having tried caffeinated energy drinks compared to 140 in 2013, and in 2009, 71 students reported that they had tried magic mushrooms, compared to 25 in 2013.
- In 2013, reported regular use of other drugs was relatively minimal and again, dropped considerably. Of all substances in the 'other' category, reported regular use of caffeinated energy drinks was most commonplace but still decreased considerably. In 2009, 60 students reported using caffeinated energy drinks 'daily or every weekend', whereas in 2013, only 12 students reported using at this level.

Students' perception of how easy it is to acquire alcohol was constant between 2009 and 2013, with over 80% of respondents reporting that it was 'easy' to get alcohol. However, between 2009 and 2013, there was a 13% increase in the percent of students who thought it was 'easy' to acquire marijuana.

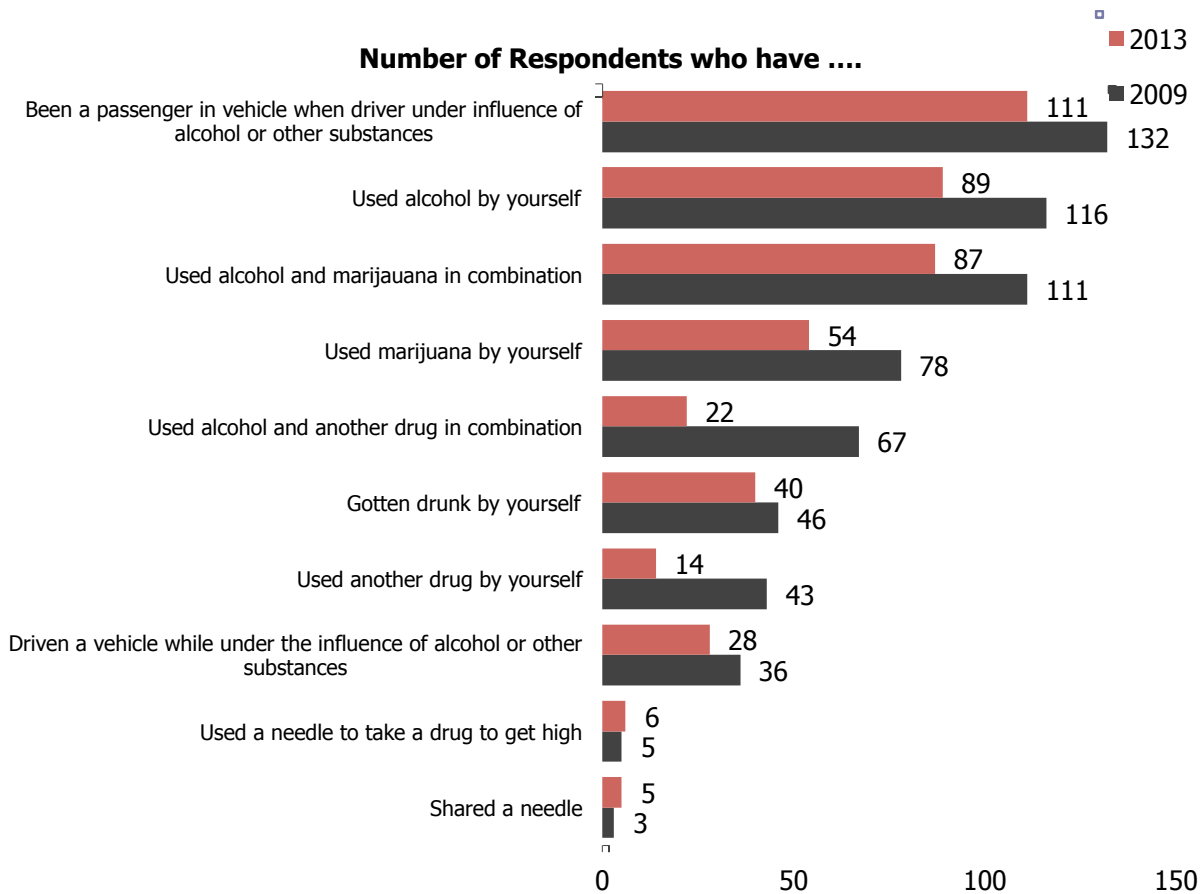
Harms

Generally, between 2009 and 2013, *awareness* that people harm themselves physically or otherwise if they use alcohol or other substances, has increased a lot – especially for caffeinated energy drinks, marijuana and alcohol.

