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Canadian Standards for **Community-based**
Youth Substance Abuse Prevention



A component of a Drug Prevention Strategy for Canada's **youth**

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**Canadian Standards for Community-based Youth
Substance Abuse Prevention**



Canadian Centre on Substance Abuse

Executive summary

The *Canadian Standards for Community-based Youth Substance Abuse Prevention* are part of *A Drug Prevention Strategy for Canada's Youth*, a five-year Strategy launched by the Canadian Centre on Substance Abuse (CCSA) in 2007 aimed at reducing drug use among Canadian youth aged 10–24. The Strategy is a response to a call-to-action towards reducing substance abuse among Canada's children and youth—a national priority identified by the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005).

The development of *A Drug Prevention Strategy for Canada's Youth* was informed by promising research that indicates that prevention efforts are most effective when multifaceted (i.e., when media messages are used in tandem with prevention programs involving schools, communities and families) and sustained over time. As a result, the Strategy uses three complementary approaches to reinforce and multiply each approach's impact while delivering specific results:

1. Forming and maintaining Sustainable Partnerships (e.g., National Advisory Group on Youth Substance Abuse Prevention – YSAP)
2. Developing Canadian Prevention Standards.
3. Building and sustaining a Media/Youth Consortium (e.g., www.Xperiment.ca, URL-TV)

These Standards have been prepared to support the prevention efforts of all those considering or currently engaged in community-based prevention work. Communities play a key role in preventing substance abuse and promoting the health of community members. How various members of the community go about their business can affect youth health—either promoting or hindering it. Youth substance abuse prevention is a long-term process, but the potential

rewards are great: fewer substance use problems occur among local youth, more youth experience positive development and quality of life in the community improves.

The Standards aim to support community prevention workers by providing them with:

- a benchmark of optimal performance for school teams;
- support and guidance to pursue continuous improvements; and
- practical resources and examples to support change.

These are standards of excellence that strive towards optimal substance abuse prevention initiatives in communities. This destination may be reached by building upon existing strengths within the community and current prevention initiatives. To begin this journey, the Standards serve as a roadmap to help communities reflect on where they are now, where they wish to go and what areas of program development will prove beneficial in their prevention efforts.

The Standards are divided into four sections. The first section provides an introduction to the Standards initiative and highlights the importance of addressing youth substance abuse in the community. The second section outlines the guiding concepts that form the foundation of the Standards and details each of the 18 Standards. The third section provides a workbook with options for a 20-minute self-assessment, an in-depth self-assessment or an external review by a National Review Panel to further strengthen an initiative. Additionally, the third section provides further information regarding how to build a logic model and further elaborates on monitoring and evaluation. Lastly, the fourth section includes appendices that contain further information on risk and protective factors, the theoretical framework for the Standards and the methods used in the development of the Standards. The Standards are

based on the principle of continuous improvement and will be reviewed and updated on a regular basis, based on evidence and feedback from those who have implemented them.

The Standards address the life cycle of an initiative, which is divided across five phases:

- Assess the situation.
- Organize the team and build capacity.
- Plan a logical and sustainable initiative.
- Coordinate and implement evidence-based activities.
- Evaluate and revise the initiative accordingly.

Depending on where an initiative is in its life cycle and the time and resources available, it may be more practical for some communities to begin by reading and addressing the Standards in the phase most relevant to their recent work or to focus on the area they feel requires most improvement, rather than tackling all of the Standards across the five phases within a short period of time.

The Standards are a tool and, as such, may be used in ways beyond those suggested here. Implementation of the Standards must be made specific to the local circumstances of each community, which requires insight into local realities and professional judgement on the direction of one's initiative. The Community-Based Standards are a national resource designed to empower delivery of effective prevention initiatives within communities and to assist communities to enhance, monitor and evaluate their efforts on an ongoing basis. ■

Preamble: Community-based Standards

Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention is part of a portfolio of national standards and guidelines prepared under the leadership of the Canadian Centre on Substance Abuse (CCSA). CCSA is an organization working to reduce alcohol- and drug-related harm and has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms. CCSA receives funding support from Health Canada.

