YOUTH SUBSTANCE USE AND ABUSE: A CRITICAL LITERATURE REVIEW

BY

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A Final Project submitted to the
Campus Alberta Applied Psychology: Counselling Initiative
in partial fulfillment of the requirements for the degree of
MASTERS OF COUNSELLING

Alberta

July, 2006
CAMPUS ALBERTA APPLIED PSYCHOLOGY:
COUNSELLING INITIATIVE

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ABSTRACT

The following comprehensive and thorough literature review focuses on youth substance use and abuse. More specifically, this paper describes our Western society’s history with substances, the types of substances described in the currently available literature, the various existing prevention and treatment programs, factors which have been attributed to youth substance use and abuse, and focuses on areas in this field that need further research. Primary and secondary sources were utilized, providing a complete picture of the ever-growing challenge of youth substance use and abuse. This paper shall then conclude with the author’s personal integration of this information, and how this information can potentially benefit professionals working with this population.
ACKNOWLEDGEMENTS

I would like to first thank my project supervisor for her guidance, support, and understanding. Her insight and detailed feedback were extremely beneficial while I completed this project. I would also like to thank Paul Jerry for being my second reader, and assisting in this process. In addition, I would like to thank my many instructors who greatly assisted me both academically and personally while undertaking my courses over the past few years. It has been through their feedback and encouragement that I have been able to grow both professionally and personally as a counsellor. I have also had the fortunate opportunity to connect with several CAAP students along the way, which shared with me their ideas, unique perspectives, and support during this program.

On a more personal note, I would like to thank my family and close friends, who assisted me along the way. Without their support, encouragement, and love, I would not have been able to accomplish all that I have over the past few years. They have given me strength to go on when things became incredibly challenging and reminded me of my own inner strengths. It is only through the support of our family, friends, colleagues, and supervisors that this process can be successful – so again, Thank You!
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CHAPTER I
INTRODUCTION

Substance use and abuse is a prevalent part of our society and there is a growing number of youth becoming involved in this aspect of our culture, potentially leading to addiction (Bonomo & Bowes, 2001). Substance addiction is often seen as a complex disease of the brain that can create uncontrollable, irrational, compulsive cravings, potentially causing an individual to seek out and use drugs, even when this behaviour causes extremely negative consequences (National Institute on Drug Abuse for Teens, n.d.). Numerous treatment programs and centres have been established to provide assistance to individuals requiring/requesting support. However, not all of these programs have been successful and our society is constantly battling youth substance use and abuse, while attempting to discover what will eventually be a positive, successful approach to this ever-growing challenge (Gittman & Cassata, 1994).

Purpose of this Study

The purpose of this final project is to review, summarize and critique the abundant available literature surrounding the use and abuse of substances by youth, the various treatment programs available to youth, and society’s attitude toward substance addiction. This report shall include the methodology used to include or exclude articles, a number of the various causes of youth substance use and abuse, a list of some of the substances being utilized by today’s youth, a brief summary of the various prevention and treatment programs available, the influence of both the media and the internet on youths utilizing these substances and a brief introduction to the Rave culture. Following these synopses,
shall be a summary which discusses and critiques the available literature, and a conclusion focusing upon recommendations for further research.

Why is this Project Worthwhile?

Despite the fact that substance use and abuse has been a part of our culture for centuries (Metzler, 1996) effective prevention and treatment programs have been extremely challenging to create. Prevention and treatment programs are not a one size fits all strategy and need to be adapted and modified to face the new challenges facing society (Eggert & Kumpher, 1997).

Personal Assumptions

The author of this project has a personal interest in discovering the various reasons as to why youth utilize substances, and attempting to create and/or discover effective prevention and treatment programs. This personal interest developed over years of working with adolescents involved with using substances on various levels and also due to an older sibling who became addicted to illegal substances at an early age. As a result of these experiences, the author came to believe that there are numerous reasons as to why youth become involved with various substances, and as such, that prevention and treatment programs need to be adaptable to include these various reasons, while also focusing on the self-esteem, education, and self-efficacy of youth, if they are to be effective in abstaining from the practice of using substances. The author also feels that much of the present literature is out of date, and needs to be updated to incorporate the new influences that youth face today, including the media, internet, and rave culture. This point of view is also shared by other researchers (Knight, 2004; Skruff, 2004) and additional funding needs to be allotted to combat this ever growing challenge. It is the
author’s opinion that by completing this literature review, there will be a compilation of
the currently available literature, which can assist future researchers and appropriate
professionals in the creation and implementation of prevention and treatment programs.

Definition of Terms

Although the term youth can refer to various ages, for the purposes of this project, the term youth shall refer to adolescents between the ages of 13 to 18 that are currently living within a Westernized society. These youth may be currently in school, working, and/or may come from varying cultural backgrounds. Also, although numerous terms can be utilized to describe the various substances utilized by adolescent youth, such as drugs, narcotics, and prescriptions, for the purposes of this paper, the term substances will be utilized exclusively. In addition, although the term substances can also refer to numerous items, for the purposes of this paper, this term shall refer to any item being utilized by an individual other than which it was prescribed for, and/or both legal and illegal substances, such as illicit drugs, hallucinogens, inhalants, or other mind-altering material utilized for uses other than their original intention. The following are commonly used substances used by today’s youth:

(1) Cocaine – is a “colorless or white crystalline alkaloid, C17H21NO4, extracted from coca leaves, sometimes used in medicine as a local anesthetic especially for the eyes, nose, or throat and widely used as an illicit drug for its euphoric and stimulating effects” (Dictionary.com, 2006, definition section, para. 1). This substance is often used for its euphoric effect and is taken through inhaling through the nose; this substance is also highly addictive psychologically (Dictionary.com).
(2) Crack Cocaine – is a chemically purified form of cocaine and is usually found in pellet form that is smoked through a long narrow tube, such as a glass pipe or a pen casing. This substance is highly addictive psychologically as well (Dictionary.com, 2006).

(3) Crystal Meth – is a form of methamphetamine, and is “an amine derivative of amphetamine, C₁₀H₁₅N, used in the form of its crystalline hydrochloride as a central nervous system stimulant, both medically and illicitly” (Dictionary.com, 2006, definition section, para. 1). This substance is used for its effects on the central nervous system and also as an appetite suppressant (Dictionary.com).

(4) DXM or dextromethorphan – is “a nonaddictive cough suppressant C₁₈H₂₅NO that is widely used especially in the form of its hydrobromide in over-the-counter cough and cold preparations and is a codeine analog of levorphanol lacking the analgesic properties of codeine and producing little or no depression of the central nervous system” (Dictionary.com, 2006, definition section, para. 1).

(5) Ecstasy or MDMA (3, 4-methylenedioxymethamphetamine) – is a “drug, C₁₁H₁₅NO₂, that is chemically related to amphetamine and mescaline and is used illicitly for its euphoric and hallucinogenic effects” (Dictionary.com, 2006, definition section, para. 1). This substance was originally used for psychotherapy until 1985, when it was declared illegal in the U.S.A. This substance is currently being used by a wide range of users for its hallucinogenic and euphoric effects, and is often referred to as a “club drug” as it allows users to remain awake and active for extended periods of time (Dictionary.com).
(6) GHB – “fatty acid C₄H₈O₃ that is a metabolite of gamma-aminobutyric acid” (Dictionary.com, 2006, definition section, para. 1). This substance depresses the central nervous system, and is sometimes used to produce a sedative and/or euphoric effect. It is also often used as a “club drug” as either a liquid or powder form which is taken orally. This substance has also been used for sexual assaults and rapes (Dictionary.com).

(7) Hallucinogen – a psychoactive substance that results in altered senses or hallucinations (Dictionary.com, 2006).

(8) Heroin – is a “white, odorless, bitter crystalline compound, C₁₇H₁₇NO (C₂H₃O₂)₂, that is derived from morphine and is a highly addictive narcotic; also called diacetylmorphine” (Dictionary.com, 2006, definition section, para. 1). This substance is a very addictive substance both physiologically and mentally and used strictly for its euphoric effects. This substance can be utilized by the user by either powder form or turning it into a liquid state and injecting it, however injection is the fastest way in which it can enter the body. (Dictionary.com).

(9) Inhalants – are any substance, such as an anesthetic, medication, or other composite that is found in either an aerosol or vapour form that is taken by inhaling (Dictionary.com, 2006).

(10) LSD or acid – is a “crystalline compound, C₂₀H₂₅N₃O, derived from lysergic acid and used as a powerful hallucinogenic drug” (Dictionary.com, 2006, definition section, para. 1). This semisynthetic substance may distort a user’s mood, perceptions of reality, and may trigger impulsive and erratic behaviour (Dictionary.com).
(11) Magic Mushrooms – are any fungus that contain hallucinogenic alkaloids, such as psilocybin (Dictionary.com, 2006).

(12) Opiates – a substance derived from opium or a synthetic or natural form of opium. It has a sedative effect, resulting in a dulling of the senses and causes a relaxation of the system (Dictionary.com, 2006).

(13) Oxy-contin – a derivative of oxycodone, which is a “narcotic alkaloid, C_{18}H_{21}NO_{4}, related to codeine, used as an analgesic and a sedative chiefly in the form of its hydrochloride salt” (Dictionary.com, 2006, definition section, para. 1).

(14) Peyote – or mescal (Lophophora Williamsii) is a dome-shaped, spineless cactus that is native to the Southwest area of the United States and Mexico. These button-like tubercles have a narcotic effect and are often chewed during First Nations rituals (Dictionary.com, 2006, definitions section, para. 1).

(15) Rave – is an all-night dance party, where electronic, techno, or house music is played. These all-night parties are often involving various substances, such as ecstasy, crystal meth., special K, or GHB to enhance the effect and allow its users to party longer. Participants who frequent these raves are often referred to as “Ravers” and are a part of their own “Rave culture” (Dictionary.com, 2006).

