



# CONVERSATIONS OF SUBSTANCE: YOUTH IN WATERLOO REGION ON ISSUES OF SUBSTANCE USE

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Report prepared for Waterloo Region Crime  
Prevention Council (WRCPC)

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## Thank you!

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We would like to gratefully acknowledge and thank each and every young person who openly shared their thoughts, experiences, and insights with us. Your insights and resilience are inspiring. We would also like to thank Lutherwood, oneRoof, City of Cambridge, KW Counselling, 7th Inning, The Working Centre, U-Turn, and Kinbridge Community Association, as the community partners who connected us and/or provided space for us to hold conversations with youth across Waterloo Region. We are deeply grateful for your time and support!

This report was commissioned by the Waterloo Region Crime Prevention Council, with funding from the Waterloo Wellington Local Health Integration Network. Accessible formats of this document are available upon request.

## How we gathered the data

For this report, we engaged 33 young people between the ages of 13 and 26 in conversations related to issues of substance use. These conversations ranged across their everyday experiences with various substances, explored what contributed to and encouraged their use of substances, looked into their experiences with services and schools, their relationships with parents and caregivers, and finally, sought to find out what might be needed from their perspective to ensure optimal health and safety. We organized group conversations hosted by community partners in Kitchener and Cambridge who serve youth farthest from the opportunities available to others (sometimes labelled 'marginalized', 'vulnerable' and/or 'at-risk' youth). We provided \$25 as an honorarium to each person who attended.

This report provides "grounded truth" of youth's experience to further contribute to dialogue and action by including lived experiences of those frequently not consulted or engaged in policy and program related efforts. In the discussion that follows, we have tried as much as possible to keep the language and experiences as shared by youth themselves. The youth were open and frank in their observations, and we attempt to honour that courage in being as direct in reflecting on the themes and insights shared.

We completed a thematic analysis of participant conversations and stories. A preliminary analysis was shared with the staff team at WRCPC and refined into key themes and messages with their input.



## A note about language

Qualitative research tries to convey findings as much as possible in the words of participants, i.e. those closest to the experience without sanitizing what has been said. This research report is no exception. We are trying to share what we heard without significantly changing reflections on raw and challenging experiences.

We have omitted specific place names mentioned by youth to avoid stigmatizing specific neighbourhoods or organizations.

## Why this research report?

**Conversations of Substance** was commissioned by the **Waterloo Region Crime Prevention Council (WRCPC)** to highlight the perspectives on substance use and related issues of youth farthest from opportunities, and often farthest from consultation and engagement efforts. **Conversations of Substance** will help guide the development of the **Waterloo Region Youth Engagement Strategy (WR YES!)** during the opioid crisis which has affected communities across Canada in unprecedented ways. Waterloo Region is no exception.

The intention of engaging with youth farthest from opportunities (more commonly labelled 'at-risk', 'marginalized', 'vulnerable' etc.) was to surface perceptions and experiences that could improve knowledge about the challenges young people within Waterloo region face, to gain a clearer sense of the complexity of lives lived at the margins of mainstream society, and to support systemic strategies for youth equity within Waterloo region.

The youth we spoke with identified several benefits of using substances such as escaping harsh realities, and were cognizant of the risks. Some of the youth we spoke were 'street-involved', some were not attending school - all of which are risk factors associated with higher rates of substance use and other negative impacts compared to the general population<sup>1</sup>.

For those youth we spoke with who are attending school, there are reasons for concern. Ontario school-based data shows that youth in high schools in the Waterloo Wellington area rank higher than their Ontario counterparts in the use of any substance. For comparison, youth in Ontario high schools use more cannabis than the majority of their European peers. Iceland's rates of cannabis use are the lowest in Europe with consumption rates approximately 1/3 of Ontario's high school students. A hybridized version of the 'Icelandic model' is a key prevention component of the WRCPC's Youth Engagement Strategy should resources be made available for implementation within Waterloo region.

