



REGIONAL CATHOLIC PARENT INVOLVEMENT COMMITTEE MEETING
Wednesday, April 27th, 2022 – 7:00 p.m.
Virtual Microsoft Teams Meeting

Present: Robert De Rubeis (Superintendent of Education), Marcia DeDominicis (Principal Lead), Razak Aziz, Samantha Berwick, Kim Doyle, Heather Graham (Principal, St. Joseph's), Rebecca Johnson, Peter Marchand (Principal, Our Lady of Providence), Sara McIntosh, Daniel Pace (Principal, Madonna Della Libra), Heidi Pasztor (Principal, Our Lady of Fatima), Jennifer Rudyk (Principal, St. Pius X), Bryan Spencer, Melodie Spencer (Co-Chair), Ela Stypa Jones, April Taylor, Marie Teskey (Co-Chair), Jeff VanLeuvenhage, Dianne Wdowczyk, Tim Weiler

Guest: Dr. Tara Bruno, Associate Professor, King's University College

1. Opening Prayer / Land Acknowledgement

Marcia DeDominicis, RCPIC Principal Lead and Principal of Christ the King in Brantford, led the group in the opening prayer and provided the land acknowledgement by recognizing the Indigenous land on which we gather.

2. Welcome and Opening Comments

Superintendent De Rubeis welcomed all attendees to the meeting. He briefly introduced the special guest presenter Dr. Tara Bruno and her presentation on youth substance use, its patterns, problems, and understanding.

3. Approval of Agenda – April 27, 2022

Moved by: Rebecca Johnson

Seconded by: Marie Teskey

THAT the RCPIC approves the agenda of the April 27, 2022, meeting.

Carried

4. Declaration of Interest - Nil

5. Approval of the Minutes – February 23, 2022

Moved by: Marie Teskey

Seconded by: Marica DeDominicis

THAT the RCPIC approves the minutes of the February 23, 2022, meeting.

Carried

Next meeting dates, time, location: May 25th, 2022 @7:00p.m., Virtual Teams Meeting



6. Update from the Co-Chairs

RCPIC Co-Chairs Marie Teskey & Melodie Spencer welcomed the attendees to the meeting and thanked the guest speaker for joining the meeting. There is a new RCPIC_Chair@bhncdsb.ca email that parent council chairs can use to bring forward questions, concerns or ideas for meeting topics and future guest speakers. The email is available on the website and will be shared with parent council chairs.

7. OAPCE Update

No report.

8. Youth Substance Use Presentation – Patterns, Problems and Understanding

8.1 Dr. Tara Bruno, Associate Professor, King's University College

Superintendent De Rubeis introduced Dr. Tara Bruno to the attendees and provided a brief biography. Dr. Tara Bruno earned her PhD in the Collaborative Program in Addiction Studies and Sociology from the University of Toronto in 2012. She is currently an Associate Professor and Program Coordinator in the Department of Sociology at King's University College at Western University in London, where she teaches Introductory Sociology, and Youth in Conflict with the Law and Drugs in Society. Her research interests span several areas including drug policy, drugs in the media, drug education, individual drug experiences, family relations, and high-risk youth. Her current research focuses broadly on at-risk youth, substance use and mental health, and examining ways that young people are resilient to negative experiences and surroundings. She is particularly interested in better understanding how communities can support and encourage resilience in youth through empowerment and active engagement.

Dr. Tara Bruno began the presentation by asking what parents/youth allies think versus what youth think about substance use and misuse, and how much do parents/youth allies and youth actually know about substance use. General patterns of use are stabilizing and declining with only three significant increases in the past ten years (based on comprehensive surveys of students from grades 7 to 12 – OSDUHS Key Findings from 1999 to 2021). She noted that patterns and prevalence of use statistics will focus on results from 1999 to 2019 as the 2021 results are brief. Prevalence estimates will establish a general understanding of what we should be concerned about and what types of things we should be paying attention to.

