



Issues Paper & Guiding Questions

National Invitational Symposium on Youth, Illicit Substance Abuse and the Justice System

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Get your facts first, and then you can distort them as much as you please – Mark Twain

Any attempt to move forward in an area, whether personally or socially, ought to begin with an understanding of the 'facts'. Consider how a criminal investigation is conducted; the collection of information or facts leads to the uncovering of a situation. The aim of this paper is to identify key facts as they relate to youth, illicit substance use and abuse and the Canadian justice system. This will provide participants of the *National Invitational Symposium on Youth, Illicit Substance Abuse and the Justice System* with a common understanding. This paper reviews key facts regarding illicit substance use and abuse among youth in Canada and intersections with the criminal justice system. Focusing on illicit drugs, rates of involvement, harms from use, and risk and protective factors are identified. Overarching issues from this review as well as gaps in understanding are used to inform guiding questions for the symposium participants to consider in their discussions.

That said, there is a shortage of documented understanding in the area of youth, illicit substance abuse and criminal justice. Canada is fortunate, however, to have select key documents, including the 2007 publication of the Canadian Centre on Substance Abuse – *Substance Abuse in Canada: Youth in Focus*. Relevant highlights of this publication are summarized in this paper. The complete document is available in your participant package, and on-line at: <http://www.ccsa.ca/2007%20CCSA%20Documents/ccsa-011521-2007-e.pdf>. In addition, a post-1995 review of English-only peer-reviewed and government and non-government literature was conducted.

Youth is variously defined in the literature. The population focused on in this paper is from 12 to 17 years of age, which reflects the paper's dual focus on illicit substance abuse and criminal justice involvement (i.e., the Youth Criminal Justice Act applies when a young person aged 12-17 is alleged to have committed a crime). Due to the limited information available for this paper, however, other age ranges (e.g., 15-24) are at times referred to. It is also worth noting that emerging research suggests that substance abuse and antisocial behavior does not decline until the mid-twenties.ⁱ There is also limited information available specific to females, and often the literature does not make the distinction between males and females. We do know, however, that female involvement in substance use and abuse and the justice system has specific characteristics (e.g., patterns of offending are different for females in comparison to males) and gendered pathways, including differential impacts of violence and trauma, sexual and physical abuse, stigma and discrimination, and social attitudes and pressures. For further information, please see *Women, Girls and Substance Use* (2006) in your participant package, also available online at: <http://socserv.socsci.mcmaster.ca/ihrktn/ihrkt-images/ccsa0111422005.pdf>

ISSUE: Youth and Illicit Substance Abuse

*“Young people are the most likely to use substances, engage in risky forms of use, and experience harms as a result” (Canadian Centre on Substance Abuse (2007). *Substance Abuse in Canada: Youth in Focus*. Ottawa: Author. pp. 3).*

Rates of Use

Poly drug use – the use of different substances at one time (simultaneous) or on sequential occasions (concurrent) – is common among Canadian youth. Both legal and illegal substances are consumed, and include alcohol, tobacco, illicit drugs, prescription drugs and inhalants. In a 2004 Canadian survey of 15-24 year olds, the majority of youth who reported to use cannabis also reported to drink alcohol (98.7%), and most of the youth who reported to use illicit drugs likewise used cannabis (91.3%) and alcohol (99.6%).ⁱⁱ

Following alcohol, the most common substance used by youth is cannabis. According to the 2004 Canadian Addiction Survey, nearly 30% of 15-17 year olds and almost 50% of 18-19 year olds reported cannabis use in the past year.ⁱⁱⁱ Student surveys in Canada similarly relay that nearly one-quarter to over one-third of junior and high school students use cannabis.^{iv} The rates of cannabis use are for the most part similar for females and males, although student surveys in Atlantic Canada relay higher prevalence rates among males.^v Frequency of use and amount used is higher among males across the country. Compared with Canadian data collected at the national level since 1989, there has been an increase in lifetime cannabis use among females and males.^{vi} Some other data sources, such as the Atlantic student surveys (Nova Scotia, New Brunswick, Newfoundland and Labrador, Prince Edward Island) have shown a decrease in the prevalence of student cannabis use over the past decade.^{vii}