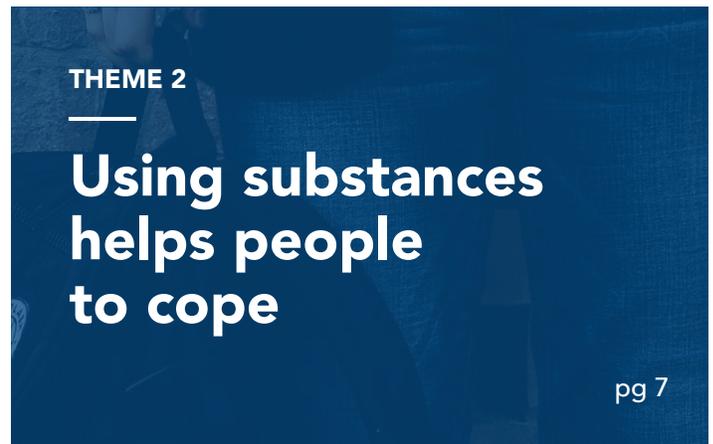
Finally, the contamination of the Canadian drug markets provides a clear impetus for dedicated efforts to reach youth (and adults) beyond those that are the easiest to engage. Accidental deaths associated with Canada's ongoing fentanyl crisis are now the leading cause of death for those aged 30-39 years<sup>2</sup>. Overdose fatalities are not dispersed evenly: deaths are overwhelmingly concentrated among lower income individuals; among males and among those leaving correctional facilities<sup>3</sup>.



## Key Themes

In our conversations the strongest themes to emerge were about the huge impact of experiences in the social environment and to issues of mental health. Participants drew connections between substance use, coping strategies, the pressures of school specifically and life more generally, relationships with or disconnections from their parents and the wider family and their living conditions including lack of stability in meeting basic needs.

**The discussions are presented as a series of themes.**



## Theme 1: Getting drugs is easy

There is no doubt in the minds of the young people we spoke with that drugs are readily available and easy to obtain. They know where to go and who to ask. They expressed the sense that drugs are “everywhere” and include those they can purchase from the unregulated market and those substances that they or their peers are prescribed. In this regard youth echoed what are at times broader community sentiments and named specific areas of XXX and XXX where they claim it is easy to obtain substances.

### In their own words

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- “ You could walk downtown and get hooked up right now.
- “ From what I have seen around, it’s pretty much like a new world you could say from marijuana, marijuana is like everywhere.
- “ Everybody smokes crystal meth. Everybody.
- “ XXX and XXX are horrible for hard drugs.
- “ Like everywhere is bad in XXX. It is XXX, it is sketchy.
- “ You walk around XXX and you see so many needles, like a ridiculous amount of needles. You go into the forest behind XXX and you see thousands and thousands of needles.
- “ I have no problem if you do whatever drug you want to do; I have no problem with that but it is scary when I go to XXX [public location] when my cousin brings her kids there.
- “ Downtown XXX and downtown XXX are the two places where I wouldn’t leave my kids alone.

## Theme 2: Using substances helps people to cope

While acknowledging the use of a variety of substances, youth in our conversations spoke primarily about using cannabis when sharing their reasons for using substances. Using cannabis was said to be a way for them to relieve anxiety. They spoke extensively about anxiety and mental health, noting that anxiety is a common condition for them and their friends. Participants talked about using drugs to calm the pressure they feel from their parents and from school, which was often described as an unfriendly environment. They talked about how depression and isolation was a reason for using substances, and referred to personal experiences of childhood

trauma, and family and social breakdown. Some participants shared that they had contemplated suicide.

Other participants noted the influence from peers which reflected a broader consensus amongst youth that everyone is using substances. A few participants spoke of the state of the world, social media and how challenging it is to be a teenager in current times. In almost all examples they shared, they explained that getting high was a way to soothe themselves, characterizing substance use as a coping mechanism.

### In their own words

“ Pretty much all my friends smoke pot and have anxiety.

“ Anxiety runs in XXX.

“ That is why they smoke weed, just so they can calm down from everything else around them. They are just worried about themselves.

“ There is just so much to worry about, one hand you got drama, one hand you got your school work, on the other hand your family life, your social life and all that stuff... When a kid has something to balance himself, to make him stop going down the ladder, and to stop falling into those deep thoughts, it's just something about it that is really soothing. I wouldn't say I even smoke weed for the high, I smoke weed to silence the voices.

“ When I am in a situation where I am incredibly suicidal, to me, I think it is a lot less harmful for me to turn to cocaine or weed. I think it is a safer option to turn to that than to kill myself.

“ When you plan on murdering yourself, that's when you know you need help from the drugs. That's when you go to meth, fenny, or shrooms or acid.

“ There is an incredible amount of pressure on us, and no one seems to realize that we are the generation that has the most amount of pressure on us because we have to constantly be performing at our best.

“ I will literally get high just to ignore the fact that people are shit.