The survey asked if use of alcohol or other substances had caused a variety of problems.

- In both 2009 and 2013, the highest incidence of 'harm' was students reporting they 'can't remember what happened after using' (2009 – 45% of 269 respondents; 2013 – 39% of 214 respondents).
- Second highest: 'pass out' (2009 – 35% of 266 respondents; 2013 – 28% of 213 respondents).
- Third in 2009: 'fight with your parents' (2009 – 28% of 270; 2013 – 24% of 213, ranking 5th).
- Fourth in 2009 and 2013: 'hurt yourself' (2009 – 24% of 268; 2013 – 19% of 211).
- In 2013, 'doing something sexual that you wish you hadn't' rose from 17.5% of 268 respondents in 2009 (7th highest) to over 20% of 212 respondents in 2013 (3rd highest).
- Further, when cross-referencing this question with gender, across all questions, in 2013 girls were more likely than boys to have reported experiencing a variety of problems caused by use of alcohol or other substances.

The survey asked about situations that increase risk of harm. Please note that the numbers in the chart below are 'real' and not percentages. It is important to note that most respondents to the survey were not yet driving, so for those who reported being a passenger in a vehicle when the driver was under the influence, most likely the driver would be older family members, relatives, or friends.



As well, the survey asked ‘if you use alcohol or other substances, *where* do you use them? In both 2009 and 2013, ‘at night with friends’ (2009 - 70%; 2013 - 78%) and ‘at weekend parties’ (2009 - 68%; 2013 - 77%) vied for the highest response rate.

- Between 2009 and 2013, there was an increase in the percent of students who use substances at home (‘parents know’ – 2009 - 34%; 2013 - 41%, ‘parents don’t know’ – 2009 - 29.9%; 2013 - 30.2%).
- Between 2009 and 2013, there was a slight decrease in all responses involving school, including during school hours, on the way to school, and at or after school events. The only exception was a slight increase (1%) in students who reported using substances before school events.

Perception of parental concern

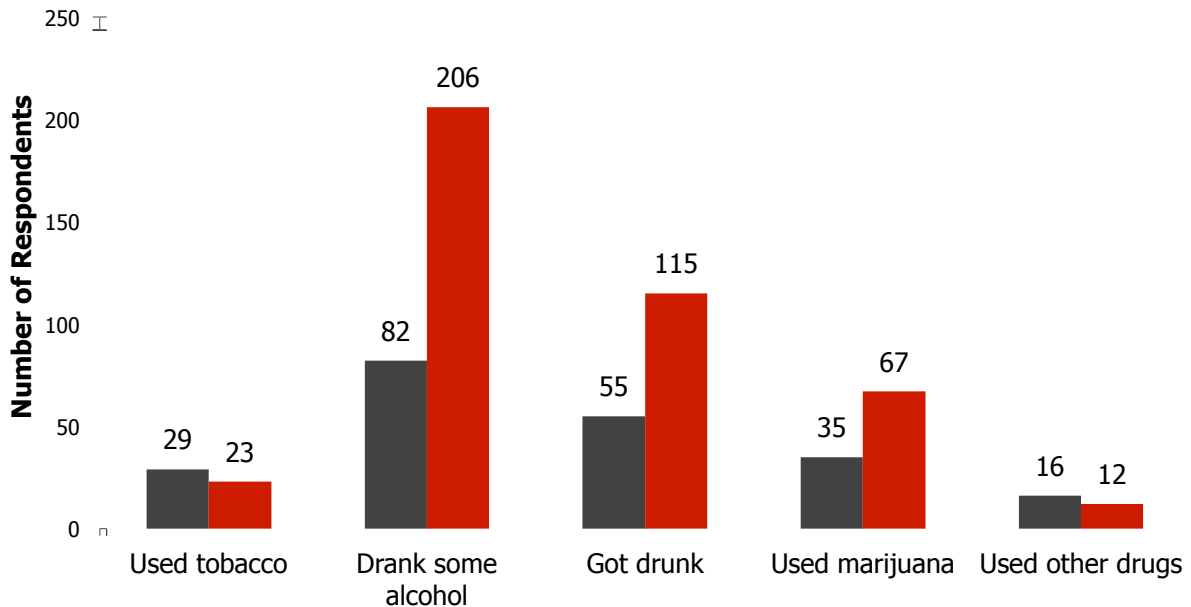
The survey asked students if their parents would be concerned if they used tobacco, drank some alcohol, got drunk, used marijuana, or used other drugs. In 2009, 387 students answered the questions, and in 2013, 331 students responded. Once again, the chart below is in real numbers but gives a visual representation of how students responded.