According to 2004 *Canadian Addiction Survey* lifetime prevalence data, the rate of youth use of other illicit drugs has increased over the past 15 years. Some Canadian student drug youth surveys have shown a decline over the past decade, such as the *Ontario Student Drug Use Survey*.^{viii} The Ontario survey concluded a general decline in illicit drug use among both male and female students between 1999 and 2007 (e.g., exceptions include OxyContin use among males and stimulant use among females between 2005 and 2007). Irrespective of the rates of use, most important is understanding “[s]ubstance use by young people is a constantly evolving phenomenon as various drugs go in and out of favour over time”.^{ix} According to the 2004 national survey, “[h]allucinogenic drugs such as psilocybin (“magic mushrooms”) and mescaline are the...most popular illicit drugs after cannabis, with about 10% of junior high and high school students reporting use. Past-year use of other illicit drugs such as ecstasy or cocaine is less than 10% among adolescents. Although the abuse of certain drugs such as methamphetamine and OxyContin is raising concerns in some parts of Canada, available statistics show that past-year

use among mainstream youth is relatively low, each at about 1%.”^x The injection of drugs among the general youth population is under 2%.^{xi}

There is evidence of high rates of cannabis and other drug use by youth outside the mainstream. Findings from the *Enhanced Surveillance of Canadian Street Youth* study (1999-2003) relayed the most common drug used by means other than injecting in the three months prior to the survey was marijuana, and it was used at a greater rate by males than females.^{xii} Over 70% of the youth also reported the use of drugs other than marijuana (e.g., cocaine, crystal meth).^{xiii} A survey of incarcerated youth conducted through The McCreary Centre Society in British Columbia found that 100% of incarcerated youth had used marijuana in their lifetime; 74% had tried marijuana by the age of 12, compared with just 8% of youth in school.^{xiv}

Injection drug use is a major risk factor for blood-borne pathogens, including HIV and Hepatitis C. Specific populations in Canada, including Aboriginal peoples, homeless individuals, incarcerated populations and street youth, are at the highest risk. There is also an increased risk for females to develop physical health complications from injecting drugs.^{xv} According to the *Enhanced Surveillance of Canadian Street Youth* study, youth who inject drugs tend to be older, have more adverse family backgrounds, and involved in criminal behaviour. In the study, “84% [reported] spending at least one night in a detention centre, prison or jail and 71% report[ed] illicit income sources such as the sex trade, stealing and selling drugs”.^{xvi}

Given the generalities of the ‘facts’ presented in this section, it is important to keep in mind that youth are not a homogenous population, and vary by multiple factors, such as sex, age, geography and (dis)ability, but also share certain similarities. For example, according to the 2004 national survey recording illicit drug use by youth 15+ in Canada, cannabis was the first substance tried (at just under 16 years), followed by hallucinogens at 17 years, speed at slightly less than 18 years, cocaine at 18 years, and ecstasy at a little over 18 years. In this general population survey, there was no discernable difference between females and males in the average age of first use.^{xvii}

Harms

The harms youth encounter as a result of their substance use, including illicit drugs, are categorized in *Substance Abuse in Canada: Youth in Focus* into four areas. The varying **modes of administration** have associated risks, such as respiratory problems with smoking substances, difficulty in measuring doses with oral ingestion, and potential absorption of blood-borne pathogens with injecting drugs. **Intoxication** contributes significantly to acute harms, such as overdose and injury, including unprotected sex and sexual victimization in particular among females. A 2004 national survey found that approximately 30% of 15–19 year olds who reported illicit drug use also reported one or more harms due to their use.^{xviii} Long-term health consequences are associated with **regular and prolonged use** of substances, including, for example, cognitive impairment and respiratory illnesses with cannabis use.^{xix} It is estimated that approximately 3% of Canadian youth between 15 and 19 may be **dependent** on an illicit drug.^{xx} Provincial surveys found that about 6–8% of students who use cannabis, for example,

showed signs of dependence.^{xxi} Individual and social consequences from dependence can be severe, and include criminal activity to obtain substances.

Risk factors

It is well established in the literature that the earlier an individual initiates use of substances, the greater the likelihood he or she will experience adverse consequences later in life, including problematic behaviours.^{xxii} What must be kept in mind, however, is that early use alone does not determine negative outcomes later in life. No single factor, but rather a combination of factors, puts youth at risk for illicit substance use and later problematic behaviours. Research has relayed that initiation of use is more closely linked with social and environmental factors, whereas early initiation of use as well as abuse are more highly linked to genetic and psychological determinants.^{xxiii} *Substance Abuse in Canada: Youth in Focus* (2007) categorizes risk of use and abuse by individual, interpersonal and environmental factors. It should be mentioned that factors can vary based on whether a substance is used versus abused.