## Theme 3: Starting and stopping and starting substance use is common

Participants shared experiences of addiction and/or dependency; identifying how they began using substances as well as experiences they have had trying to overcome problematic substance use. They often answered questions about starting and stopping the use of drugs with stories that referred to trauma, abandonment, foster care, running away or having been “kicked out” of their house. A few participants attributed their problems with substances to having been introduced to drugs by an older sibling or having parents who used. Some recognized how medications prescribed for

attention deficit hyperactivity disorder (ADHD) and/or pain relief can lead to dependency. They often spoke in terms of their triggers, listing the relationships and situations they saw as contributing to their use of substances. Others commented on the experience of stigma and isolation that comes with addiction, and how that experience of loneliness that comes from stigma further perpetuates drug use.

### In their own words

- “ Addiction is a bitch.
- “ Lack of stability is a big problem. That for me is a huge one. I didn’t have any stability in my life regarding where I live. For example, living with roommates has been an utter disaster for me.
- “ Addicts getting exiled by people, by their families and everything else. When you have a void in your life, you try to compensate with drugs, and then people like abandon you, then that creates an even bigger void in your life, and it just makes you use more. You get nowhere.
- “ People self-medicate because they feel it makes them more functional and more normal, and it ends up getting out of hand.
- “ It’s the instant gratification you get from using too. You get instant gratification; you feel like, ah, I feel better. Later you are going to feel way worse, but for a bit it is better.
- “ I have stopped (using substances) for a partner and that went to shit. It didn’t work.
- “ No matter how many times people tell you like to stop, it doesn’t matter if you are not ready.
- “ Being homeless is a big trigger.

## Theme 4: The system is lacking and unhelpful

Participants had strong words for a variety of institutions and specifically named schools, the mental health system, local hospitals and police. The school system was viewed as unsupportive, and not designed for all students. One youth described it as a “right-handed learning system.” Several youth also noted that schools for them can be a place for bullies and social isolation.

Other participants expressed that there are enormous pressures on students, from elementary school through to high school and into post-secondary institutions. They connected these pressures to both mental health challenges and substance use.

### In their own words

- “ The kids at my school thought it was really funny to be bullies.
- “ School is a big thing, my brother he just turned 7, and he says he wants to die because he hates school so much. It’s like, buddy...it’s just that there is no support.
- “ I jumped to high-school which is a population of almost XXX people, even then is one of the lowest school population in Waterloo region and that is still a lot of kids. It is stressful being in an environment with that many people, especially when you are trying to deal with all the twists and turns of being a teenager, hormones, figuring out who you are outside of this conformed little box of what you are supposed to do.
- “ It [the system] is so f... My buddy is in college and he is now addicted to cocaine and Adderall because he takes it to help him stay up so he can study all night for his exams and stuff.
- “ It is actually the older generation that is a lot more of the problem because they also tend to have a lot more power and do a lot more criticizing about, oh you are on welfare, and well you are just leaching on me. You are living on the streets, you are dirt, trash, and you are never going to be good enough. I have literally had a teacher in my fourth grade tell me I will work at McDonalds and never be anything for the rest of my life.

Youth also strongly criticized their hospital-based mental health experiences, particularly if they had turned 18 and had to be admitted as an adult. One shared an experience of being handcuffed and being taken to the hospital for a mental health breakdown. Another noted that self-medicating was a better experience than going to the hospital.

## In their own words:

“ They do the same thing to me, they hold me for 24 hours, and I leave the next day. It is just a vicious cycle of them constantly ‘forming’ you, keeping you overnight for observation, and then sending you home in the morning. Which is an ineffective system and they need to find a way to fix that.

“ I was working at XXX and I had a mental breakdown at work to the point where they had to call the police on me. I got taken by police to the hospital and I got handcuffed. The looks people give you when you get put in handcuffs; it is like you are a criminal. I am being treated like a criminal because there is something wrong with my brain, something that I didn’t choose to happen to me. Honestly, I think one thing cops should stop doing is handcuffing people on mental health cases.

“ That is what is making people our age turn to drugs, because our mental health is so bad. Hospitals don’t do jack shit to help. I know that for a fact, because I have been in XXX hospital at least twenty times in the last year for mental health. And they did jack shit for me.

“ The psych ward, f... me. I have been six times, it is horrible. Like literally, f... me. It’s horrible. It’s f... horrible. When I was in holding, it was the first time I went, and I just had turned 18 so I went into the adult psych ward. Cops found me on the side of the road pretty much f... dead and they kept me in holding and I like woke up, and I was in this f... blue suit and I was strapped to the bed, and I was like: you got to be f... kidding me. I was there for f... three months and it was hell on earth.