- It is significant that in both 2009 and 2013, more students thought their parents would **not** be concerned if they used marijuana than tobacco. In 2009, this represented 9% of respondents, whereas in 2013, this represented 20% of respondents.

- As well, it is significant that in 2009, 14% of respondents thought their parents would **not** be concerned if they got drunk, whereas in 2013, this rose to nearly 35%.

□

Your parents would **NOT** be concerned if you ...



black – 2009; red – 2013

Interest in quitting or cutting back

In 2009, the survey asked if students were interested in quitting or cutting back, and nearly 27% (60 respondents), said **YES**. In 2013, we decided to dig a little deeper and broke down the question into tobacco, alcohol, marijuana, and other drugs. In 2013, students were interested in quitting or cutting back:

- Tobacco – 12% (24 respondents)
- Alcohol – 9% (18 respondents)
- Marijuana – 11% (21 respondents)
- Other drugs – 4% (7 respondents)

In both 2009 and 2013, about 76% of respondents knew whom to contact for help to quit or cut back, and 79% of respondents felt there were enough supports in the community to help them quit or cut back.

Looking forward

Generally, the comparative results of the Youth Drug Survey are positive. For all substances, there was a slight increase in the age students are experimenting with alcohol or drugs, and a marked decrease in the number of students who drink or use drugs on a regular basis. There was an increase in awareness of risk of harm and a decrease in risky behavior that may lead to harm. These results mirror the provincial findings in the McCreary Centre Society's 2013 BC Adolescent Health Survey².

However, compared to the provincial averages in the 2013 BC Adolescent Health Survey, the number of Revelstoke youth who reported having ever tried alcohol or marijuana is significantly higher.

Youth who reported having ever tried different substances

Substance	BC (2013 Adolescent Health Survey) ³	Revelstoke (Youth Drug Survey)
Alcohol	45%	77%
Marijuana	26%	36%
Tobacco	21%	22%

The above result, combined with the perception of parents' lack of concern (specifically for use of alcohol and marijuana), is a 'red flag'. It speaks to a culture of acceptance of substance use as 'the norm' not only for youth, but for parents as well.

The Revelstoke Community Substance Use Strategy (2010) was based on a comprehensive community health-based approach. For children and youth, the overarching community goal was to "Develop partnerships and collaboration to create a comprehensive prevention framework to strengthen protective factors and address risk factors (see Appendix One) for children and youth involved in problem substance use."⁴

So, in October of 2010, the Revelstoke Youth Initiative was born and has been going strong ever since. The Youth Initiative represents strong partnerships between the City of Revelstoke, School District #19, Okanagan College, youth-serving community-based organizations, and youth themselves. The Youth Initiative has facilitated the hiring of a Youth Liaison, development of the Youth Advisory Committee as a Committee of City Council, completion and update of a Youth Action Plan, formation of the Youth Mental Health and Substance Use Subcommittee, and supporting youth-driven ideas, projects, and activities.⁵ It is critical to continue to move forward with these activities to support and increase the resilience of youth in Revelstoke. Perhaps the biggest challenge is engaging parents.