(16) Sedatives – substances that have a calming, soothing, or tranquilizing effect, and may relieve or reduce stress, anxiety, excitement, or irritability (Dictionary.com, 2006).

(17) Special K or Ketamine – is an anesthetic substance given intravenously or intramuscularly for minor surgeries, however this substance is also utilized as a
“club drug” and is found in powdered form and is inhaled. When utilized in this format, this substance causes a hallucinogenic state (Dictionary.com, 2006).

(18) Speed – is a form of an amphetamine and is a stimulant (Dictionary.com, 2006).

(19) Stimulants – a substance which excites or speeds up one’s physiological or organic activity briefly (Dictionary.com, 2006).

(20) Tranquilizers – a substance which diminishes anxiety, stress, or tension. A substance often used to combat psychotic states (Dictionary.com, 2006).
Chapter II

METHODOLOGY

The purpose of this literature review is to answer the following questions: What literature is available surrounding the issues and challenges of youth substance use and abuse? Is this literature current and relevant to the issues and challenges facing today’s youth? And what areas should the researchers potentially focus on for further investigations in the future in regards to youth substance use and abuse?

Personal Theoretical Orientation

The author of this literature review strongly believes that each individual is unique and as such needs to be approached by taking into account their personal experiences, mental, emotional and physical state, and cultural and family backgrounds when beginning a counselling session. The same is true when it comes to working with youth substance use and abuse. A one-stop, fits-all approach will not work with everyone, nor will it be effective when working with youth from varying backgrounds (Gittman & Cassata, 1994; National Institute, 1999). Therefore, it is imperative that research is conducted that takes into account the youth perspective of substance use and abuse, while also moving away from a “zero tolerance” stance (Verdugo & Glenn, 2002). It is time that our society accepts the fact that sometimes the best approach is not to try and stop substances abusers (if they are not ready for that) but instead try to utilize a harm reduction method and make the individuals as safe as possible (Burke, 2002; D.A.R.E. Kids, n.d.; Gittman & Cassata, 1994; Skiba, Monroe, & Wodarski, 2004; Verdugo & Glenn, 2002). Yes in an ideal world, youth substance use and abuse would not exist however, since it currently is an aspect of our society, we need to create appropriate
prevention and treatment programs, while also implementing harm reduction policies when necessary. Substance use and abuse has always been a part of our society and most likely always will be (Metzler, 1996; Schaffer Library, n.d.) it is our job as counsellors to try and make today’s youth as safe as possible.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria utilized for this literature review were adapted from the standards noted in Mertens (1998). The author used these standards to ask questions regarding the purpose of the literature review, the nature of the literature cited, if the review is free from biases, whether the review establishes a need for the study, the theoretical framework of the literature review and the research questions, whether an adequate amount of information is provided within the study to guide proper research studies, the usefulness of the study, and if marginalized voices were included (Mertens). These standards were focused on specifically to find appropriate and informative studies, while also being adapted to include up-to-date information as well. The specific inclusion criteria included studies that focused upon adolescent youth substance use and abuse, prevention programs specifically created for adolescent youth, treatment programs for adolescent youth, studies which included the perspective of adolescent youth on the issue of substance use and abuse, were conducted before 1992, and were available in electronic format. Studies were excluded if they did not focus on these issues, focused on numerous other topics as well, were not in English, and did not provide factual information.

Steps Utilized in Conducting a Literature Review

The steps that were utilized when conducting this literature review were adapted from Mertens (1998) and are outlined in Table 1. These steps are as follows:
Table 1. Steps Utilized in Conducting this Literature Review (adapted from Mertens, 1998).

Step One: Identify a Research Topic
Step Two: Review Secondary Sources
Step Three: Develop a Search Strategy
Step Four: Conduct Searches and Select Titles
Step Five: Obtain Sources
Step Six: Read and Prepare Bibliographic Information and Notes
Step Seven: Evaluate the Research Reports
Step Eight: Analyze the Research Findings and Synthesize the Results
Step Nine: Use the Synthesis and Implications to Develop a Hypothesis (p.37).
Step One: Identify a Research Topic

The topic of youth substance use and abuse was selected for several reasons. As mentioned previously, the author has both a professional and personal interest in this topic. In addition, the author has noted a societal interest in this topic, as youth substance use and abuse has created financial challenges for the economy (Eggert & Kumpher, 1997), put a strain on schools (Verdugo & Glen, 2002), and has created numerous challenges for families (Statistics Canada, 2004). These interests have shaped the authors career choices as well as her academic endeavours and it has eventually led to this very project.

Step Two: Review Secondary Sources

A thorough search was conducted in both primary and secondary sources to ascertain what has been written to date on youth substance use and abuse. A search was conducted on the ERIC, PsycINFO, MEDLINE, and EBSCOhost databases from the years 1992 to present. The keyword search terms utilized were youth substance use, youth substance abuse, youth drug addiction, and youth prevention and treatment programs. This resulted in several research papers, government websites, addiction services, and prevention and treatment programs being found.

Step Three: Develop a Search Strategy

In order to ensure that an organized and detailed search was conducted of the appropriate electronic databases, a search was conducted utilizing the previously mentioned secondary sources: MEDLINE, PsycINFO, ERIC, and EBSCOhost. In addition, personal files and documents were accessed and searched, which in turn led to a further investigation of appropriate web sites and files. Internet searches were also
conducted, with the author utilizing google to locate appropriate sites related to the topic of youth substance use and abuse. Many of these sites included organizations and resources specifically established to provide youth assistance with substance use and abuse.

**Step Four: Conduct Searches and Select Titles**

The author conducted a search within each of these sources to identify literature that was available involving the subject of substance use and abuse. The search was limited to information that was published between 1992 and 2006, was in English, and was available in full-text format. The search words utilized in the main part of this investigation included the words: youth, drugs, addiction, substance abuse, prevention, treatment, treatment centres, and school-based programs. Articles were retrieved from the following journals: American Journal of Health Behavior, British Journal of Addiction, Canadian Ethnic Studies, Canadian Medical Association Journal, Canadian Social Trends, Child Health, Contemporary Drug Problems, Culture-Infused Counselling: Celebrating the Canadian Mosaic, Federal Probation, Journal of Social Psychology, Medical Association Journal, Public Health, and Social Work. Information was also attained from numerous research papers available on the ERIC database from various conferences, services and centres. These conferences, services and centres were: the Annual Conference of the American Counselling Association, Washington, D.C.; the Annual Meeting of the Northeastern Educational Research Association, Ellenville, N.Y.; the California University Center for Healthier Children, Families and Communities; the Center for Substance Abuse and Prevention; the International Conference on Counseling in the 21st Century, Beijing, China; the Safe schools, Safe Students: a Collaborative
Approach to Achieving Safe, Disciplined, and Drug-Free Schools Conducive to Learning
Conference, Washington, D.C.; and the Wisconsin State Department of Health and
Family Services, US Department of Justice, National Drug Intelligence Center. Other
sources included two recently attended seminars/workshops conducted by highly regarded
professionals in the youth substance field. These workshops were the International
Crystal Meth Summit in Vancouver and a workshop conducted by Dr. Cameron Duff, the
director of the Australian Drug Foundation.

Step Five: Obtain Sources

Although an initial search resulted in 100’s and 1000’s of responses, after reading
the articles’ abstracts, only 87 articles, which were available in full-text versions were
deemed appropriate by the author of this final project. These entire articles were then
further investigated and reviewed, to produce a final number of 43 suitable articles, files,
and web pages. Articles were included if they specifically related to youth substance use
and abuse, included information and details regarding appropriate prevention and
treatment programs for youth, and focused on more than one substance, for example,
alcohol and marijuana. Most articles were excluded due to the fact that by today’s
standards they are now deemed outdated (older than 1992), only dealt with enforcement
protocols and/or legal ramifications, were not specifically describing addiction from an
adolescent youth perspective, or specifically focused upon how adults could handle
substance abuse, and were not focused upon youth substance use and abuse.

Step Six: Read and Prepare Bibliographic Information and Notes

Each article researched for this project was considered as an important piece of
data and was reviewed and analyzed in a systematic manner, in order to deem whether or
not it was relevant for this topic. In order to categorize all of the data, information about each article was recorded and the articles were divided into appropriate categories that noted whether the article was about substance use, abuse, addiction, prevention or treatment programs, or included multicultural participants. They were also divided into categories that provided information on the procedures utilized, search methods, conclusions, and any strengths or weaknesses.

*Step Seven: Evaluate the Research Reports*

Any obvious bias noted in the articles was identified and acknowledged by the author. In order to ascertain any bias, the author asked specific questions about each section of the article, thoroughly looking at the introduction, methods, research results, and implications of each article. The author then decided whether any generalizations were made and if these generalizations were based on findings discovered as a result of the research study. The strengths and limitations of each article were then noted and considered when assessing the conclusions drawn in each article.