These Canadian Standards were developed by a Canadian Standards Task Force: Community- and Family-based Standards with representation from CCSA, partners and other experts:

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CCSA would like to acknowledge Gary Roberts's contributions to the literature reviews and drafting of this document. ■

CCSA's Portfolio of Canadian Standards for Youth Substance Abuse Prevention

These *Canadian Standards for Community-based Youth Substance Abuse Prevention* is part of CCSA's Portfolio of Canadian Standards for Youth Substance Abuse Prevention, developed to help advance youth-oriented drug prevention programs in Canada. When communities approach the prevention of substance abuse as a “whole community” responsibility—that is, through coordinated efforts in a number of settings—they are more likely to be effective.

CCSA's Standards Portfolio features resources specific to various settings with the aim of strengthening the quality of youth-focused substance abuse prevention initiatives in Canada. To support these efforts and assist in its application, the Standards Portfolio is supported by two databases: a [Database of Prevention Resources](#)* to aid in the understanding and implementation of the Standards, and a [Database of Canadian Prevention Initiatives](#)** for those looking for examples of initiatives that have been assessed against the Standards.

These *Canadian Standards for Community-based Youth Substance Abuse Prevention* were prepared by the Canadian Community-based Standards Task Force, CCSA and partners, and advise community-based teams how to bring together initiatives in various settings (e.g., family, recreational, media, post-secondary institutions, workplaces, bars and nightclubs) into a coherent whole and how to link with school-based efforts. Activities in communities and schools may not always need to be coordinated, but they should at least be consistent with each other. Thus, the *School-based* and *Community-based Standards* are companions, encouraging school- and community-based teams to plan consistent efforts and to connect with each other as needed.

The *Canadian Standards for School-based Youth Substance Abuse Prevention* were prepared by a Canadian Standards Task Force, CCSA and partners, and call on school-based teams to implement a comprehensive approach to prevention that includes attention to the school's social and physical environments, teaching and learning, healthy school policy and links with community initiatives.

The School-based and Community-based Standards call on groups or teams to strengthen their work by aiming towards long-term, comprehensive initiatives within their respective spheres. Thus, the School-based Standards and the Community-based Standards are companions, encouraging school- and community-based teams to strive towards coordinated, broader efforts that are interconnected. ■

* <http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx>

** <http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPrevInitiatives.aspx>

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**Canadian Standards for Community-based Youth
Substance Abuse Prevention**

**Section One:
INTRODUCTION**



Canadian Centre on Substance Abuse

SECTION ONE: INTRODUCTION

1. COMMUNITIES AND YOUTH SUBSTANCE ABUSE

A. WHY IT'S IMPORTANT THAT COMMUNITIES ADDRESS YOUTH SUBSTANCE ABUSE

The issue

The use of alcohol, medication, tobacco and other drugs is so interwoven into our lives, communities and economies that we can lose sight of the harms linked to various patterns of use.¹ Concerted attention must be paid to preventing substance abuse among young people—and for good reason. It's during adolescence when most substance use begins, and it can interfere with important developmental changes (physical, cognitive, emotional and social) that take place throughout this period. Young people tend to use substances in more hazardous ways than older people, and this can result in immediate harms and set lifelong harmful patterns. The earlier a young person engages in regular substance use, the more likely that both immediate and later harm will occur.²

It's during adolescence when most substance use begins, and it can interfere with important developmental changes (physical, cognitive, emotional and social) that take place throughout this period.

Problems that may arise immediately from use: In many cases, substance use occurs without adverse consequences, but even a single substance-use experience can result in serious problems such as injury, overdose, arrest, argument, sexual assault, fighting and vandalism. Immediate problems are more likely to occur with heavy use (e.g., bingeing) and with particularly hazardous ways of using (e.g., mixing substances; using in association with sexual activity, driving or by injection).

Problems that may arise from longer-term use: Frequent, ongoing use of alcohol or other drugs over a long period can result in a number of personal, community and societal consequences. Personal harms may be subtle, contributing to a lack of direction or not fulfilling one's potential. But they can also be severe and include mental health problems, damage to the brain and a number of other organs, deteriorating family relations, poorer performance in school or work, unwanted and unprotected sexual activity, violence, trouble with authorities, fetal damage from use of alcohol or other substances during pregnancy, and greatly increased risk for bloodborne infections (e.g., HIV, Hepatitis B/C) associated with injection drug use.

¹ This document uses the term 'substance abuse' to refer to any substance use that is hazardous and may result in 'substance use problems'.