Individual risk factors include, for example, neurophysiological vulnerability (e.g. vulnerability of the brain to drugs during adolescent formation),^{xxiv} gender (males are more likely to use substances and more heavily than females, although recent research suggests signs of increasing female use^{xxv}), age (likelihood of use increases with age during adolescence and peaks in the mid-20 age range), and “attitudes and beliefs about the risks of using, impulsivity and sensation seeking, and childhood psychological disorders (for example, conduct disorder)”.^{xxvi}

Interpersonal risk factors are at the family, peer and school level. **Family** level factors associated with youth use include “[p]oor parenting practices such as inadequate monitoring, a low degree of bonding between parent and child, abuse, family conflict, family modeling of substance-using behaviours, and lax parental attitudes toward substance use”.^{xxvii} **Peer** level factors are strong predictors, and include foremost peer use, followed by associating with deviant peers, and perceived approval of drug-using behaviours among peers. “Contrary to popular belief, the peer effect is not entirely due to ‘pressure’ from peers to use, but often indicates a choice by some young people to hang out with friends who use substances and hold similar attitudes”.^{xxviii} **School** factors include failing and lack of commitment to school, low bonding with students and teachers, and presence or lack of presence of a ‘drinking culture’ within the student body.

Social and cultural environment likewise influences youth substance use and abuse. This includes, for example, availability (e.g., ample supply and low price) and favorable media portrayals and social norms.

Specific populations of youth are at particular risk for substance abuse in comparison to their peers. There are some important risk factors that unify these youth populations, such as isolation from peers and family, but there are also unique factors. These include runaway and street-involved youth (e.g., histories of depression and other mental health problems), youth in custody (e.g., histories of abuse and child welfare system involvement), adolescents with co-

occurring disorders (e.g., youth with impulse-control disorders such as ADHD using substances to manage their symptoms), sexually-abused and exploited youth (e.g., to cope and manage feelings), gay, lesbian, bi-sexual and questioning teens (e.g., in response to harassment at school), and First Nation, Inuit and Métis youth (e.g., historical effects of colonization have contributed to trauma, abuse and discrimination).

Protective Factors

Exposure to risk factors alone does not necessarily determine youth involvement in drug use and abuse. Increased research is showing the benefits of protective factors, community assets and individual resiliency in mitigating the influence of risk factors. “Connectedness to school, positive relationships with caring adults within or outside of the family, and supportive peers seem to reduce the likelihood of the distress and difficulties in coping that lead to problem substance use. Other population-level influences, such as self-governance and cultural continuity among First Nation communities, also appear to contribute to lower distress and improved resilience for youth”.^{xxix} A recent study by The McCreary Centre Society on building resilience in vulnerable youth concluded that “[p]ositive relationships provide the most potent protective factors for vulnerable teens”.^{xxx} There is a need for increased research-based understanding on the relationship between risk and protective factors.

Insight can also be gained from the experiences of youth who do not use drugs. The 2004 Canadian Addiction Survey asked youth who reported to never use drugs in their lifetime “What is the single most important reason why you don’t use drugs?”. Forty percent of youth reported because it is a health risk, 30% because they are not interested in drugs, and 6% because they believe drugs are addictive.^{xxxi} It would be useful to know more specifically what the youth mean by ‘a health risk’ (e.g., drugs specifically are bad for the body, overall concern about the health of the body).

Combining understanding of the rates of use, associated harms, and risk and protective factors for illicit drug and other substance use, and in particular abuse, a broad population health approach is an important direction to explore. A common understanding of a population health approach accounts for the individual as well as the social, political and economic structures in which the individual is located. That is, *addressing the causes before they turn into effects*. This includes “preventing sexual and physical violence, reducing stigma and discrimination, early identification and treatment of psychological disorders, promoting cultural continuity and self determination for Indigenous communities, and helping all young people to find safe and nurturing environments”.^{xxxii}

ISSUE: Youth Involvement in the Criminal Justice System & its Relation to Illicit Drug Use

“[E]arly experience with substance use and hazardous patterns of drug-using behaviour during adolescence are serious risk factors for developing long-standing problems, including dependence, that continue into adulthood” (Canadian Centre on Substance Abuse (2007). Substance Abuse in Canada: Youth in Focus. Ottawa: Author. pp. 3).