*Step Eight: Analyze the Research Findings and Synthesize the Results*

The purpose of the analysis of these articles was to ascertain what information was available on the subject of youth substance use and abuse. The information gathered during this analysis resulted in different categories emerging, which included information about prevention and treatment programs, the various types of substances being utilized by youth, how these substances were being utilized, and what influenced youth when deciding to use and abuse substances. This information was then gathered and compared to one another and then placed into a logical and systematic order. This information will be expanded further in the synthesis and implications section of this final project.
Step Nine: Use the Synthesis and Implications to Develop a Hypothesis

Based upon the information gathered during this final project, an outline for continued research in this area has been proposed. Future research in this area needs to include the diversity of Canada; divide youth into various groups and no longer viewing them as one homogenous group; include the thoughts, feelings, and perspectives of youth; further explore the reasons as to why youth use and abuse substances, and include occasional users as well. The information gathered from future research could then be utilized by counsellors, medical practitioners, school and community based teams, and government agencies. This information could assist in providing a direction for new programs focused on prevention, treatment, and harm reduction.
Theoretical Foundations

Substance use and abuse is a pervasive facet of our society and there is an increasing number of youth involved in this aspect of our civilization, with an increased potential to lead to addiction (Bonomo & Bowes, 2001; Grantmakers Health, 2003). In fact, historically we have never had a completely abstinent society (Metzler, 1996) with numerous cultures utilizing a variety of psychotropic substances such as tobacco, alcohol, cannabis, opiates, and other mind-altering substances (Anderson, 1995). In addition, many of these substances, which are now considered to be harmful, were once freely prescribed by doctors for various ailments, including fatigue, headaches, and depression (Schaffer Library, n.d.). Various substances have also been utilized for social and cultural gatherings and have been a vital part of many cultures (Schaffer Library, n.d.). Examples of this can be found in rituals conducted in many First Nations cultures in which cannabis and peyote are used for spiritual reasons or when South American Indigenous groups chew cocaine leaves at festivals (Dictionary.com, 2006). Substance use and abuse has been a part of the history of humankind, since time began (Anderson, 1995). This long history of substance use and abuse has both assisted some individuals, while also creating numerous obstacles for our society.

History of Substance Use and Abuse

As previously mentioned, substance use is strongly ingrained in our history, with the earliest reported use of opium being by the Sumerians in 5000 B.C. (Schaffer Library, n.d.). This long running history of substance use and abuse has always created challenges for our society, with substances being a vital part of our economy, being used to increase
agriculture production, to creating financial strains on our medical system through prevention, treatment and incarceration programs (Schaffer Library, n.d.). However, some substances were widely accepted for everyday use when they were first discovered, such as cocaine used by psychologists, LSD given to soldiers by governments, and opium for medicinal purposes (Schaffer Library, n.d.). In addition, in many societies, caffeine, nicotine, and alcohol (which are extremely addictive) are utilized by most individuals in their daily lives, despite the harmful effects they can have on the body. This can create confusion within our society for our youth as to what is or is not acceptable or harmful. For a more thorough understanding of our long running history with various substances, please refer to Table 2. which outlines a few important dates of the introduction of various substances and their uses in our society. After viewing these few times in history, it becomes easy to understand how substances have become not only ingrained in our society, but the challenges that have faced individuals in regards to creating appropriate and effective prevention and treatment programs.
Table 2. Brief Summary of Historical Events of Substance Use

- 5000 B.C. First recorded use of opium by the Sumerians.
- 3500 B.C. The earliest historical record of the production of alcohol.
- 2500 B.C. The earliest recorded use of poppy seeds in Switzerland.
- 300 B.C. The earliest recorded use of poppy juice.
- 1000 Opium is widely used in China and the Far East.
- 1493 The use of tobacco is introduced into Europe.
- 1525 Paracelsus (1490-1541) introduces opium into medical practice.
- 1800 Returning from Egypt, Napoleon introduces cannabis to France.
- 1805 Friedrich Wilhelm Adam Serturner, isolates and describes morphine.
- 1844 Cocaine is isolated (pure form).
- 1864 Adolf von Baeyer synthesizes barbituric acid, the first barbiturate.
- 1883 Cocaine is given to Bavarian soldiers for its ability to decrease fatigue.
- 1884 Sigmund Freud treats his own depression with cocaine.
- 1898 Heroin (Diacetylmorphine) is synthesized in Germany.
- 1903 The recipe for Coca-Cola is changed, replacing cocaine with caffeine.
- 1920 The U.S. Dept. of Agriculture urges the growing of cannabis for profit.
- 1928 Estimated 1 out of 4 physicians in Germany is addicted to morphine.
- 1967 The U. S. tobacco industry spends over $250 million on advertising.
- 1968 The U.S. tobacco industry has gross sales of $8 billion.
- 1968 Canadians purchase approximately 3 billion aspirin tablets, 56 million doses of amphetamines, and 556 doses of barbiturates.

(Schaffer Library, n.d.).
History of the Effectiveness of Prevention and Treatment Programs

Despite our long history with substance use and abuse it has been very challenging for governments and professionals to create successful prevention and treatment programs (Burke, 2002; Eggert & Kumpher, 1997). In fact most programs that were created in the past did not focus on youth at all or only focused on youth coming from disadvantaged backgrounds (Gittman & Cassata, 1994). In addition, any programs that did have a focus on youth were strictly focused on addiction, rather than the casual user, with many of the programs being utilized to date having a very small impact on the youth involved with these substances (Vigh, 1999). As well, any positive effect that has been noted from these previous prevention and treatment programs was often minor and did not last long after the program had finished (Burke, 2002). In fact, it has been noted by some researchers, (e.g. Dr. Ronald Lynam, 1999) that several prevention programs, such as the D.A.R.E. (Drug Abuse Resistance Education) program which was created in 1983 experienced no long-term effects on youth substance use and abuse 10 years later, and that some participants involved in this program of complete abstinence, “Just Say NO!” were even more likely to engage in significantly higher levels of substance use (Vigh, 1999).

Although most of these “zero-tolerance” type programs have not had much success, many public schools have adopted this approach (Burke, 2002; Vigh, 1999). In fact, most programs instituted in the public school system have a “zero-tolerance” policy, with over 90% of U. S. public schools taking this stand (Verdugo & Glen, 2002). However, this “zero-tolerance” policy has been confirmed to be ineffective and have not been youth or child focused, changing the focus of the prevention program to a punishment focus, rather than a child or youth focus (Gittman & Cassata, 1994; Verdugo
& Glen, 1999). The focus was on stopping substance use and abuse, rather than focusing on building the self-esteem of youth and ensuring they feel protected and appreciated (Metzler, 1996).

Many school based prevention programs also fail to acknowledge the differences between the school culture and the cultures from which most of its youth originate from. Many youth who are heavy substance users and abusers do not actually attend school, have jobs, or live at home (Hayward, Cook, & Thorne, 2000). Not accounting for these differences has created numerous obstacles for prevention programs resulting in negative results and an increase in future substances users (Verdugo & Glen; Vigh, 1999).

Historically, our society has introduced substances into society, discovered the effects they can possibly have on individuals, and then attempted to remove these substances. However, these substances have assisted the economy of many countries and have been difficult to remove. Therefore, many governments have introduced harsh punishments for those involved with these substances, whether it is through agriculture, distribution, or using substances (Schaffer Library, n.d.). For a brief outline of some of the government responses to substance use, see Table 3.
Table 3. Brief Summary of Government Responses to Substance Use

- 1650 The use of tobacco is prohibited in Bavaria, Saxony, and in Zurich.

- 1691 In Germany, the death penalty is introduced for smoking tobacco.

- 1792 The first laws against opium in China are created, with the punishment for shop keepers being strangulation.

- 1845 A law prohibiting the public sale of liquor is enacted in New York State. It is repealed in 1847.

- 1885 The Report of the Royal Commission on Opium deduces that opium is no more harmful than alcohol.

- 1900 James R. L. Daly, declares that heroin has numerous advantages over morphine, having no dangerous effects.

- 1906 The first Pure Food and Drug Act becomes law, prior to this, cocaine, heroin, and morphine were available in stores.

- 1909 The U. S. prohibits the importation of opium.

- 1920-1933 The use of alcohol is prohibited in the United States.

- 1921 Cigarettes are illegal in fourteen states, and women are expelled from college for smoking cigarettes.

- 1924 The U.S. prohibits the manufacture of heroin.

- 1941 Generalissimo Chiang Kai-shek outlaws the cultivation of the poppy, with the death penalty as the consequence.

- 1955 The Shah of Iran outlaws the cultivation of opium.

- 1971 On June 30, 1971, President Cvedet Sunay of Turkey declares that poppy cultivation and opium production are illegal. (Schaeffer Library, n.d.)
Historically, our society has utilized different approaches towards prevention and treatment of substance use and abuse. One such approach, the public health model, has been separated into prevention and treatment programs have been divided into three categories: primary prevention, secondary prevention, or tertiary prevention (Eggert & Kumpher, 1997; Metzler, 1996). Primary prevention is focused on individuals who have not yet used substances, with the focus of these programs to prevent future users (Eggert & Kumpher, 1997; Metzler, 1996). These types of programs in the past were often focused on scare tactics however a shift to positive reinforcement and building of self-esteem is beginning (Metzler, 1996). Secondary prevention is also known as the intervention stage and is focused on individuals who are either in the early stages of substance use or have moved towards the beginning stages of abuse (Eggert & Kumpher, 1997; Metzler, 1996). The Tertiary prevention or treatment programs are focused on ending the effects of substance abuse and addiction, and possibly reversing the negative effects that substance abuse can have on an individual’s body, mentally, physically, and emotionally (Eggert & Kumpher; Metzler, 1996). These second and third stages have changed over the years from scare tactics and punishment, to now including the use of methadone for heroin addicts, and the use of fresh hypodermic needles to reduce the incidents of HIV (Metzler, 1996).

However, in response to this model, in 1994, the Institute of Medicine created a new model, based on the operational classification of disease prevention model proposed by Gordon (1987), which is divided into three categories: the universal, selective, and indicated prevention interventions (as cited in Eggert & Kumpher, 1997). The Universal prevention programs are focused on the entire population (schools, communities, and the
entire nation) and have a general message focused on preventing and/or delaying the abuse of various substances (Eggert & Kumpher). The Selective prevention programs are focused on specific target groups, for example, children of alcoholics, youth with failing grades or have dropped out of school, among other target groups (Eggert & Kumpher). While the Indicated prevention intervention programs are focused on individuals who are already using substances, but do not meet the DSM-III-R and DSM-IV criteria for addiction (Psychology Net, 2003). This prevention program is focused on stopping these individuals from becoming substance abusers and addicted to various substances (Eggert & Kumpher, 1997). These three prevention programs vary dramatically from the public health model, and appear to be reducing the number of new cases of substance abuse, while limiting the negative effects and duration of substance abuse (Eggert & Kumpher, 1997; Metzler, 1996). As there have been numerous approaches to prevention and treatment programs with varying success, it is vital that researchers gain a more thorough understanding of the complicated issue of youth substance use and abuse, and why the current prevention and treatment programs do not appear to be as effectual, if successful future youth substance use and abuse programs are to be created.