“ They tried to form me when my ex-boyfriend tried to call the f... ambulance on me, and tried...they put me in a little blue suit, and I was out the next f... day I was. I am a really good talker I guess. I am like: I don’t want to be here, please let me leave. I won’t do it again. I have been admitted in for holding, but I was always able to talk my way out of it every time.

Some youth noted their preference for cannabis over prescribed medications to improve their mental health. Seeing cannabis as “natural”, and “not that bad”, they believed it was better than their prescription medications, which they characterized as “chemical” and “unnatural”. They also noted their belief that some medications provoked anxiety and depression and made their mental health experiences worse.

## In their own words:

“ I was taking medication before, and it was just unnatural and chemical, I wasn’t really a fan of taking something that I wasn’t too familiar with. It is just really weird, because the different chemicals and ingredients in it can be kind of scary for some people. I can see someone going with weed because you prefer something natural.

“ Taking Zoloft before 21, you are just pretty much trying to fight depression with depression.

“  
I am being treated like a criminal because there is something wrong with my brain, something that I didn’t choose to happen to me.

## Theme 5: On being an ally

The youth were very clear about the extent of their mental health challenges and their need to have adults (especially parents) in their lives who recognize them for who they are. They spoke of the need for adults who are empathetic, and who can be there to support them in the way that they need and who avoid shaming. They were also clear about their need for mental health services that are appropriate, effective, and youth centred. Youth conveyed that if they had the power to make decisions, they would put way more emphasis on preventing mental health issues as well as awareness raising and education. Finally, they underscored the effectiveness of harm reduction and commended services that provide good supports.

### In their own words:

“ In December my mom got an email from my grandma...she knew what was up with me, she knew I was using (substances) and stuff like that. And then my mom asked her for help and advice, and she told her, you know what, your daughter is going to be good when she realizes she needs help, when there is going to be that click in her head that says: I. Need. Help. And that is what happened. I saw that email. It really helped me out like I was waiting for someone to actually understand, not somebody just yelling at me, telling me to f... stop, like, really you are telling a drug addict to put down their pipe, are you crazy? That makes you want to do it more.

“ A kid should be able to talk to a professional, who is licensed, who has had his background checked, and that should be in the Charter of Rights.

“ The big message is, honestly, they need to put more work into helping youth with their mental health. That is a huge thing. Even high-schools can do way, way more to help with students' mental health, in so many ways. You have to take gym as a mandatory credit; honestly, they also should do a mandatory credit on mental health.

“ I think it should all start at school because every kid in Canada is obligated to go to school. If I was the head of all that, like the queen or something, and I was like to decide all this, I would be like: okay, let's put those resources into schools first, because that is where the youth are at.

“  
**At some point it should come down to our government saying, we need to introduce programs to help youth who are struggling with mental health.**

“ Harm reduction is legit, key, to helping people instead of telling us you have to get clean, stop doing what you are doing, f... up your life. You got to be respectful about what you say.

“ At some point it should come down to our government saying, we need to introduce programs to help youth who are struggling with mental health.

“ Parents need more coping mechanisms too; they do not really know how to handle kids. Like teens are now so overexposed nowadays to social media, they do have means to everything like that. They have seen so much, and especially the news recently. And I don't think parents are necessarily handling it in the best of ways, because they are lashing out.

## Summary: Nothing about us without us

This report provides important insights from the young people who are often excluded from engagement opportunities within Waterloo region. The findings highlight the impact of structural and societal stigma, particularly in the context of substance use. The perspectives shared here provide important directions for collectively establishing and/or improving upstream as well as downstream efforts in Waterloo region. Intentional efforts to engage those members of the community farthest away from opportunities are an essential ingredient of building healthier and safer communities for all.

The goal of this report is to add to the existing body of evidence that demonstrates the value of meaningful engagement and co-design with those most affected by policies and programs.

There is high value in including those most in need of prevention efforts and treatment services in the planning and delivery of services and approaches. Including those who are often labelled 'hard to engage', 'marginalized', and/or 'at-risk' can lead to improved individual and population based health outcomes and significant reductions in victimization and crime. The design of social solutions greatly benefit from increased meaningful and intentional involvement of those farthest away from opportunities.