Youth involvement in the criminal justice system

There appears to be a strong relationship between youth substance abuse and direct involvement in the criminal justice system.^{xxxiii} This is similar at the adult level.^{xxxiv} Research by Pernanen et al. (2002) concluded that 40-50% of relatively serious crimes by adults were significantly determined by drug and alcohol use.^{xxxv} An Australian study with male youth in detention found that for some offending, such as property crime, it escalated as drug use increased.^{xxxvi} Substance use is also identified as a significant risk factor for reoffending among both youth and adults.^{xxxvii}

Research has shown that youth involved with substance abuse and the criminal justice system frequently have multiple substance use concerns, including substance-related disorders. A 2004 study of juvenile detainees aged 10 to 18 in the US identified that more than half had greater than one of *DSM-III-R* diagnosed substance use disorder (SUD) and just over 20% had two or more. “The most prevalent combination of SUDs was alcohol and marijuana use disorders (17.25% females, 19.42% males). Among detainees with a drug use disorder, approximately 50% also had an alcohol use disorder”.^{xxxviii}

Although there is *awareness* of a relationship between youth substance abuse and involvement in the criminal justice system, there is a lack of *an integrated understanding* between the two.^{xxxix} Partial reasoning for this is that the inter-relationships are, at best, “complex and dynamic”.^{xl} A 2008 study of male youth in the US found a reciprocal effect between substance use and delinquency among high-risk youth.^{xli} Even less is known specifically about females.^{xlii} We do know, however, that the pathways for both males and females coming into conflict with the law through substance use is either by committing a drug related crime (i.e., trafficking, possession) and in particular to support illicit drug or other substance use and/or when intoxicated and related behaviours. A 2006 self-report study of Toronto youth concluded that drug and alcohol consumption appear to be among the most important risk factors in the prevalence of youth delinquency. It was found that “[t]he prevalence of delinquent behaviour during the previous twelve months among youth who reported having used drugs was 60%, compared to 16% of youth who had never consumed drugs. Among youth who reported consuming alcohol, 35% reported delinquent behaviour, compared to 9% for those who had

never consumed alcohol".^{xliii} It is also well documented that early contact with the criminal justice system significantly increases the likelihood of future involvement.^{xliv}

It is important to mention that some criminal justice research relays that depending on the severity of offence (e.g., aggressive and anti-social behavior), youth may become involved in the criminal justice system prior to substance use. The Australian study concluded that for half of the youth in detention, their involvement with the law began before their substance use. And a quarter of the youth began using substances within a year of their crime involvement.^{xlv} Awareness and intersections with underlying social conditions is essential; a 2005 study of incarcerated youth in BC found, for example, that 73% of youth in custody had been in some type of government care (e.g., foster home) in their lifetime and 49% within the year prior to their incarceration.

A Canadian study on the costs of substance abuse in 2002 concluded that direct law enforcement costs were 2.3 billion annually (1.4 billion on police, 330 million on courts, and 573 million on corrections).^{xlvi}

Available enforcement data relays that in 2006, 693 per 100,000 youth were accused of a drug-related offence, which is nearly double that of 10 years prior. The majority (84%) of the charges was for cannabis-related crimes, however the proportion accused of cocaine and other drug offences nearly doubled.^{xlvii} This may be due in part to stricter enforcement measures and the greater range of illegal substances covered with the introduction of the *Controlled Drugs and Substance Act* in 1997.^{xlviii} Provincial surveys show that about 5% of junior high and high school students report having been in trouble with the police because of their alcohol or drug use. In 2006, approximately 10% of all youth crimes occurred on school property, with drug offences (in particular possession of cannabis and to a much lesser extent trafficking) being one of the most prevalent.^{xlix}

Approximately 7% of cases processed in youth courts in Canada in 2006/07 were for drug related offences (4.3% drug possession and 2.3% drug trafficking). The percentage of cases resulting in criminal guilt was 43% and 56% respectively.ⁱ The data show that probation is still the most likely sentence issued to youth for the majority of offences, although this varies across the country and has been declining in recent years. Seventy-four percent of all youth drug trafficking cases in 2006/07 received a sentence of probation and 45% of all drug possession cases.ⁱⁱ The decline in a probation sentence may be due to a number of circumstances, including increased diversion of minor and first-time offences away from the court process and mandatory time in the community replacing probation sentences.ⁱⁱⁱ