Youthful substance use and various harms that arise from it are sometimes passed off by Canadians as part of growing up. But death, injury, unprotected sexual activity and diminished potential should not be accepted as part of becoming an adult.

The opportunity

Various authorities and levels of government certainly share responsibility for preventing substance abuse and promoting the health of Canadians, but communities clearly have a key role. After all, people live in communities: we work and attend schools and community events, play sports and use local recreational facilities, shop in local stores, patronize restaurants, bars and other businesses, and participate in spiritual and cultural activities—and this is where the problems that arise from substance abuse are keenly felt.

Within our communities, we often look to schools to shoulder a large responsibility for preventing substance abuse among youth, but other sectors of a community must share this responsibility. While schools have significant opportunities to influence factors that promote youth development—or on the other hand, that may contribute to substance abuse—many other factors fall largely outside of school boundaries (e.g., various family factors, media influences, availability of various substances, access to alternative activities, community attitudes and cultural values) and need to be addressed by others. Moreover, many of the immediate harms are of concern to the general community (e.g., vehicle crashes, vandalism), as are longer-term harms (e.g., family, legal, occupational problems).

Perhaps the most compelling argument for shared responsibility is that evidence-based prevention efforts are most likely to have a positive effect when they occur in multiple settings across a community and its schools, and when they are linked or integrated.³ Positive outcomes for youth are most likely when school-based prevention teams bundle several measures (i.e., attention to the school's environment,

How various members of the community go about their business can affect youth health—either promoting or hindering it.

the curriculum, targeted populations and connections with parents) and link with community-based teams that integrate initiatives in other settings (e.g., family, recreational, media, post-secondary institutions, workplaces, bars and nightclubs) into a consistent or coherent whole.ⁱⁱ

How various members of the community go about their business can affect youth health—either promoting or hindering it. Youth substance abuse prevention is a long-term process, but wherever a community-based team begins its work, the potential rewards are great: fewer substance use problems occur among local youth, more youth experience positive development and quality of life in the community improves.

B. THE VALUE OF STANDARDS PERTAINING TO COMMUNITY-BASED PREVENTION

The potential rewards of community-based prevention activity are enormous, but preventing youth substance abuse isn't easy. Research shows community-based initiativesⁱⁱⁱ can work but in real-world situations often *don't* work.^{4 5 6 7 8} The reasons why this is so are not completely clear, but research and practice suggest two possibilities:

1. **Mounting a community-based prevention initiative is not a trivial undertaking:** Substance use issues are complex, influenced by legislation, policy, media, corporate interests, societal structures and community values. Merging diverse perspectives on these issues into a coherent action plan is challenging. At the same time, substance use can arouse strong feelings, moral views and, at times, simplistic thinking. Prevention takes time, but the voluntary nature of community-based initiatives can make it challenging to maintain focus and momentum.

There is undoubtedly an 'art' to community action that calls for community insight and professional judgment that cannot be captured in any set of standards. Nor can standards impart the positive energy and spirit that can make all the difference when people work together on any initiative. However, standards can offer a roadmap to guide planning, implementation and evaluation. They can help teams avoid ineffective strategies, prompt

ⁱⁱ The term 'team' is used in these Standards to refer to school or community groups that bring together diverse representatives to take preventative action on local youth substance abuse issues.

ⁱⁱⁱ In these Standards, the term 'initiative' is used instead of 'program' or 'project' to reflect that best results occur when prevention is infused into community processes rather than implemented as a separate, time-limited add-on.

them to consider steps and approaches shown to be effective and increase a team's confidence to navigate the challenges inherent in community-based prevention.

There is no single destination when it comes to community-based prevention—each community will define its priorities and aims in its own way. In one sense, the journey or process of taking action is what is important, and whatever the circumstances, a community will likely benefit from—and be further strengthened by—evidence-based action on this issue by its residents. In another sense, results are important. Only by monitoring efforts

In one sense, the journey or process of taking action is what is important, and whatever the circumstances, a community will likely benefit from—and be further strengthened by—evidence-based action on this issue by its residents.

to keep the initiative on track and evaluating activities to see if they work will a team know for sure whether its efforts are worthwhile. Standards can guide a team's process, increase the likelihood that it reaches its destination and help the team demonstrate success.