The Waterloo Region Crime Prevention Council is grateful for the willingness of all participants to share their experiences and reflections in an effort to advance strategies that prevent and/or reduce the individual and community impacts of problematic substance use. Together with Openly, we appreciate the efforts of

participating agencies and staff, often in the face of pervasive work overload, to bring participants together for this study.

The Waterloo Region Crime Prevention Council will use the voices of the participants to further inform the development of the **Waterloo Region Youth Engagement Strategy** and encourage others to consider their roles in ensuring that those voices are present in conversations across Waterloo region.

openly



## References

<sup>1</sup> Public Health Agency of Canada, 2018. The Chief Public Health Officer's Report on the State of Public Health in Canada: Preventing Problematic Substance Use in Youth. Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, October 2018.

<sup>2</sup> Personal communication. Public Health Agency of Canada. (2018, August 2).

<sup>3</sup> Cairncross, Z. F., Herring, J., van Ingen, T., Smith, B. T., Leece, P., Schwartz, B., & Hohenadel, K. (2018). Relation between opioid-related harms and socioeconomic inequalities in Ontario: a population-based descriptive study. *CMAJ open*, 6(4), E478.



# Appendix A:

## Focus group conversation guide with youth

- Youth will be reimbursed for their time with \$25 cash
- Food and drinks will be provided

### Introduction

Hi! My name is Geetha. Thank you very much for joining me today. The Waterloo Crime Prevention Council is interested in learning about the reality of youth lives around use of drugs and/or alcohol. We're curious to better understand some of the reasons youth may start, continue, and/or stop using opioids or other substances. Your input today will help design better ways to support youth in your community.

Our conversation today is informal. There are absolutely no right or wrong answers. Your honest opinions and thoughts are super welcome. I am not here to judge, I'm here to learn from you all. What you share with me today, will be shared with the Waterloo Crime Prevention Council. Though you will not be identified in any way (e.g., your name will not be shared, or any other information that may identify you); your thoughts and input will be shared in a thematic way. Your feedback and input are vital. Your participation is completely voluntary.

May I have your permission to record our conversation? I'd like to make sure I capture what you are saying accurately. Note, this recording is for me only, and it would not be shared with anyone. It will be deleted immediately after I take notes.

Do you have any questions for me before we begin?

*\* Start recording\**

*Note: The questions following the introduction on the following page are meant to guide the discussion, though may not be asked exactly as noted.*

### Exploration Questions

1. Just to get a sense of who's here, do you mind telling me your first name, and how old you are?
2. I'd like to invite us to do an exercise together to better understand what youth are experiencing in their lives. [See Empathy Map Activity on page 14]. First, let's think of someone you know, or some people you know in the community who may be doing drugs or alcohol. Without naming them, can you tell me a little more about this person. How old are they? What's their gender? We are going to ask a few different questions about what this person may thinking, feeling, hearing, and/or doing.

*Note: The questions will be adapted, as needed, according to the youth in the room.*

## Empathy Map Activity

Empathy Map Areas	Questions	Question Objective (internal)
Think and Feel	What's on this youth's mind on a typical day? At home, on the weekend, at school?	To better understand what is on their mind. What realities are they facing on a day-to-day basis?
Do and Say	What is the youth doing typically on a day-to-day basis? Over a week? What are they saying to themselves, to others?	What are youth doing, engaged in, in their daily lives?
See	What are they seeing around them, in their daily lives? At school, at home, in the community?	To better understand youth's environment, more deeply, what does it look like?  What may be motivating/de-motivating them to use alcohol or drugs?
Hear	What is this person hearing in the community, in their daily lives?	What messages are youth hearing?  What may be motivating/de-motivating them to use alcohol or drugs?

What supports do they have, what challenges do they face?	What are some of the biggest supports, if any, this youth has in their life? Why are those the most helpful?  What are some of the biggest challenges, if any, this youth faces?
Around Substance Use: Exploring Pushing and Preventative Factors	What may have been some of the factors that pushed this youth towards using drugs or alcohol? What are some of factors that may pull (or prevent) this youth away from using drugs or alcohol? [explore for deeper responses]  What are some of the ways this experience could be different for this youth? (e.g., What may have stopped this person from using alcohol or drugs, what would have been different in their lives and/or in the community; what would need to exist for it to be different?)
Magic Button/Wand	If you had a magic button, and you could press this button and life would be different for youth in this community. What would be different? What would need to be in place?
Youth Engagement	And finally, I'm curious, if you had to list the top 3 ways to engage youth, what would that be?





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For more information please contact 519.575.4400 ext. 3474.

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