Canada’s Unique Ethnic Diversity

Canada is a country based on immigration, with very few individuals historically having their ethnic roots based strictly from this country. As a nation, we are extremely diverse, with individuals having immigrated to this country from numerous areas of the world. Over the past 100 years, immigration to Canada has dramatically increased, with 5.4 million people reporting that they had been born outside of the country in 2001, accounting for 18% of the country’s total population (Statistics Canada, 2003). This
influx of immigrants has dramatically changed the demographics of schools as well. According to Statistics Canada (2003), 43% of all school-aged children in Montreal were immigrants, while approximately half of all school-aged children in Toronto were born outside of Canada, and over 61% of school-aged children in Vancouver were immigrants (Statistics Canada). This has in turn created a need to adapt many existing policies, and to incorporate a multicultural view and policies within the public school system. In turn, school counsellors have also been faced with the challenge of incorporating multicultural policies into their daily counselling repertoire, in order to meet the needs of the changing diverse school population.

In addition, many cultures do not have a strong sense of individualism or achievement, but rather focus more on the family and community. In fact, for many individuals achievement is assessed by one’s personal connections rather than attaining personal goals (Yeh & Drost, 2002). For example, many Asian and Native-American cultures do not see an individual as a separate identity from the group or nature. While some African American cultures see individuals who are not blood relatives as members of the family, and as such should be included in consultation (Holcomb-McCoy, 2000). Therefore, it is imperative that counsellors, teachers, youth workers, medical practitioners, and other professionals working with this age group be aware of these concepts if they are to be successful in working with youth substance use and abuse. If one does not acknowledge the importance of a youth’s family, the youth may stop seeking assistance for personal reasons, or due to external pressures from her/his family or peers. In addition, as the focus may not be on the individual, but rather on the “family unit,” a
youth may not be focused on achievement in school, and as such her/his grades may not be reflective of her/his potential (Justin, 2005).

In addition, as many Canadian youth have emigrated from other countries, they may not have been raised in a “zero-tolerance” atmosphere (Burke, 2002; Vigh, 1999) and may have been raised in countries where substances which are considered to be harmful and/or illegal here, were not there. For example, many parts of South America depend on the growing of coca leaves (the raw form of cocaine) in order to survive (International Office of National Drug Control Policy, 2001). While many farms in Afghanistan have converted to growing poppy plants that produce opium (United Nations Office on Drugs and Crime, 2006). It is therefore imperative that anyone working with this age group, on the topic of substance use and abuse acknowledge these circumstances. However, very little research conducted in the area of youth substance use and abuse has taken these factors into consideration.

Theories and Approaches Towards Counselling Youth

The author of this literature review strongly believes that the counselling profession allows for an exploration into a client’s beliefs, opinions, and desires and as such requires a skilled, qualified, well-educated counsellor. Opportunely, counsellors have numerous theories to choose from when determining and formulating their perspectives, allowing for a rich and diversified profession. Counsellors need to remember that each individual is unique and therefore needs to be approached by taking into account their personal experiences and genetic background, along with her/his mental, emotional and physical state. In addition, it is imperative to also include an individual’s cultural and family backgrounds when beginning and conducting a counselling session. It is the author’s
conviction that it is the beliefs, attitudes, and expectations, of each individual that has the largest impact upon her/his success in combating her/his own obstacles (Asay & Lambert, 1999) including prevailing over substance use and/or abuse. This viewpoint has emerged out of the belief that the ideas put forth by Carl Rogers’ Person-Centered Theory is one of the theories that works best when working with youth experiencing challenges with substance use and abuse. Rogers’ use of empathy, trust, and congruency fit extremely well with many of the values, and philosophies currently being used in the counselling and medical field when working with youth substance use and abuse (Rogers, 1977; Rogers, 1989). Another theory that has been used extensively in prevention and treatment programs, such as Alcoholics Anonymous, is the theory put forth by Alfred Adler (Pienkowski, n.d.) Adler strongly believed that at the core of every human’s existence is the striving to create a balance between one’s inner and outer worlds and that it is through the creation of this balance that we attempt to understand, comprehend, and synthesize, the environmental, personal and social influences that we experience on a daily basis (Alfred Adler Institute, n.d.; Pienkowski, n.d.). Therefore, the author considers the theories put forth by Carl Rogers and Alfred Adler, to assimilate this balance and demonstrate how individuals attempt to evoke change from within, including when youth attempt to overcome the obstacles of substance use and abuse.

*The Nature of Human Beings*

We are composite organisms which have experienced numerous aspects of life, and as such need to be considered from this point of view (Alfred Adler Institute, n.d.). As human beings, we are motivated to learn, grow, and improve ourselves on a constant basis. It is an individual’s perception of both her/himself and those around her/him, along
with her/his memories, expectations, fantasies, goals, and past experiences that create what is known as an individual’s cognitive schemas (Beck & Weishaar, 2000). It is these schemas which persuade and direct how we analyze our surroundings, ultimately leading us to making many of our choices (Beck & Weishaar, 2000).

All human beings have the ability within themselves for self-understanding and the power to adjust or modify her/his own attitudes, beliefs, and impressions of society if given the right support and encouragement. Motivation for such understanding and modification stems from both internal, personal; and external, social influences; and as such an individual should not be considered as a fragment of her/his social circumstances, but rather as a whole being made of both of these influences (Adler, 1956). When one is assisting a youth experiencing challenges with substance use and abuse, it is therefore essential to attempt to understand all of these aspects of her/his life, viewing s/he as a whole being, rather than focusing upon only one aspect or presenting concern.

Another important factor to take into consideration when counselling youth, is that our perceptions are influenced by our past. An individual’s past experiences play an important function in shaping and constructing who we are, both personally and socially. For many youth who experiment with substances at a young age, it may be her/his past which is the strongest influence, and needs to be included when creating prevention and treatment programs (Hayward, Cook, & Thorne, 1994). A youth’s past experiences may either assist or hinder her/his development as human beings which thereby determine her/his level of social interest (Adler, 1973). This concept refers to an individual’s level of caring and concern for those around her/him and her/his environment (Alfred Adler Institute, n.d.). A lack of connection to society, school, or family has also been noted as a
possible major cause of youth to use and/or abuse various substances (Gardner & Young, 2000; Hayward, Cook, & Thorne, 1994).

An individual develops her/his own unique way of interpreting the world early on in life, determining her/his judgments and decisions, as well as how s/he will evaluate others. It is these judgments and evaluations which may in turn play a role in her/his own happiness and success in life (Beck, 1988). As we examine our lives, we give meaning to situations, not only from our present perspectives, but from meanings that we have developed over the years. That is to say that our perceptions are a composite of our experiences which not only focus upon what has occurred in the past, but also the meanings and feelings we have attached to these experiences. Through this standpoint, we can understand that our perspectives are shaped by both our experiences and the beliefs we have attached to those experiences (Beck, 1988). This causes no two individuals to view the same experience in the same way.

It is also important to take into account developmental issues, such as a youth’s environmental and genetic influences before attempting any prevention or treatment program (Statistics Canada, 2004). This idea brings us back to the nature vs. nurture debate, which plays an important role in an individual’s development and growth (Broderick & Blewitt, 2006). In addition, although there are critical periods in which learning usually occurs, the human spirit can be very resilient and individuals are able to have unlimited plasticity to learn, if they are given the appropriate support and nurturing, and if they have a strong genetic base (Broderick & Blewitt). Therefore these issues: nature vs. nurture and critical periods vs. unlimited plasticity are strongly related. This is especially true for individuals who were born with FAS (Fetal Alcohol Syndrome),
addicted to certain substances, or have addicted parents. Although they have huge obstacles to overcome, it is the author’s belief that with the proper assistance, positive outcomes are possible.

*The Nature of Problems or Non-Adaptive Functioning*

We all have a need and yearning to love and be loved, nurture and be nurtured, and to be given affection and attention; in essence to attain a positive regard from those around us (Rogers, 1989). In addition to this, we aspire to achieve a level of positive self-regard, fundamentally to develop a sense of positive self-esteem, worthiness, and feelings of belonging (Boeree, 1998). If one can become more sensitive to her/his own feelings and experiences in the world, s/he will slowly be able to become self-actualized. It is when these ambitions are unfulfilled, that we experience anxiety or tension (Rogers, 1977).

Maladjustment or non-adaptive functioning can occur when there is incongruency between an individual’s ideal self and her/his real self, possibly leading to challenges with substance use and abuse (Adler, 1973). Discrepancies between the real and ideal self can lead to feelings of inferiority, which in turn may lead to self-defeating behaviour, such as youth substance use and abuse (Mosak, 2000). If an individual feels inferior, s/he may behave as though s/he were inferior, leading to the development of symptoms of an inferiority complex (Mosak, 2000). Negative feelings can overtake an individual and lead to a self-fulfilling process; if one feels sick, one can become sick. One must therefore be not only aware of her/his real and ideal self, but must learn to create a realistic balance between the two (Adler, 1973).
We all have our own idiosyncratic cognitive distortions, which appear to be strongly influenced by our cognitive schemas and temperament, which are further reinforced by our experiences; this in turn can influence our beliefs, attitudes and values (Beck & Weishaar, 2000). If our thoughts and beliefs are distorted when first learned, they are continually relearned, and reinforced inappropriately, this is especially true with youth substance abuse. It is the author’s opinion that it can be extremely beneficial to address a youth’s past to discover whether any such distortions have been created, especially when dealing with young substance abusers. Youth who have been exposed to negative behaviours at a young age, either through family, friends, or society, may be unaware that other choices exist. In addition, if these negative behaviours, such as substance use and abuse allow for the youth to be removed from her/his negative environments, either physically, or mentally, they me be unwilling or unable to alter her/his habits. Alfred Adler worded this notion very eloquently, when he stated “habits operate much like a satellite in orbit. As long as a person finds them useful to his way of life, he keeps them in orbit…Once we launch habits in orbit, they remain of their own momentum until we alter the purpose they serve for us to use them to serve a different goal” (Adler, 1973, p.3).