2. **Community-based teams often do not use all the tools at their disposal:** Too often, community-based teams or coalitions overlook the most powerful tool at their disposal—young people themselves. Initiatives that 'target' youth or are 'directed to' youth, rather than 'partnering with' youth will likely have a muted effect. Committing to partner with youth is not necessarily the easiest route for a team to take, but it's undoubtedly more likely to be a dynamic and effective initiative. It is this point that adult team members must come to fully appreciate—encouraging participation, leadership and decision-making among youth partners isn't just good for the youth themselves (although it certainly is), it's vitally important for the outcome of the initiative. Even well-intentioned and well-informed adults are not likely to have sufficient insight and awareness of young

people's experiences to develop appropriate strategies and activities.

A 'blueprint' for planning and implementing an initiative that features youth participation isn't as useful as a firm belief that the youth members have the capacity to be agents of change in their community, and a genuine willingness on the part of adult team members to allow youth members the opportunity to find ways of participating that work best in their particular circumstances.⁹

A second potentially powerful tool that teams often overlook is policy measures. Substance use patterns do not happen in a void. The various environments in which young people spend time have a significant influence on them, and a 'social ecological' theoretic framework that accounts for factors in various spheres of influence (i.e., personal, family, school, social, community and societal) helps guide understanding and action.^{10 11 12} Today's young people are growing up in a world that tolerates and promotes many forms of substance use (medical and non-medical, legal and illegal) and some youth environments are largely beyond the direct purview of communities (e.g., the Internet, popular culture). Moreover, broad sociocultural factors such as employment, income levels and how monetary wealth is distributed in a jurisdiction have an important role in determining health and substance use patterns.¹³ But local groups, working with all the tools at their disposal, can shift local environments (family, social, recreational, etc.) to provide a buffer from these broader influences and improve community and youth health.

These Standards are based on the premise that the decisions and behaviours of young people cannot be considered separately from the various contexts in which they occur. An ecological view of the factors at play in the lives of young people calls for a 'systems' response by the whole community. Viewing the community as a system reflecting a particular social, political and cultural environment means working within that environmental context to modify aspects of the system that contribute to youth substance use, and strengthening those that promote youth health and development. Hence, community-based initiatives need to partner with young people and address the policy environments in which youth live, work, study and play.^{14 15 16 17}

Canadians have much to learn when it comes to working with young people to promote their health and prevent substance abuse at the community level. When teams approach their work according to these Standards, they will reap their own rewards; when they share their experiences, they will also help build knowledge on how best to approach this crucial work.

C. DEFINING COMMUNITY-BASED YOUTH SUBSTANCE ABUSE PREVENTION

While the term ‘community’ may refer to a population with presumed common interests (as in the business, gay or sport communities), for the purpose of these Standards, community refers to a population sharing geographic proximity (e.g., rural region, municipality, neighbourhood).¹⁸

A number of different terms have been used to refer to community-based health promotion or prevention activity occurring at a local level, and commonly accepted definitions don’t exist. For example, ‘community-based’, ‘comprehensive community’, ‘community coalition’, ‘community consortium’ and ‘collaborative partnerships’ have all been used to refer to interventions with similar characteristics. These may share various qualities but may also differ in how community- vs. agency-driven they might be, how open-ended vs. explicit their aims are, and whether they focus on a single problem or multiple issues.

To avoid confusion with existing terms, the [Community Standards Task Force](#) has adopted the term ‘team’ to identify a community-based body taking action on this issue. The Task Force defines a community-based substance abuse prevention team as “a group representing diverse interests in a community that organizes itself sufficiently to plan, coordinate, and possibly implement multiple prevention initiatives across multiple settings” (Merzel & D’Afflitti, 2003;¹⁹ Wandersman & Florin, 2003;²⁰ Holder, 2000²¹).

Most communities already have substance abuse prevention activities in place, usually administered by various individual agencies or organizations. Implicit in the Task Force’s definition is that the initiative is not the effort of a single institution; representation from various parts of the community is needed, with particular attention paid to diverse and marginalized groups. Also implied is that the work is characterized by active local citizen participation and bottom-up planning and decision making.

Treatment services (i.e., formal services offering help for problems associated with substance use) are not considered a mandate of a community-based substance abuse prevention team,²² but the team may link with treatment agencies to ensure a seamless continuum of services. In some communities, treatment agencies are involved in prevention and may play a key role in a community-based prevention initiative.