Between 1999-2019 alcohol use in the past year has declined from 66% in 1999 to 42% in 2019, down to 32% in 2021. Binge drinking, defined as five or more drinks in one occasion, has declined from 28% in 1999 to 15% in 2019, down to 8% in 2021 (some declines can be related to COVID). Consumption of energy drinks has declined to 33% in 2019 and remained stable in 2021. Cannabis use has declined from 28% in 1999 to 22% in 2019, down to 17% in 2021 which is lower than the pre-legalization rates. Tobacco and cigarette use significantly declined 28% 1999 to 5% in 2019, down to 4% in 2021. There



are also significant declines in the use of ecstasy, cocaine, crack cocaine, methamphetamines, heroine, and fentanyl.

Prescription drugs, vaping and opioid use has increased – prescription drugs for ADHD, often consumed by post secondary students, increased by 2.7% from 1% in 2007. Vaping and e-pen, including the use of cannabis and nicotine, use increased to 23% from 12% in 2019, then declined to 15% in 2021. The nominal use of opioids was 21% in 2007 which declined to 11% in 2019 but has since increased to 13% in 2021.

Dr. Tara Bruno noted that the key message is not to panic, that substance use has declined from patterns of the past, and that what is seen in the media is not typical of patterns of substance use by larger student populations. Parents must focus on certain concerns, specifically the top five substances for youth grades 7-12 from OSDUHS used in 2021: Alcohol 32%, Energy Drinks 33%, Cannabis 17%, E-cigarettes 15%, and non-medical prescription use 13% (including cough/cold medicine, tranquilizers, stimulants that can be found in the home). These substances are widespread, readily available, and perceived to have a lack of harm.

There are four classifications of the effects of substance use: stimulants (pick me ups ie. caffeine, nicotine, cocaine, prescriptions, methamphetamines), depressants (calm me down ie. alcohol, opioids, barbiturates, sedatives, tranquilizers, inhalants), hallucinogens (psychotic affects ie. LSD, psilocybin, peyote, mescaline, ketamine), and overlapping classifications (ie. cannabis, ecstasy). Mixing of stimulants and depressants can be dangerous as the body is being asked to do two opposing things. A lot of studies are being conducted on hallucinogens as many religious groups use them. Study participants who use hallucinogens explain their effects as mind expanding, instead of psychotic. Hallucinogens are not used habitually but on occasion/sporadically to distort sensory perception. Cannabis is difficult to classify as the different strains have varied effects. Ecstasy is also difficult to classify as it has both stimulating and hallucinogenic effects. From a parent or youth ally standpoint, it is important to understand how one would behave under the influence of certain substances.

The continuum of use starts from:

1. no use - which is an unrealistic expectation for youth and may not always be the case. 42% of Ontario students in 2021 reported no substance use
2. beneficial use – when substance use is continuous that aids in one’s positive health, spiritual or social impacts (non-problematic use)
3. experimental use – often have negligible or minimal health or social effects (important to talk about reducing the risk of harm when substance use occurs)
4. recreational/irregular use – same as above
5. regular/heavy use – problematic use can be associated with use by a minor, impaired driving or binge drinking with significant or acute health implications
6. substance use disorder – individual would meet diagnostic criteria set out by DSM in a clinically diagnosed state diagnosed by a professional



Different approaches and responses are necessary for different types or levels of use for different people. We cannot assume that everything can be responded to in the same way ie. discovering alcohol use for the first time versus continuous opioid use.

Youth have stated that they use or have tried a particular substance for the following reasons: leisure/pleasure, curiosity/boredom/experimentation, conformity, coping/medical use, or availability/opportunity. More free time, participation in a common activity, certain peer groups, coping amidst chaos, stress, pain, anxiety, fitting in with friends or family, wanting to feel good, and the disconnection felt from COVID are all reasons for substance use. It was noted that first experiences with substance use by younger youth often occur at home or a friend's house without parental consent.