The Nature of Change, Growth, or Corrective Action

Before any significant change, growth, or corrective action can occur, a youth must first be willing to not only enter into a prevention, treatment program or into counselling on her/his own accord, but must also be an active participant in the process. If a youth does not consider any value in these programs, s/he will not value the process, thereby limiting any potential outcomes. It is also the youth’s responsibility to evoke change within her/him, not the counsellor, youth worker, or medical professional. These
professionals are present to assist the youth, but the ultimate decision to grow and adapt lies within the youth, this is especially true when it comes to substance use and/or abuse. The youth needs to want change and evoke this from within if s/he is to be successful. It is the youth who is the expert in the her/his abstinence from substance use and/or abuse as s/he knows her/himself best, “from a phenomenological perspective, only the [youth] has direct access to his or her own perceptions in the process of self-reflection” (Watson, 1984, p.21).

The author does not believe that human beings can only “see” one way in which to accomplish a task, but are rather creative, imaginative, unique individuals. Individuals whom need to express and articulate their thoughts, feelings, and desires; the counselling profession provides a safe environment in which to express these ideas. However, just as a youth has been creative in discovering resolutions to her/his presenting situations, s/he is just as creative in hindering this process. A youth may also obstruct change and growth, in order to maintain the status quo. Individuals have well defined cognitive schemas and by changing these schemas, we shatter the balance that we have created, even if it is flawed (Beck, 1999). By altering a youth’s perceptions, her/his everyday existence may possibly be shattered, thereby initiating a negative backlash and result in an increased use of various substances, rather than limit use. It is tremendously important that the youth be made aware of such an arising, as they may attempt to hamper her/his progress.

There can be numerous factors that assist or impede a youth’s success in prevention and treatment programs. It is vital that a professional attempt to discover as many obstacles and mitigating circumstances as possible, if the youth is to succeed, especially when dealing with substance use and abuse. These aspects include the previously
mentioned factors, such as the youth’s past, her/his cognitive schemas, cultural aspects, and developmental theories.
Chapter IV

Literature Review

While reviewing literature for this project, the author learned that most of the available information was provided by secondary sources. After reading numerous articles, several themes emerged, narrowing the information into specific categories. Therefore, this project is a global literature review that is based largely on the categories created by these sources, rather than on individual articles. These categories include: what causes youth to use and abuse substances, the types of substances youth utilize, the prevention and treatment programs that have been utilized to combat these challenges, and the influences that the media and internet have on youth substance use and abuse. These categories also include the new and growing Rave culture, ethnic and multicultural considerations, and harm reduction policies. Although the topic of youth substance use and abuse is a prevalent part of our society, it was extremely difficult to locate articles that included a youth perspective on this issue. The following chapter shall discuss these topics further.

What Causes Youth to Use Substances

Substance use and abuse is perceived by some to be a family disease, which can be transmitted to family members either genetically or through the home environment (Gardner & Young, 2000). In a study conducted by Hayward, Cook & Thorne (1994) they concluded that the following list of considerations may cause youth to be at high-risk to use and abuse substances: they have dropped out of school; are pregnant; have experienced school failure; are suicidal or have suicidal tendencies; have parents who are substance abusers; have violent tendencies; experience mental health challenges; are
economically disadvantaged; have been abused physically, sexually, emotionally, or mentally; have experienced an injury resulting in long-term pain and discomfort; or have been involved with the local authorities, been criminally charged, and/or placed in a juvenile detention centre.

Research has also been conducted noting a link between parental substance use and abuse, and youth substance use and abuse (Statistics Canada, 2004). In addition, the outcomes of this same study noted that hostile parenting styles also had an influence on their children’s behaviour, with negative behaviour by the parents having the biggest influence on a youth deciding to use and abuse various substances (Statistics Canada). It was found that parents who use substances heavily, while also nagging, yelling, and belittling their children, created a stronger chance that their children would choose to use and abuse substances as well. In fact, the results of this study also showed that families where substance use was a negative factor, youth were more prone to abuse substances over youth who did not live in such families. However, this was just one study and no direct correlation has been statistically proven at this point (Statistics Canada). In addition, the researchers of this study also found that peers have a stronger influence on youth substance use and abuse, over family influences. Furthermore, youth who have also done poorly academically were also twice as likely to abuse various substances over those youth who did better in school (Statistics Canada). While youth who also felt more connected to their schools were less likely to engage in substance use and abuse (Statistics Canada).

Peer pressure, social interactions, boredom, curiosity, gender, the media, and low self-esteem may also cause some youth to use and abuse certain substances (Anderson,
1995). Youth may experience pressure from friends, find substances readily available at social gatherings, or simply feel bored on the weekends (Anderson). We live in a society where youth are constantly being bombarded with mixed messages, with the media glorifying drinking, partying, and living to extremes, while being told by many prevention and treatment programs to completely abstain from these substances (Office of National Drug Control Policy, 2001). This in turn can lead to numerous reasons as to why a youth may choose to use and/or abuse substances, or completely abstain for their entire lives. It can be extremely challenging to discover exactly why a youth becomes involved with substance use and/or abuse, and it may never be possible to state why all youth become involved with these activities (Anderson, 1995).

Although there may be numerous reasons as to why youth choose to use and/or abuse various substances, such as negative home lives, poor academic achievement, mental health challenges, depression, peer pressure, and other influences (Anderson, 1995) these are not the only reasons why youth choose to use and abuse substances. One must ask questions about the youth who do use and/or abuse substances that do not fall into any of these categories, and have not experienced numerous challenges and obstacles. Why do some youth abstain completely from substance use and/or abuse, others use and/or abuse occasionally, while others become addicted? None of the studies included in this review provided specific data on these types of youth.

Types of Substances Described in the Literature

Almost all of the literature to date includes the use of tobacco, alcohol, and/or marijuana, when referring to substances, with every article and web page utilized for this paper having these terms somewhere within them. In fact, it was noted that approximately
50% of Australians aged 17 have admitted to regularly using alcohol, and 30% admit to smoking on a regular basis (Bonomo & Bowes, 2001). While a study conducted in 2003, found that although peak levels of substance use found in the 1970’s has declined somewhat, the 30-day occurrence of smoking cigarettes and marijuana for grade 8’s, 10’s and 12’s has increased significantly from 1990 to 1997. In addition, this same study found that 24% of grade 8’s, 40% of grade 10’s, and 53% of grade 12’s reported consuming alcohol within the last 30 days, while substance-related deaths for this age group have grown by more than 50% (Grantmakers in Health, 2003). While in Canada, the smoking statistics have remained the same for the past few years for grade 10 boys, while use by grade 10 girls has declined somewhat (Public Health Agency of Canada, 2004, Youth Smoking Survey). For further details, please see Figure 1. In addition, the average age when youth begin using and abusing substances has also been lowered, with the average age of a youth to have her/his first drink being 12.4 years of age (Statistics Canada, 2004). For further information regarding average ages for Canadian youth to use these substances, please see Table 4. It is therefore understandable after reading the various articles as to why the research has focused specifically upon these challenges. However, it was very difficult to find articles with research focusing upon substances in relation to youth who occasionally experiment with these substances, and have not or will not become abusers.

According to the Department of Justice (August, 2002), prescription-type pain relievers, sedatives, stimulants, and tranquilizers are the most commonly used and abused by American youths, yet this information was only found in one article, out of the
Experimentation with alcohol occurred in younger students in the Canadian sample, with rates of alcohol consumption increasing significantly between the ages of 12 and 14 years. Interestingly, almost as many girls as boys reported engaging in binge drinking, which indicates that excessive alcohol use may be a feature of adolescent social events. Marijuana use was still popular among adolescents in 2002 and increased in use among Grade 10 boys. Those who used marijuana were more likely to smoke, drink, engage in sexual risk taking, and report poor relationships with parents and negative feelings about school. The use of other drugs remained fairly stable among youth, except for LSD use, which decreased considerably since 1998.

(Public Health Agency of Canada, 2004, Youth Smoking Survey, para. 3).
Table 4. Youth Health Risk Behaviours

According to a survey conducted by Statistics Canada:

- The average age of having a first drink is 12.4 years of age.
- 2/3 of adolescents report either being drunk at least once or having friends that drink, with 42% being between the ages of 12 – 15. By the age of 15, the number rose to 66%.
- 1/5 (19%) of 12 – 15 year olds reported smoking marijuana, by the age of 15 this number rose to 38% and 4/5 (82%) of adolescents have either smoked marijuana or have friends that have smoked marijuana.
- The sniffing of glue by adolescents began at the age of 12, with the use of other substances, such as hallucinogens and marijuana began between the ages of 13.1 – 13.8. (Statistics Canada, 2004, Alcohol and Drug Use in Early Adolescents section).
hundreds that were searched. In fact, the authors of this one article noted research studies conducted by the U.S. government which has found that prescription-type substances are the most readily available to youth, appear to have less of a negative connotation associated with their use, and are relatively inexpensive (Department of Justice). In addition there was no mention of substances such as Oxy-contin, GHB, Special K (Ketamine), DXM (dextromethorphan), Crystal Meth. (a form of methamphetamine), Ya Ba, an extremely pure methamphetamine pill (Yacoubian, Deutsch, & Schumacher, 2004), Magic Mushrooms, Heroin, Crack Cocaine, Inhalants, the growing trend of using cough/cold or allergy medication, or other street substances in any of the other published articles. The researchers of only four articles included in this review mentioned Ecstasy, Cocaine, LSD, or Speed, (Department of Justice, August 2002; Department of Justice, October 2002; Hunt, & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004), and this was after the search words were changed to specifically include these substances, while only two web pages discussed some of these substances as well (The Australian Drug Foundation; The National Institute on Drug Abuse). For a more detailed explanation of the various substances currently described by the Canadian government, please see Figure 2. created by the Officer of Solicitor General. In addition, these substances have only been researched in reference to an addict involved in the Rave culture, and did not include the occasional user, who did not fit the typical Raver description, which shall be further explored later in this paper.
### Figure 2. Legal and Illicit Substances Used by Youth