Provincial and territorial correctional service responses to substance abuse are limited for adults, and even more so for youth.ⁱⁱⁱⁱ At the federal adult level, however, Correctional Service of Canada has placed significant emphasis on the development and accreditation of male, female and Aboriginal substance abuse programming (i.e., National Substance Abuse Program, Women Offender Substance Abuse Program, Aboriginal Offender Substance Abuse Program). A 2005 study of the Canadian juvenile justice system's response to youth detained with substance use associated problems identified the promise of Multisystemic treatment for youth generally

and culture-based treatment programs for First Nations and Inuit youth.^{liv} Multisystemic Therapy is an intensive family- and community-based approach to treatment that addresses multiple determinants of antisocial behavior among youth in conflict with the law (e.g., substance use, mental health) and risk factors for their offending within the multiple systems they are located (e.g., family, peers, school, neighborhood). Numerous US studies have concluded various levels of support for Multisystemic treatment, although some other Ontario-based have not shown to be as supportive as describe it as expensive and challenging to implement.^{lv}

Mental health

Mental health is a key concern among youth involved in the criminal justice system, and in particular the linkage between mental health problems and substance abuse.^{lvi} A particular concern is youth with mental disorders, including concurrent disorders, entering and remaining involved in the criminal justice system.^{lvii} The rate of mental health disorders (including substance abuse disorders) is believed to be higher among youth involved with the juvenile justice versus their peers in the general population.^{lviii} A US study found that nearly 30% of females and more than 20% of males with substance use disorders had major mental disorders. This included major depressive, dysthymic, manic, psychotic, panic, separation anxiety, overanxious, generalized anxiety, obsessive-compulsive, attention-deficit/hyperactivity, alcohol, marijuana, and other substances.^{lix} Some have identified higher rates of diagnosed mental health disorders among females.^{lx} Although American, the 2004 *National Survey on Drug Use and Health* concluded that twice as many girls than boys reported a major depressive episode.^{lxi} The work of Jenson and Potter (2003) and others have concluded that “[c]ross system collaboration among mental health, substance abuse, and juvenile justice systems is a promising approach for treating delinquent youth with co-occurring problems”.^{lxii} A 2008 Canada-US workshop on youth mental health, focusing on healthy transitions to adulthood, likewise highlighted the important role of integrated services as has the work of others.^{lxiii}

Risk factors

Much of the literature identifies similar multiple risk and protective factors for adolescent drug use and involvement in the justice system as for substance abuse at the individual, interpersonal and environmental levels.^{lxiv} It should be acknowledged, however, that the majority of studies have been conducted with males, and girls have unique physical, psychological and social risk factors for substance abuse (e.g., excessive concern about weight and appearance, early puberty, sexual abuse) and coming into conflict with the law (e.g., psychosocial stressors).^{lxv} Health Canada identifies four common characteristics among youth with a substance use disorder and involved in the justice system. These are: multiple (socio-economic/psychological/behavioral) problems; chaotic social backgrounds, with limited education and family support (e.g., street youth); low motivation or ambivalence toward treatment, if treatment is mandated; and problems with violence which may make treatment participation difficult.^{lxvi} A 2005 Australian youth study found that “[r]isk factors linked to substance use and offending were having been violently and/or emotionally abused, living independently from parents, substance abuse by family members, and school maladjustment”.^{lxvii} Fetal Alcohol Spectrum Disorder and other drug-related effects have also

been identified among youth involved in the criminal justice system.^{lxviii} A recent US study among male youth (16-19) concluded that “alcohol involvement is important in the early delinquent career whereas illicit drug use delays maturing out of delinquency”.^{lxix}

Structural factors must also be accounted for in any discussion of risk factors. There is an overrepresentation of Aboriginal peoples involved in all stages of Canada’s criminal justice system (enforcement, courts, incarceration), and specifically in Western Canada. In 2004, the incarceration rate for non-Aboriginal youth was 8.2 per 10,000 population, and for Aboriginal youth it was 64.5 per 10,000 population. “Research conducted by the Government of Canada and others indicates this is likely due to high rates of poverty, substance abuse and victimization in many Aboriginal communities, leading to family breakdown and serious criminal behaviour at a young age. The research also indicates possible discrimination within the youth criminal justice system may also be a contributing factor.”^{lxx} A 2005 Canadian study found that Aboriginal youth are likely to receive a longer custodial sentence than non-Aboriginal youth, though they are not more likely to receive a custodial sentence, including secure custody.^{lxxi} And although more males than females are typically incarcerated, among females there is a significant overrepresentation of Aboriginal girls.^{lxxii}