A team may form specifically for this purpose, or an existing group may include this issue in its mandate. For example, a broad-based drug strategy, community safety or health promotion committee may establish a youth substance abuse prevention subcommittee or team. Significant efficiencies can be gained in undertaking substance abuse prevention within a larger framework; however, if a youth substance abuse strategy is framed within a larger strategy, a team may need to guard against the youth substance abuse strategy being lost within that larger strategy (e.g., ensuring that youth substance abuse prevention objectives are monitored and evaluated). Aside from young people themselves (e.g., representing youth councils, youth agencies and other youth interests) and their parents (through parent councils or advisory committees) who need to play a prominent role on a team, groups or parts of the community that may legitimately see this issue as within their mandate and choose to lead or be part of such a team are varied and may include:

- rural and municipal councils, regional authorities;
- community health, safety or law enforcement committees;
- recreation associations, arts groups and sports leagues;
- social justice and community development committees;
- family/youth service agencies, charitable, cultural and faith-based groups; and
- employee and business associations.

Because every community differs, no ideal make-up exists for a community-based team. But teams will benefit from:

- linking with local school-based initiatives (for example, by including representation from school staff, parent and student councils);
- working hard to engage and meaningfully involve all parts of the youth community, including those less involved in school and other community activities;

- paid coordinating staff, although these teams may be volunteer-driven; and
- having ready access to expertise on youth and substance use prevention issues.

The social ecological theoretic framework discussed earlier and upon which these Standards are based sees the child or youth in the centre of ever-widening spheres of influence (e.g., individual, family, school, social, community and societal factors) affecting substance use and well-being,^{23,24} and calls for a ‘systems’ response by various settings in the community.^{25,26}

In a systems approach, communities are called to work within and across the spheres of influence and settings to cultivate an overall environment that contributes to youth health and the prevention of substance use problems. “Settings” refers to various parts of a community that may promote or hinder youth health, including families, schools, local government, local media, youth sport and recreational bodies, post-secondary institutions, places of worship, bars, restaurants, and other local businesses and workplaces. Ultimately, prevention needs to occur “wherever people are”, which may require teams to reach out to non-traditional settings such as shopping malls and housing developments. In a systems approach, these various settings are more than catchment areas for prevention activities; they are best seen as forming a dynamic ecology or system in which activity in one setting can affect and be affected by activity in another (that is, they can reinforce each other’s efforts or work at cross-purposes).²⁷

Ultimately, prevention needs to occur “wherever people are”, which may require teams to reach out to non-traditional settings such as shopping malls and housing developments.

According to the Community Standards Task Force’s definition, a team has two basic functions:

1. To *organize* itself for action.
2. To *implement* the actions.

The Task Force sees three key areas of action:

1. *Strengthen the quality* of current youth substance abuse prevention initiatives.

2. *Improve coordination* among current youth substance abuse prevention initiatives.
3. Facilitate *filling of gaps* in current activity.

1. Strengthening the quality of existing programming:

Community-based prevention teams may agree to focus on strengthening existing prevention services, programs or activities. This may be achieved by conducting joint training on best practices and guiding principles for prevention and on quality improvement cycles of programming, resulting in better use of existing resources.

2. Improving consistency and coordination: Increasing consistency and coordination between prevention activities and programs is often useful, since programs tend to be developed and funded in an ad hoc manner. An important starting point is to define a common framework or language as well as a perspective on the nature of substance use problems, which can otherwise sidetrack groups. The benefits of doing so include more consistent aims and messages among those in contact with youth, better use of existing resources, and the increased potential that comes from various sectors working collaboratively toward the same goal.

3. Filling gaps in current activity: Gaps may be filled by the team itself or it may be preferable for the team to facilitate others to fill them. Gaps may be filled by two kinds of prevention initiatives:²⁸

- a) **Program-based initiatives:** These are projects, services or activities that aim to provide broad, growth-promoting activities and experiences for children and young people, or that more specifically aim to increase relevant knowledge, life skills and insights to avoid substance use problems, and to assist children and youth to help others avoid problems.
- b) **Policy-based initiatives:** A policy is any established process, priority or structure that is purposefully sustained over time.²⁹ Policies may be of three types: *substance-based*, pertaining to the way a substance is sold, marketed and controlled, including attention to workplace and bar policies and policing approaches; *child/youth development-based*, including attention to rules governing sports leagues and procedures followed by child and youth agencies; and *policy-based*, including broad

economic and social policies that affect people's access to the determinants of health.^{30 31} The net effect of all of these approaches can be either health-promoting or health-hindering for young people. A systems approach to community-based prevention seeks to shift these processes in a health-promoting direction.