² McCreary Centre Society (2014), From Hastings Street to Haida Gwaii, Provincial Results of the 2013 BC Adolescent Health Survey, <http://www.mcs.bc.ca/ahs>

³ *ibid*, page 36

⁴ Borges and Zacharias (2010), Revelstoke Community Substance Use Strategy, <http://www.revelstokesocialdevelopment.org/assets/files/Substance%20Use%20Strategy%20Final%20report.pdf>, page 32.

⁵ See <http://www.revelstokesocialdevelopment.org/wp-content/uploads/2014/02/Revelstoke-Youth-Action-Plan-Update-2014.pdf>

Appendix One – Protective and Risk Factors

Children (0-12 years) Protective and Risk Factors⁶

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> - Favourable attitude towards restricting use - Strong personal social skills - Self-esteem, sense of optimism - Good literacy & capacity for problem-solving - Acceptance of & respect for parents' positive values 	<ul style="list-style-type: none"> - Favourable attitude towards use - Limited social skills - Low self-esteem - Temperament (aggression, poor impulse control, sensation seeking) - Use perceived as low risk - Genetic predisposition to mental illness - Early initiation of substance use
Family	<ul style="list-style-type: none"> - Warm & affectionate parent-child relationships – Family nurturance - Shared family activities - Parents providing appropriate supervision/discipline - Children having responsibilities at home - Parents encouraging positive social activities - High level of participation (being and interacting) with adults 	<ul style="list-style-type: none"> - Neglectful parenting - Family conflict - Unstructured home environment - General low parental expectations - Parents' substance misuse - Parents providing/condoning substance use - Substance use problems or mental illness in family - Positive family attitudes towards antisocial behaviour and/or substance use
Peer	<ul style="list-style-type: none"> - Positive peer affiliations and role models - Pro-social peer group 	<ul style="list-style-type: none"> - Peer rejection and bullying - Substance using friends and/or role models - Antisocial friends or member of deviant peer group
School	<ul style="list-style-type: none"> - High but achievable expectations - Positive school climate - School connectedness - Caring relationships within school community - Opportunities for meaningful participation and contribution 	<ul style="list-style-type: none"> - Academic failure - Poor attachment to school - Difficulty at transition points (e.g. entering school, transition to high school)
Community	<ul style="list-style-type: none"> - Substance-free community events (family friendly) - Laws/norms discouraging use - Substances unavailable - Opportunities for positive social involvement & meaningful participation in community groups/activities - Involvement with adult mentors and role models - High community cohesion 	<ul style="list-style-type: none"> - Substances at community events (beer gardens etc) - Substances readily available and high tolerance for use - Social/cultural discrimination/isolation - Positive media portrayals of substance use - Economic disadvantage

⁶ Excerpt from Revelstoke Community Substance Use Strategy. Compiled from: Community consultation; Use-Risk-Harm, Building a Community Approach to Address Alcohol and Drug Use, Dan Reist, CARBC, Revelstoke presentation, March 2009; SFU Children's Health Policy Centre, (2010), Children's Mental Health Research Quarterly, Vol. 4, No. 2, p. 4; Community's that Care, Building Protection: The Social Development Strategy, <http://ncadi.samhsa.gov/features/ctc/resources.aspx>

Youth (12- 19 years) Protective and Risk Factors⁷
Includes all of the above plus these additional factors