It is important to try to delay the onset of substance abuse as long as possible to reduce harm as we must accept that substance use may occur. Parents and youth allies must be educated about substance use and are encouraged to provide support by communicating and being there for youth. The younger that someone starts substance use, the more likely they are to experience problematic effects and use habitually. Important to provide as much education and support as early as possible to even the highest risk youth, especially in high school years, as substance use before the age of 25 can be problematic for the developing brain. Important to note that regulated substances can be consumed as early as the age of 19 in Ontario. Delaying the onset of substance use and reducing harms related to substance abuse can be influenced on an individual-level, through socio-demographics, routines/activities, peers, schools/teachers, and family. It is important to teach youth about moderation, harm reduction, irreversible effects to the brain, and model safe and responsible use as adults. Youth can develop resilience to the influences of substance use with proper resources and supports, for example via prosocial activities and positive peer groups, often guided by caring and responsible adults.

Family dynamic is an important factor to set boundaries and learn about substance use and its risks. Parenting styles, attachment and role modelling have significant influences on a young person's ability to become independent and confident in making healthy and less harmful decisions related to substance use and potential misuse. Parent experiences with substance use or misuse with healthy attachment and caring for our children and youth is extremely important for youth development and their ability to be resilient to negative life circumstances.

Reducing harm also means reducing stigma (self-stigma, anticipated stigma, social stigma, structural stigma, secondary stigma) which can look like negative perceptions of oneself, fear of being judged, society making moralistic or negative judgements, the creation of government or institutional policies, or stigma based on association with a substance user. Stigma in its many forms may prevent people from reaching out and receiving help and support. We must provide opportunities for unbiased, evidence-based education and support, make meaningful connections with youth in the community, recognise the role that we play in both encouraging and preventing harmful substance use among youth, and give young people reasons not to engage in risky substance use and accept and support those who make decisions to use.



Talking with youth in meaningful ways can include explaining why rules exist rather than just saying don't do it, don't panic and don't ignore, listen more and talk less, and help youth explore substance use evidence, including the effects, the potential benefits, the risks, and the meanings behind their own and their peers' use.

The following resources were reviewed in the presentation:

- **Centre for Addiction & Mental Health** (evidence-based resources as well as free online courses adults can take including *Addiction 101*, *Youth and Mental Health 101*, *Empowering families affected by substance use*)
- **Canadian Centre on Substance Use and Addiction** (free resources and up-to-date research)
- **Canadian Students for Sensible Drug Policy - Sensible Cannabis Education: A Toolkit for Educating Youth**
- **Canadian Institute for Substance Use Research** (search iMinds for resources by grade level)
- **Cannabis & Mental Health** (There is a mentor guide PLUS a 90-minute online course developed by and for youth available at <https://cannabisandmentalhealth.ca/course/>)

Local resources:

Brant:

<https://www.st-leonards.com/admh>

<https://woodview.ca/>

Haldimand Norfolk

<https://www.camhs.ca/programs/addiction-program/>

<http://www.hnreach.on.ca/>

Six Nations Health Services

<http://www.snhs.ca/AddictionServices.htm>

Six Nations of the Grand River Child and Family Services

<http://www.sixnations.ca/cfsAdmin.htm>

A brief question and answer period took place related to substance use in relation to a decline in youth mental health due to COVID. Possibility that declines in substance use are linked to increase in social media use, and possibility the rise in eating disorders, as coping strategies, and the need for dopamine. Dr. Tara Bruno noted that there is a small percentage of youth with connections to mental health and substance use. Strategies include providing supports and making meaningful connections for youth, even if they do not want to connect, and to keep asking questions and checking in. It was noted that approaching substance use education does not differ between boys and girls, but it is important to note that boys are larger risk takers and have higher substance use statistics. Dr. Tara Bruno noted that energy drinks are of concern as they are not regulated and have not been studied at length as emergency room visits by youth is increasing due to negative heart and anxiety effects.

Next meeting dates, time, location: May 25th, 2022 @7:00p.m., Virtual Teams Meeting



9. Closing Remarks/Adjournment

Marcia DeDominicis thanked Dr. Tara Bruno for her inspiring presentation and for her strategies to create meaningful connections with youth and having conversations about substance use. Dr. Tara Bruno spoke briefly about her book *Drug Paradox*.

The meeting adjourned at 8:40 p.m.