<table>
<thead>
<tr>
<th>Substance</th>
<th>Examples</th>
<th>Illegal acts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Cigarettes, cigars</td>
<td>Use in some public places, sale to minors</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Wine, beer, spirits</td>
<td>Driving while intoxicated, sale to minors, use in prison</td>
</tr>
<tr>
<td>Substances covered by the Controlled Drugs and Substances Act*</td>
<td>Heroin, LSD, cocaine, marijuana, ecstasy, medications such as antidepressants and tranquillizers, and sport enhancing substances such as anabolic steroids</td>
<td>Possession and trafficking of cocaine and heroin, medications obtained without a proper prescription from a physician, possession of a banned substance by an athlete, smuggling cocaine into the country aboard an aircraft, possession of proceeds from selling drugs illegally</td>
</tr>
<tr>
<td>Other substances</td>
<td>Inhalants such as model airplane glue and gasoline</td>
<td>Not illegal but very harmful when abused</td>
</tr>
</tbody>
</table>

*Use of many substances under the *Controlled Drugs and Substances Act* are legal under restricted circumstances, such as drugs prescribed by a medical physician, including most recently "medicinal" marijuana. Many can also be used legally, without a medical prescription, such as mild pain relief pills that are available over the counter and contain low dosages of codeine, a controlled substance.

(Officer of the Auditor General of Canada, 2001, Illicit Substances section).
Prevention and Treatment Programs

There was an abundance of literature available, which focused upon the various forms of prevention and treatment of substance abuse (Antoniadis, 1994; Bonomo, & Bowes, 2001; Buck, 1999; Burke, 2002; Department of Justice, October 2002; Join Together, 2000; Metzler, 1996; National Institute on Drug Abuse, 1999; National Youth Anti-Drug Media Campaign 2001; Sloboda, 2003). Most of these programs fall into school-based, community-based, or health care-based prevention programs as previously mentioned, with a primary focus upon self-esteem, character building and social skills, and training on how to deal with peer-pressure and communication skills (Gittman & Cassata, 1994). Some programs may be established to deal with a specific substance (Gardner & Young, 2000) while other programs deal with these issues on a much broader scale (National PTA, 1996). However, due to funding constraints, spacing issues, and staffing resources, many needed programs are not feasible. For example, a program which offers temporary shelter or long-term treatment can not be implemented in a school-based program (Hayward, Cook, & Thorne, 2000).

One program implemented in the United States in 1983, which has received a great deal of media attention is the D.A.R.E. program (Drug Abuse Resistance Education). Initially this program was seen as extremely controversial, having a strong message of prevention, utilizing tactics which were viewed as frightening and threatening, and was criticized for being ineffective (Burke, 2002). In fact, as reported earlier, a study conducted by Dr. Ronald Lynam (1999) reported that individuals who had participated in this program, experienced no long-term effects on substance use and abuse 10 years later, and that some participants involved in this program of complete abstinence, “Just Say
NO!”, were even more likely to engage in significantly higher levels of substance use and abuse (Vigh, 1999). However, due to new research on effective prevention and treatment programs, along with public scrutiny generated by the media, the New D.A.R.E. program has been launched, with a greater focus on decision-making skills, providing more accurate information on all forms of substances, with a greater focus on peer pressure, and suggestions on possible alternatives to substance use and/or abuse (Burke, 2002; D.A.R.E. Kids, n.d.).

The D.A.R.E prevention program is not the only program that has faced numerous challenges. In Australia, the government launched the “Tough on Drugs” program, which also met with little success (Skruff, 2004). According to Dr. Cameron Duff (2004) of the Australian Drug Foundation, many adolescents do not trust the government campaigns that have exaggerated the effects of some drugs (Skruff). In addition, the youth of today are well educated, have access to numerous resources and have been able to find correct information from other sources, such as the media and the internet (Skruff). Prevention and treatment programs are also competing against the social influences of schools, where substances such as ecstasy are widely used and Dr. Cameron Duff feels that the focus should be more on harm reduction, rather than teaching complete abstinence (Knight, 2004).

Another indicated prevention program is the “Reconnecting Youth” program. This program is school-based and is intended for students in Grades 9 through 12 who are at high risk for substance abuse. Most of these students have had little or no success academically, live in abusive homes, and are experiencing personal challenges as well (Eggert & Kumpher, 1997). This program believes that high risk behaviour does not
develop on its own, but rather develops due to environmental and social causes (Eggert & Kumpher), therefore the focus of this program is on these issues, attempting to build self-esteem, building peer connections, and increasing school involvement (Eggert & Kumpher, 1997; Gittman & Cassata, 1994). Although this program has met with some success, its primary focus is on increasing a youth’s school success, while decreasing substance abuse, rather than focusing strictly on substance use and/or abuse. In addition, this program is intended only for youth enrolled in a public school and is not accessible for youth not attending school.

Another school based program implemented in the United States, in Autauga County, Alabama, 2000, is more focused on a reward based system. This voluntary program is focused on youth in the seventh grade and consists of the youth taking a urine test for nicotine, amphetamines, cocaine, marijuana, opiates, and PCP (Office of National Drug Policy, 2002). If the youth involved with this program have negative results from their urine analysis, they receive a photo ID badge, which entitles them to special discounts at local stores (Office of National Drug Policy). If the youth involved with this program test positive, her/his ID badge is taken away, and the school counsellors, her/his parents/guardians, and officers (if necessary) are informed. The school then leaves this matter to the youth’s parents/guardians and the authorities, relinquishing any role in the matter. This particular program has met with mixed reviews, with many researchers feeling that the school is actively involved as long as no substances are being utilized, that there is a fear for the youth’s privacy, that not all tests are accurate, and many drug tests only test for certain substances while overlooking others (Office of National Drug Policy).
Figure 3. Canadian Expenditures on Programs to Address Substance Use and Abuse.

<table>
<thead>
<tr>
<th>Department or agency</th>
<th>Activities</th>
<th>Estimated 1999-2000 expenditures ($ millions)</th>
<th>Supply reduction</th>
<th>Demand reduction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Centre on Substance Abuse</td>
<td>Promotes drug awareness, harm reduction, effectiveness of programs, and development and exchange of information.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Canada Customs and Revenue Agency</td>
<td>Intercepts illicit drugs and drug traffickers at the Canadian border.</td>
<td>14 to 36</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administers Special Enforcement Program aimed at people profiting from illegal activities.</td>
<td>(4)</td>
<td>-</td>
<td>10 to 32</td>
<td></td>
</tr>
<tr>
<td>Canadian Institutes of Health Research</td>
<td>Funds research projects on addiction.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Correctional Service Canada</td>
<td>Deals with offenders serving sentences in whole or part for drug-related offences.</td>
<td>154</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administers substance abuse programs, including alcohol.</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administers treatment programs (for example, methadone).</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Department of Foreign Affairs and International Trade</td>
<td>Manages Canada's international drug activities, including contributions to the United Nations Drug Control Program and the Inter-American Drug Abuse Control Commission.</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>Prosecutes drug offences.</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provides legal aid and contributions to provinces and territories for juvenile justice services ultimately used for drug cases.</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carries out projects (by its National Crime Prevention Centre) focussed on alcohol and drug abuse.</td>
<td></td>
<td></td>
<td>1</td>
<td>71</td>
</tr>
<tr>
<td>Health Canada</td>
<td>Provides laboratory analysis services to the police to test suspected seized drugs.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administers controlled drug legislation, including import-export licence responsibilities.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Makes contributions under the $15.5 million &quot;Alcohol and Drug Treatment and Rehabilitation Program&quot; (ADTR). Our estimate of the illicit drug portion is $7 million.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Co-ordinates Canada's Drug Strategy and manages the ADTR program.</td>
<td></td>
<td></td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Administers drug awareness programs.</td>
<td></td>
<td></td>
<td>4</td>
<td>168</td>
</tr>
</tbody>
</table>
Media Influence on Youth and Substance Use

We are a society constantly exposed to various forms of the media. The media is a powerful, effective tool which today’s youth are strongly influenced by – even by the use of substances. Substance use and abuse can be seen in television, movies, advertisements, music videos, newspapers, and magazines. However, youth are rarely instructed on how to filter the media, and to create a resistance to these powerful and tempting images. It is therefore suitable and vital that youth are taught how to critically analyze these images, understand the influence the media has upon their daily lives, and to promote a healthy self-esteem (Office of National Drug Control Policy, 2001). However, considering the influence that the media has upon our youth, there are very few substance prevention and treatment programs which include these aspects in their programs, containing little or no information surrounding the media and substance use and/or abuse (Office of National Drug Control Policy).