Protective Factors

The report of the National Crime Prevention Council, *Promoting Positive Outcomes in Youth Twelve to Eighteen Years of Age*, identified protective factors that may reduce the effects of exposure to risk factors for coming into conflict with the law. Once again, many of these overlap with those identified for youth substance use and abuse. The 1997 report broadly groups protective factors into three categories: individual characteristics (e.g., positive social attitude); social bonds (e.g., warm, supportive and affective relationships with parents and other adults); and social support (e.g., positive social skills). Additional factors include possession of problem-solving, life and communication skills; sociability; resilient personality or temperament; a sense of belonging; secure attachments to positive parent(s) or family; positive relations with ‘pro social’ peers; access to other caring and supportive adults; appropriate discipline, limit-setting and structure from parents; and opportunities to experience success and build self esteem.^{lxxiii}

Likewise, the Canadian component of the *Health Behaviour in School-aged Children* study examined the health, well-being and healthy behaviors of school-aged children. It identified four important contexts in youth healthy behaviour: “(1) assets at the school level are consistently and strongly associated with positive health behaviours and outcomes, (2) home and family assets are usually associated with positive health behaviours and outcomes, (3) socio-economic advantages are associated with some positive health behaviours and outcomes, but also with higher risks of injury and bullying others. Socio-economic assets are not, however, associated with alcohol or cannabis use, and (4) peer and friend assets have both positive and negative associations with health (i.e., mixed influences on risk behaviours).”^{lxxiv}

Once again, drawing on the information available regarding youth involvement in the criminal justice system and its relationship to drug use, the merits of a population health approach that

address the determinants of health at the individual and structural levels (e.g., individual, physical, social, cultural, socio-economic) is an important direction to explore. This must be done, however, with the understanding that there are some risk and protective factors specific to criminal offending (e.g., social economic status), illicit drug use and criminal offending trajectories may not be symmetrical, and once youth are involved in the criminal justice system they are part of a social structural institution and its impacts, which is not necessarily the same with illicit drug abuse.

As mentioned, although there is *awareness* of a relationship between youth substance abuse and involvement in the criminal justice system, there is a lack of *an integrated understanding* between the two. Possibly a good starting point to further understanding is adopting a strength-based approach that draws upon the experiences of the diversity of youth discussed in this paper. Consider, for example, the work of The McCreary Centre Society in *Time Out II: A Profile of BC Youth in Custody*. Learning from the lived experiences of the youth, the report concludes that: “[d]espite the obstacles they face, youth in custody aspire to a more promising future, with hopes for a job, education, family and a home of their own, just like other people. Most youth like going to school in the custody centres. Youth in custody say job opportunities, ongoing drug or alcohol counseling, changing their peer group, life skills training, and support from adults would help prevent them from re-offending”.^{lxxv}

GUIDING QUESTIONS

The following nine guiding questions are drawn from the ‘facts’ and ‘issues’ reviewed in this paper regarding youth, illicit substance abuse and the criminal justice system and gaps in the literature. In the symposium discussions, it is suggested participants give some attention to:

1. Are sex, gender and diversity (e.g., sexuality, geography, urban/rural/remote) accounted for?
2. Poly-drug use is common among youth in Canada. Is this acknowledged?
3. There is increasing understanding of the role of neurosciences in addition, but often this understanding is not integrated with other responses (e.g., psychological, sociological, spiritual). Is the biological influence in youth substance use and abuse recognized?
4. Are promising practices recognized (for example, the merits of federal corrections substance abuse programming) and the need for further evaluation discussed?
5. Mental health needs and mental disorders (including substance-related disorders) are a reality for many youth involved in the criminal justice system. Is this acknowledged (e.g., the need for mental health screening and assessment)?
6. Is the important influence of a youth’s family and community accounted for?
7. Are the complex relationships between risk and protective factors for youth involvement in illicit substance abuse, the justice system, and their interaction acknowledged?

8. Are the potential merits of a population health approach, which specifically acknowledges a continuity of care at the individual and social structural levels, considered?
9. Is linkage with related national initiatives made, such as the youth priority of the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*?

A FINAL THOUGHT....

Research shows that involving low-risk, low-need youths in correctional programs may actually increase their chances of re-offending. Our best preventive strategy may be to restrain the use of the youth justice system, to do less criminal justice processing not more, and to let parents and community resources outside of the justice system deal with the young person. We know that a small group of young offenders persist in their criminal behaviour into adulthood. (Centre for Research on Youth at Risk (n.d.). *Risk Factors: Fact Sheet*. New Brunswick: Author).

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