Strengthening the quality of current programs and linkages between them before embarking on new activity is logical, but local considerations may dictate another route. One must bear in mind that the view of community-based prevention presented here is an ideal based on research. In any context prevention takes time; wherever a team commences its work (e.g., three concerned parents organizing a single initiative in a single setting) is a worthy place to begin and build upon. ■

Wherever a team commences its work (e.g., three concerned parents organizing an initiative in a single setting) is a worthy place to begin and build upon.

2. HOW TO USE THIS RESOURCE

While these Community-based Standards can be used by anyone who can work with and apply the information presented here, they are intended particularly for those in a position to be a ‘prevention resource person’—individuals with the expertise and mandate to help community groups take action to prevent substance abuse among youth, possibly within a broader job description.^{iv}

These Standards assume that prevention resource persons can serve either as members or as advisors for community groups, and that among other possible roles, the prevention resource person will share prevention knowledge with the team in a way that fits with particular circumstances (e.g., through coaching, consultation, training or the normal course of program development and implementation). The Standards support these professionals in their work with community groups by providing them with:

- a benchmark of optimum community-based prevention activity; and
- guidance and tools to pursue improvements in their group’s work.

The Standards are research-based and the [Task Force](#) holds that the more fully a community group achieves these Standards, the more likely its efforts will be effective. Nevertheless, numerous decisions must be made on the basis of local circumstances and realities; thus, the Standards need to be applied with professional judgment and community insight. They can be seen as a roadmap to guide action and help groups reflect on where they are and wish to go. The Standards point to an ideal approach that

Effective, high-quality community-based prevention work is most likely to arise from a social and political environment that views this work as an integral part of the continuum of health activity in a region or municipality.

may be difficult to fully attain, but it’s important for groups to understand that any initiative that brings individuals together to pursue prevention aims is a worthy starting point.

It’s also important to recognize that effective, high-quality community-based prevention work is most likely to arise from a social and political environment that views this work as an integral part of the continuum of health activity in a region or municipality—one that has the potential to improve lives and communities and to reduce the various health, social, criminal justice and lost productivity costs associated with substance use.

The Standards pertain to implemented initiatives rather than the program manuals or guides on which initiatives may be based. They are addressed particularly to prevention resource persons in their capacity as members or advisors for community teams. This resource provides a [workbook \(Section Three\)](#) with three options for strengthening a team’s work:

Level 1 — 20-minute reflection: The checklist on page 73 will help teams quickly assess the strength of their community-based prevention initiative and identify areas of activity that warrant a more in-depth review.

Level 2 — In-depth review: This more thorough self-assessment (p. 75) will indicate where a team is doing well, and where it can further tailor and strengthen its initiative. Through this review, prevention resource persons—ideally working with other team members—may review a particular phase of work or a full prevention initiative to identify strengths and areas to improve.

Level 3 — Review by a national review panel: After the team has prepared the necessary documentation, it is invited to submit the materials to the National Panel on Community-based Substance Abuse Prevention Standards for guidance and to learn how fully the initiative meets the evidence-informed Standards. It may take more resources than a community team has available to assess all its work in a single assessment, in which case teams are encouraged to assess a particular phase of work and, if they wish, submit it to the national review panel.

The Standards are a tool and, as such, may be used in ways beyond those suggested here. They are not, of course, a ‘silver bullet’. Numerous decisions need to be made on the basis of

^{iv} The delivery of prevention services varies across the country. No defined ‘prevention worker’ or ‘professional’ designation or training path exists for individuals whose work is the prevention of substance use problems. Nevertheless, these Standards are best interpreted by those whose job descriptions include the prevention of substance use problems and who have a mix of training and experience in addictions, prevention, public health, population health and/or health promotion. Other individuals such as child, youth and family workers; health workers; social workers; community development workers; police; and school personnel have much to contribute to a prevention group’s work and may also have an interest in these Standards.

local circumstances; thus, the Standards need to be applied with professional judgment and insight into local realities. ■

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**Canadian Standards for Community-based Youth
Substance Abuse Prevention**

**Section Two:
COMMUNITY STANDARDS**



Canadian Centre on Substance Abuse

SECTION TWO: COMMUNITY STANDARDS



1. GUIDING PRINCIPLES

Several concepts are foundational and are best considered across the Standards and in all aspects of community-based substance abuse prevention work.