Another effect the media has upon youth substance use and/or abuse is from the fact that we have become a society obsessed with weight, with several popular magazines, T.V. shows, and movies portraying women in unrealistic images (Albertsen, 2003). This is having a negative effect on our youth, resulting in young females feeling inadequate compared to this unreachable ideal of thinness. This has prompted numerous research studies, one of which was conducted by the Minnesota Health Survey (1998), which revealed that 20% of boys and 62% of girls in the elementary and early high school years reported dieting on a regular basis (Pesa & Turner, 2001), and the McCreary Centre Society of Vancouver (1999) discovered that by the age of 18, this rate jumped to 80% of
females, who were of normal height and weight, and were unhappy with their present size, and wished to lose weight (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001). While researchers of another study reported that 23% of Canadian preadolescent females were on severe diets in order to lose weight (McVey, Tweed, & Blackmore, 2004). One of the ways in which youth are attempting to loose weight is through the use of substances (Anderson, 1994)). Various substances, such as tobacco, ecstasy, crystal meth., and cocaine have an appetite suppressing effect, resulting in many youth turning to these substances as possible alternatives to loosing weight, due to their effect of causing a youth to loose her/his appetite (Joseph, 2003). However, just as most over the counter diet pills are not effective ways to loose weight either are these substances effective and may in fact have devastating effects (Joseph, 2003). It is therefore the author’s opinion that it would be imperative that prevention and treatment programs for youth substance use and abuse take the influences that the media has on today’s youth into account when designing any potential programs, if they are to truly be effective.

The Influence of the Internet on Substance Use

The internet has quickly become a normal aspect to most individuals’ daily lives, with North American youth becoming the largest segment of the population to utilize the internet (Department of Justice, October 2002). Although the internet is a remarkable tool to access accurate, factual information, it is also full of inaccuracies, incomplete information, and falsehoods. Many youth search the internet to discover various things, and they are searching for information about the assortment of available substances as well (Department of Justice, December, 2001). Although there are a number of sites which provide information of the correct effects of substances, support programs, safe
methods of use (as safe as possible), and prevention programs, many sites are full of erroneousness information. (Department of Justice, October, 2002). In addition, the internet is also being utilized for the sale and distribution of substances as well (Department of Justice, December, 2001; Department of Justice, October, 2002).

The internet provides details on how to create substances, specifically MDMA, GHB, and LSD, (Department of Justice, 2001), where and how to buy them, prices, and sites to order substances to your own home. In fact, according to Interpol (the International Criminal Police Organization), in 2000, there were over 1,000 sites worldwide that offered to sell illicit drugs, with the Netherlands and Switzerland having the highest number of these sites (Department of Justice, October 2002). It is also possible to order equipment to make your own drugs, and all the required paraphernalia to use, produce, and distribute substances, with everything being shipped usually within 24 hours to a few days, creating an immediate availability to anyone with a computer and a modem. In addition to providing details on how to make, distribute, and use substances, the internet is also quickly becoming a source for youth to attain details and information regarding legal and illegal Raves (Department of Justice). This has caused the internet to be a one-stop shopping network, a network where youth can learn about where and how to purchase various substances, how to make these substances, and how to come into contact with individuals promoting the use of these substances, including Raves.

The Rave Culture

A Rave is not only a dance which lasts until the early morning hours, for some individuals it is a way of life, with frequent visitors being referred to as Ravers. Although these all night dance parties have become much more mainstream, they still have a stigma
of being drug-fueled events, with attendees dancing non-stop for hours. In order for youth to sustain their energy to dance all night, many individuals turn to various substances, and as noted in most of the literature to date, the number one substance of choice for the Rave culture is Ecstasy or MDMA (3, 4-methylenedioxymethamphetamine), often referred to as a club drug (Department of Justice, August 2002; Department of Justice, October 2002; Hunt & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004). Club drugs can also include Crystal Meth., YaBa, Cocaine, GHB, and Special K (Department of Justice, August 2002; Department of Justice, October 2002; Hunt & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004). In 2000, the U.S. D.E.A. (Drug Enforcement Agency) stated that the United States has become the largest country in the world to use Ecstasy, with Great Britain following suit in second place (Hunt & Evans, 2003).

The widespread acceptance of the use and abuse of club drugs within the Rave culture has produced a growing amount of media attention, which in turn has created a greater focus of literature and research upon this area of substance use and/or abuse (Yacoubian, Deutsch, & Schumacher, 2004), with Australia, England, Scotland, and the Netherlands having the greatest involvement in the current research on club drugs, followed by the United States (Hunt & Evans, 2003). However, most research in this area of substance use and/or abuse is focused upon the Rave culture specifically, thereby limiting the information known on this phenomenon to one culture, rather than comparing and contrasting this use and/or abuse between various cultures, genders, and age groups (Hunt & Evans).

Ethnic and Multicultural Perspectives of Substance Use and Abuse
Canada is comprised of numerous nationalities and diversified cultures, causing many individuals to feel isolated, and unsure as to which culture they belong to (Justin, 2005). For some individuals, their identity is defined by their social groups, for others it is their ethnic background, and for others there may be other external factors contributing to their identity, which usually intersects with other factors, possibly leading to confusion and uncertainty (Hum & Simpson, 2003). In order for prevention and treatment programs to be successful, it is imperative that the differences between the various cultures of Canada are recognized and incorporated into these programs.

As with the current studies on the growing Rave phenomenon, little research has focused specifically on the various ethnic and multicultural differences that exist between the youth experimenting with these or other substances. For example, according to Leinwand (2000) Ya Ba, an extremely pure methamphetamine pill started showing up in the Southeast Asian communities of California in 2000 (as cited in Yacoubian, Deutsch, & Schumacher, 2004) yet no studies were found that have researched this substance, its prevalence and use by youth at the Raves, or any other contributing factors for that matter. Most of the research to date has treated youth as a homogenous group, not taking into account the differences between age groups, cultural backgrounds, gender, geographical areas, and other important aspects (Denscombe, 1995). These research studies also do not take into account that multicultural youth may be experiencing culture shock, which occurs when an individual is exposed to different cultures, while traveling or living in areas with individuals with diverse views and customs (Lippincott, 1997). Being exposed to new cultures, and not understanding new customs, languages and other factors can create frustration for an individual, thereby making the acculturation process
even longer and more difficult (Schnell, 1996). Canadian youth may also be experiencing acculturation, which is the process that occurs when an individual adapts to the new culture they are living in, leading to social changes that exist on a psychological level, as well as a sociocultural level (Justin, 2005). These adaptations may include changes in one’s behaviours, values, opinions, style, and personality traits, as one has increased cross-cultural experiences (Arthur & Merali, 2005). In addition, Canadian youth may be experiencing challenges involving gender role changes in our society and family tribulations. For example, many Chinese family traditions and values are based on Confucian philosophy, adhering to the concept that within families: (1) there is a generational hierarchy; and (2) a gender hierarchy (Kim et al., 2004). It is therefore extremely difficult to make general hypotheses about youth substance use and abuse, discover which youth are involved with these substances, their ethnicity, cultural upbringing, socio-economic backgrounds, whether they live in foster homes, single parent, multiple, or extended family homes, among numerous other characteristics.

Societal Attitudes Towards Youth Substance Use and Abuse – Harm Reduction Policies

The views which society takes on substance use and/or abuse is as vast and varying as the number of substances available, varying from those who advocate for the legalization of these items, to those who have a zero tolerance policy (Bonomo & Bowes, 2001). Due to all of the health problems, injuries, and deaths that may accompany the use and/or abuse of various substances, many countries have adopted a harm reduction policy. Simply stated, harm reduction attempts to minimize the negative effects of substance use, such as addiction, criminal offenses, and direct and indirect health care costs of these substances through the use of programs such as drug-injection sites, methadone clinics,
and the distribution of heroin (Bonomo & Bowes, 2001; Metzler, 1996). An example of this can be found with Switzerland and their creation of a heroin maintenance program which has limited mental health challenges, lowered suicide rates, and decreased the use of benzodiazepine and street heroin (Bonomo & Bowes, 2001). In addition, Vancouver, B.C. has also adopted a harm reduction policy, establishing safe-injection sites and methadone programs, while Germany’s Narcotics Act specifically permits the use of throwaway hypodermic needles and a synthetic version of heroin (such as methadone) to be administered to addicts (Metzler, 1996).

However, harm reduction programs are extremely controversial, and have created numerous challenges and difficulties for society, the advocates of these policies and ideology, and the participants involved in these programs. Although the idea of harm reduction can be traced in the literature as early as the 1920’s, it wasn’t until 1990 that the first international conference for harm reduction was held (Bonomo & Bowes, 2001). With the concept of applying the principles of harm reduction to youth only surfacing recently – causing an even greater amount of controversy and conflict in society.

Considering that a harm reduction policy in theory attempts to minimize harm to individuals using/abusing these substances, and the current literature advocates abstinence for youth from these substances, youth are receiving mixed messages – they are being told to be safe, have controlled use, and abstain at the same time (Bonomo & Bowes).

The Youth Perspective on Substance Use and Abuse

It has been noted by numerous researchers that youth substance use and/or abuse has become a prevalent part of our society (Antoniadis, 1994; Bonomo, & Bowes, 2001; Buck, 1999; Burke, 2002; Department of Justice, October 2002; Join Together, 2000;
Metzler, 1996; National Institute on Drug Abuse, 1999; National Youth Anti-Drug Media Campaign 2001; Sloboda, 2003). It has also been noted that we need to create prevention and treatment programs that will be more effective (Antoniadis, 1994; Bonomo, & Bowes, 2001; Buck, 1999; Burke, 2002; Department of Justice, October 2002; Join Together, 2000; Metzler, 1996; National Institute on Drug Abuse, 1999; National Youth Anti-Drug Media Campaign 2001; Sloboda, 2003). However, despite the prevalence of this issue in our society, it was impossible for the author of this literature review to discover any research that had been conducted with youth that included their ideas, thoughts, and feelings towards substance use and/or abuse. Although there were a few articles that included statistics from questionnaires completed by youth (Knight, 2004; Officer of the Auditor General of Canada, 2001; Public Health Agency of Canada, 2004; Skruff, 2004; Statistics Canada, 2004) these were completed in schools, government agencies, or counsellor offices and may not be completely accurate. It is the author’s opinion that it would be invaluable for further research to be conducted that asked the youth themselves what they think and feel about this ever growing challenge, while also taking into account any ideas they may have as to how to create more effective prevention and treatment programs for youth substance use and/or abuse. It seems rather peculiar to the author of this project that no youth have been asked these questions to date, especially considering the fact that they are directly involved with this.
CHAPTER V

Synthesis and Implications

Our society is dependent upon various substances for a variety of reasons, such as illness, stress, disease, and pleasure seeking intentions. In fact, according to a number of researchers, there has never been a time in our history, in which a completely abstinent society has existed (Metzler, 1996). It is for these exact reasons that regulations of certain substances have been implemented. However, considering that some forms of substance use have been deemed acceptable by today’s standards, such as caffeine, prescription drugs, alcohol, and even smoking in some areas, we could potentially be sending mixed signals to today’s youth. According to Risnick (1990) “we live in a pluralistic society, where the production and sale of alcohol, tobacco, and pharmaceutical drugs are a major part of our economies and the resultant contradictions between public policy and public health” (as cited in Gossop, 1992, p.1081).