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> - Girls – positive body image, ability to always contact mother/parent - Healthy self esteem - Religiosity or spirituality - Favourable attitude towards restricting use 	<ul style="list-style-type: none"> - Girls – early menstruation, anxiety, depression, eating disorders, teen pregnancy - Low self-esteem - Lack of knowledge of (or not caring about) consequences, harms of substance use or what is in whatever he/she is using - Poly-substance use - Persistent antisocial behaviour - Use perceived as low risk - History of trauma, physical or sexual abuse
Family	<ul style="list-style-type: none"> - Going home after school - Mother’s/parent’s knowledge of whereabouts & companions - Family rules against substance use/encouraging youth to abstain - Continued parental involvement 	<ul style="list-style-type: none"> - Lack of after school supervision - Tolerant parental attitudes towards teen alcohol/drug use - Parents providing substances - Not enough family time
Peer	<ul style="list-style-type: none"> - Peer pressure (anti-substance use) - Positive role models of older youth/young adults 	<ul style="list-style-type: none"> - Peer pressure (pro-substance use) - Exposure to older youth/adults at bush parties - Friends or older siblings using substances - Gang involvement
School	<ul style="list-style-type: none"> - See previous table 	<ul style="list-style-type: none"> - See previous table
Community	<ul style="list-style-type: none"> - Active after school involvement/options - Minimizing cost of pro-social activities - Active enforcement of consequences for under age drinking and marijuana use 	<ul style="list-style-type: none"> - Lack of pro-social, affordable activities for youth - Marketing/Media influences - Community norms favouring use - Lack of privacy/confidentiality (small town) can act as a barrier to seeking help - Lack of enforcement (under age drinking)

⁷ Excerpt from Revelstoke Community Substance Use Strategy. Compiled from: community consultation; Use-Risk-Harm, Building a Community Approach to Address Alcohol and Drug Use, Dan Reist, CARBC, Revelstoke presentation, March 2009; SFU Children’s Health Policy Centre, (2010), Children’s Mental Health Research Quarterly, Vol. 4, No. 2, p. 4; Community’s that Care, Building Protection: The Social Development Strategy, <http://ncadi.samhsa.gov/features/ctc/resources.aspx>; and Nancy Poole, Preventing Heavy Alcohol Use on the Part of Young Girls and Women, presentation April 20, 2010, Policy and Practice Series, BC Women’s and BCCCEWH

Appendix Two – Resources for Parents and Youth

Counselling Services - All services are free & confidential

- Crisis Line 1-888-353-2273
- 24 Hour Mental Health Information Line 310-6789 (no area code needed)

At School - School Counsellors (Jodi Wallach or Erin Williams) 250-837-2173

In the Community

- Sheena Bell or Laura Kanik - Youth Workers/Counsellors at Community Connections - Call 250-837-2920 ext 29
- Inamarie Oppermann - Youth Psychologist, at the Ministry of Children & Family Development - Call 250-837-7612 or Email Inamarie.Oppermann@gov.bc.ca
- Bertha Stone - Interior Health Alcohol & Drug Counsellor located at QV Hospital - Call 250-814-2241

Revelstoke Youth Advisory Committee – Youth Liaison, Megan Shandro – Call 250-814-8290, Email info@stokeyouthnetwork.ca

Web-Based Resources

- Kids Help Line (info for Teens) www.kidshelpphone.ca/Teens/Home.aspx
- www.youthspace.ca
- www.mindcheck.ca
- Your Life Counts! www.yourlifecounts.org
- SafeKidsBC - Just for Teens www.safekidsbc.ca/teens.htm
- Youth in BC www.youthinbc.com
- INSYNC (Self Injury/Self Harm) <http://www.insync-group.ca/youth.php>
- www.thesite.org
- Centre for Suicide Prevention <http://www3.suicideinfo.ca/ForYouth/tabid/639/Default.aspx>
- Canada Mental Health Association www.cmha.ca/mental-health/your-mental-health/youth
- Blue Wave Bursary <http://www.ok2bbblue.com/our-programs/>
- Hugs not Drugs www.heretohelp.bc.ca
- Anxiety Disorder Association of BC www.youth.anxietybc.com