A. THE LINK BETWEEN PREVENTION OPTIONS AND COMMUNITY CAPACITY OR READINESS[▼]

Canada is a diverse country. Its communities reflect that diversity, and include rural, remote, small-town, exurban, suburban, and dense urban neighbourhoods with a range of ethnoracial mixes. Some of our communities are economically strong, some aren't; some are stable, while others are going through significant transitions; some possess a positive community climate, others struggle in that area; some have a history of community-improvement activism, and others have no experience of that sort. These general factors affect a community's readiness and capacity to generally promote the health and well-being of its citizens with respect to any number of issues.^{32,33}

Each community possesses its own unique strengths and limitations in relation to a range of factors.

Each community also possesses its own unique strengths and limitations in relation to various substance-specific factors, such as: availability and quality of leadership on this or related issues; history of public engagement on this issue; nature of past prevention efforts; attitudes towards substance use and substance use problems; general knowledge of factors associated with substance use problems; and access to financial resources and expertise on the issue.

A reasonable fit is necessary between a community's level of readiness and the type of prevention initiative implemented—otherwise the initiative will not be supported by the community.³⁴ For instance, if binge drinking is prevalent among local youth but widely tolerated, it may be difficult to mount a significant prevention effort in the community (e.g., one that requires engagement of various parties, including the hospitality industry and local media). In such a case, teams may see the need to build community readiness by improving awareness of the prevalence and harms linked to youth binge drinking—not only among the general community but also among key influencers such as town councillors and local media. If in another instance lack of readiness is a function of having little or poor experience with collaborative or partnership-based activity in the community, the team may focus on building competency by organizing workshops on related topics (e.g., benefits of collaboration, how to resolve turf conflicts).

[▼] For these Standards, capacity or readiness describes the community's potential to take action likely to result in positive outcomes (Goodman et al., 1998).

Building readiness may be seen as an exercise in preparing the ground in the community before commencing with a prevention initiative.³⁵ In attending to this need, a team must not allow itself to lose focus or become sidetracked. An awareness-raising effort may be necessary to generate support for a prevention initiative, but it is not in itself ‘prevention’ because it is unlikely to result in changed substance use patterns among youth.³⁶ Community readiness is fluid and requires ongoing attention through the entire life cycle of an initiative. For example, readiness in the community may improve with an especially skilled and supportive municipal leader, or conversely can decline due to a turf conflict among community players. Community readiness to support an initiative is best nurtured by ongoing communication and engagement with the community throughout the duration of an initiative.

B. POSITIVE YOUTH DEVELOPMENT AND RESILIENCY

A positive youth development or ‘strengths-based’ approach contends that most people respond best to help that emphasizes and builds on one’s capabilities rather than focusing on deficits and limitations.^{37 38} Through this approach, young people are seen as active agents with inherent capabilities to be drawn out and strengthened rather than passive subjects with problems and deficiencies that need to be fixed.

Positive youth development approaches call for family, school and community efforts to build protective factors into the lives of all youth, and note that many children are not particularly burdened by risk factors and don’t experience significant problems but are still not fully prepared for adult life (that is, they may be coping but not thriving).^{39 40} Protective factors in the form of general *social and emotional capacities* (e.g., competence, self-confidence, connectedness, character, caring and compassion) and *environmental supports* (e.g., safe,

When all the main influences in the lives of children and youth actively and collaboratively promote positive development over the long term, positive outcomes are likely.

welcoming and non-punitive settings) that enhance well-being while serving to reduce the risk of a range of problems are emphasized over risk factors.

The most effective way to build these personal and environmental capacities is to engage young people as partners in community life as fully as possible. This means fostering environments in which youth are encouraged to become involved and assume increasing responsibility for their own lives and the lives of others.

A positive approach to building individual and system strengths in a community also promotes resiliency in young people. Resiliency is the ability to cope with adversity (e.g., adjusting to living in a new community). Everyone possesses some measure of resiliency, which can be strengthened with appropriate social support and positive environments.