Although there is an abundance of literature available surrounding the issue of substance use and/or abuse, a great deal of it is outdated and inaccurate. It was very difficult to locate published articles concerning substance use and/or abuse from a youth perspective for this literature review. Even though this is seen as an enormous problem throughout the world, there is remarkably little research conducted on who uses these substances and why, with a greater emphasis being placed on enforcement and scare tactics. The “Just Say No!” style campaigns of the 1980’s have given way to the numerous prevention and treatment programs of the 1990’s, and are once again being
revamped in an attempt to discover a program that may have a higher success rate. In addition, there appears to be very little information on the subject of the occasional youth user, with most of the research focusing upon either addicts or prevention and treatment programs.

Although a vast amount of time, research and funding have been committed to prevention programs, it has been discovered that these programs may have a small impact on the youth involved with these substances, with any positive effects being minor, and do not last long after the program has finished (Burke, 2002). It is for this exact reason that it is essential that substance programs are not only created for children, but are adapted for youth as well (Burke, 2002; D.A.R.E. Kids, n.d.; Gittman & Cassata, 1994; Skiba, Monroe, & Wodarski, 2004). While conducting the research for this review, numerous articles made reference to prevention programs for children, however there was an extremely limited amount of information available on prevention programs for youth. Instead, the focus for youth shifted from prevention to treatment centres, juvenile enforcement, and recovery programs.

Not only can the literature available be contradicting, it is extremely outdated and inaccurate, with the greatest focus being placed on smoking, alcohol, and marijuana. As previously noted, very few articles have included research on substances such as Ecstasy, Cocaine, LSD, prescriptions drugs, or speed, which are the number one substances used and/or abused by youth today (Department of Justice, August 2002; Department of Justice, October 2002; Hunt, & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004). While it was not possible to find research-based, published articles on substances such as Special K, GHB, or Crystal Meth., a few websites did refer to these items, however no
research was supplied to reflect accurate data on usage rates, long-term effects, or the adolescent youth perspective.

It was also noted by the author of this literature review that most of the research to date has viewed Ravers as a homogenous group, not taking note of age differences, socio-economic status, ethnic and cultural differences, or the various patterns and behaviours associated with the assorted substances mainly used by this group (Hunt & Evans, 2003). In fact, this was true for most of the research that has been conducted on youth substance use and/or abuse. Youth world-wide have been treated as one distinct entity, having no unique characteristics, challenges, or obstacles to overcome.

In addition, most of the published articles containing research on youth substance use and/or abuse has been conducted and printed by the United States. The country with the next highest number of available research, was conducted by Australia, then Britain, Germany, and several other European countries. There was no information found during this literature review which had been conducted by, referred to, or indicated a Canadian perspective, however the Downtown Eastside of Vancouver, B.C. has been deemed one of the worst drug-infested areas of North America, initiating the documentary “Through the Blue Lens” (National Film Board, n.d.). This film portrays the ever-growing substance challenges experienced in this area, making the Downtown Eastside of Vancouver, the area with the highest percentage use for illegal substance abuse in the world (National Film Board, n.d.)

We live in a society fueled by the media and the internet, with these mediums having the potential to both create and destroy. In fact, most of the current research and information surrounding youth substance use and/or abuse was found through or on
agency and government websites. However, there was very little research available on prevention programs which made direct or indirect reference to either the internet or the media. Both the internet and the media are available to our society’s youth at all times, whether it be at home, a library, school, community centre, family or friend’s homes. It is beneficial that certain agencies have chosen to utilize these mediums to allow today’s youth access to this information, however, it is imperative that youth are taught how to traverse through this information to become more accurately informed.

Potential Benefits to the Professional Community

Youth, parents/guardians, teachers, counsellors, medical professionals and researchers could potentially benefit from the valuable information obtained in this literature review. This information could be utilized to create new prevention and treatment programs, improve current programs, and lead to further research in this area. The possible benefits that may be gained include safer streets and schools as drug-related crimes may be limited (Antoniadis, 1994). There could potentially be fewer drug-related health concerns, such as the increased cases of H.I.V. created by intravenous drug use, drug-induced psychosis, suicide attempts, as well as illnesses which stem from poor hygiene and nutrition caused by addiction (Buck, 1999). Limiting these negative effects, may in turn save tax payers money, due to the possible reduction in the incarceration of addicts, as well as a decreased need for treatment programs, and a decreased cost on the healthcare system (Bonomo & Bowes, 2001; Metzler, 1996).

As noted previously, there is an extremely limited amount of current research available, if any, from a youth perspective (Burke, 2002; Gittman & Cassata, 1994; Skiba, Monroe, & Wodarski, 2004). Therefore, this literature review could result in a new way
of thinking and approaching the subject of youth substance use and/or abuse. As well, this literature review may create concrete examples and data which can be presented to the appropriate government and municipal authorities, verifying the need for prevention, treatment, and detox programs for the youth population, thereby possibly increasing funding for such programs. Considering the limited information surrounding the various substances used by today’s youth (Department of Justice, August 2002; Department of Justice, October 2002; Hunt, & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004) this literature review may not only enhance the research in this area, but also improve and increase future programs.

Limitations of the Literature Review

This final project of a literature review has some limitations. The first limitation being with the available research itself. To begin with, there was an abundant amount of information available however this was not all applicable to the topic and needed to be excluded due to size limitations, time constraints, and information either being out of date, or inappropriate for the focus of this paper. In addition, as previously noted, a main criticism of the currently available information, is that youth have not been included in many of the research studies and their thoughts, ideas, and feelings towards the topic of substance use and abuse has not been included.

Another main limitation to this study is the fact that some of the available literature has come from secondary sources, such as literature reviews and opinion papers, and has therefore already been interpreted and described by numerous other individuals. This may in fact have had an impact on the accuracy of the information and it would have
been extremely beneficial to have been able to have found more studies that included youth themselves. By conducting future research with youth themselves, more categories could be created, that do not view youth as a homogenous group, but rather takes into account ethnic, cultural, monetary, and age differences.

Future Research

There is an abundance of evidence that reflects the need for future research to be conducted. This future research should include more detailed and accurate information on “street” substances, such as Special K or Ketamine, Oxycontin, GHB, Ya Ba, DXM (dextromethorphan), Crystal Meth. (a form of methamphetamine), Magic Mushrooms, Heroin, Crack Cocaine, and Inhalants. In addition, further research in this area should provide details on youth who occasionally use substances rather than focusing strictly on abusers and addicts, and not treat youth as a homogenous group, but rather reflect individual differences amongst the youth who use these substances. As well, future research should provide a more inclusive perspective of the experiences of other countries and not be dominated strictly by the research conducted in the United States. As noted, there was no research found during this review conducted by or reflective of the Canadian perspective, only statistics were found – future research should not only include Canadian research, but other countries as well.

Although there is a vast amount of information available on substance use and abuse and treatment programs, there is very little information available on a youth perspective on this topic (Department of Justice, August 2002; Department of Justice, October 2002; Hunt, & Evans, 2003; Yacoubian, Deutsch, & Schumacher, 2004). In addition, the information that is available has been mostly focused on children’s
prevention programs or adult treatment programs rather than focusing on today’s youth
(Antoniadis, 1994; Bonomo, & Bowes, 2001; Buck, 1999; Burke, 2002; Department of
Justice, October 2002; Join Together, 2000; Metzler, 1996; National Institute on Drug
Abuse, 1999; National Youth Anti-Drug Media Campaign 2001; Sloboda, 2003). It is for
this exact reason that it is essential that substance programs are created with a youth
perspective (Burke, 2002; D.A.R.E. Kids, n.d.; Gittman & Cassata, 1994; Skiba, Monroe,
&Wodarski, 2004) if they are to be effective.

Summary

Canada is a unique, multiculturally diverse country (Statistics Canada, 2003) that
faces many challenges. One challenge that is facing Canadian youth in particular is
substance use and/or abuse (Kaiser Foundation, 2002). Most literature that is currently
available on this issue is out of date, not focused on a youth perspective, or has been
conducted in other countries (Kaiser). Further research in this area is therefore needed to
ascertain what literature is available on the youth perspective and the issues and
challenges of youth substance use and/or abuse in our country. As noted throughout this
paper, substance use and abuse is a continual challenge our society faces. This project of a
review of the current literature attempted to demonstrate and reflect the research which
has been conducted to date, indicate the weaknesses in this research, and suggest how this
information could be improved. Youth substance use and abuse is a part of our society –
that is simply a fact (Antoniadis, 1994; Bonomo, & Bowes, 2001; Buck, 1999; Burke,
2002; Department of Justice, October 2002; Join Together, 2000; Metzler, 1996; National
Institute on Drug Abuse, 1999; National Youth Anti-Drug Media Campaign 2001;
Sloboda, 2003). However, with continued research and the implementation of effective
prevention, treatment, and harm-reduction programs, our society will be better equipped
to overcome this challenge, possibly limiting the harmful effects that these substances can
have on our youth.
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