When all the main influences in the lives of children and youth (e.g., parents, schools, out-of-school programs) actively and collaboratively promote positive development over the long term, positive outcomes are likely. A pattern is established in which children and adolescents receive support but also give back to their family, school and community. In this sense, this approach has benefits that extend beyond health promotion and prevention toward citizenship and democracy development.

C. DIVERSITY IN YOUTH POPULATIONS

In every Canadian community are young people with a variety of social and cultural backgrounds. When implementing prevention initiatives it’s important to be mindful of the diversity that exists across the community and to ask: How can we make what we do work for the full range of young people in our community?^{vi} Many individual differences exist among all young people—at risk or not. The ability of any child or adolescent to cope with challenges will be determined by the personal, family, school and community resources that can be brought to those challenges. In some senses, all young people, by virtue of the developmental changes they all undergo (e.g., the need to assert independence), and the various societal factors they all experience (e.g., the pace of social change), may be considered at-risk as a population.⁴¹ Evidence does suggest, however, that the following populations are at heightened risk for substance abuse and ill health.

^{vi} General options are to provide universal programs, taking pains to draw in those less likely to participate, or to target young people for particular programming. Care needs to be taken to avoid labelling or stereotyping those young people.

Aboriginal youth: Approximately 4% of Canadians identify themselves as ‘Aboriginal’, but within that designation is a diversity of histories and cultures.⁴² *Aboriginal peoples* is a collective term for all of the original peoples of Canada and their descendants.⁴³ While the term *Aboriginal* is used to describe First Nation, Métis, Inuit and non-status people, it is important to use terms identified by individuals, families, communities and nations within their own appropriate environmental context. One factor shared by many is the residential school system, which is linked to a number of other factors (e.g., lack of education, lack of employment opportunities, poverty, low self-esteem) that together present significant challenges for Aboriginal people—including youth. While a national picture is not available, provincial data indicate that substance use among Aboriginal youth is higher than among their non-Aboriginal counterparts.⁴⁴ Aboriginal youth are over-represented in the youth justice and child welfare systems.^{45 46 47 48}

Youth disengaged from school and community activities: Young people who are not engaged with school and don’t participate in community activities are more likely to experience mental health problems and engage in various health risk behaviours, including substance abuse. Canadian research has found that students with less connection to their school staff are more likely to use marijuana, to smoke, to be sexually active and to report depression.⁴⁹ On the other hand, even students who have been suspended or detained but perceive a connectedness with teachers are less likely to become involved in harmful substance use or other problem behaviours than counterparts who don’t have that sense.⁵⁰

Gay, lesbian, bisexual and transgender (GLBT) students: There are indications that GLBT youth need to be viewed as vulnerable to substance abuse, though caution is advised in generalizing findings over a broad cross-section of people estimated to represent 10% of the population. Reasons cited for increased risk among these young people relate to the added stresses of coping with their sexual identity, sharing their sexual orientation with family, friends and classmates, and general stigmatization.⁵¹ Some evidence does show that GLBT youth who do not face stigmatization (e.g., routine taunting) are at no greater risk of using substances or experiencing other social/health issues than their heterosexual counterparts.⁵²

New Canadian students: The proportion of ethnocultural groups in Canada has increased dramatically over the last few decades, with most recent immigrants arriving from Asia, Africa, the Middle East, and South and Central America (cultures with widely different views on substance-related issues). Young immigrants and refugees who remain engaged with their families and cultures can draw protection from those values; however, they may be vulnerable to substance use and mental health problems due to earlier trauma, economic and social disadvantages, isolation and discrimination. Substance use attitudes and practices vary widely between cultures, but there is some indication of generally poor knowledge of the harms linked to substance use among new Canadians. New Canadian parents tend to be less involved in health promotion and prevention programs due to language and cultural factors.⁵³

Youth with less access to the ‘social determinants of health’: A number of factors, such as unemployment, low income, and poor living and working conditions are among a number of “determinants of health” that are understood to have significant impact on health.⁵⁴ These determinants may be seen as resources for healthy living; many people in our society experience challenges in accessing these resources. Lower-income Canadians are not as likely as higher-income Canadians to rate their overall health as being strong.⁵⁵ That said, the relationship between substance use and social determinants is complex. For example, youth with weaker school attachment and youth with more disposable income are more likely to drink alcohol and smoke marijuana or tobacco.⁵⁶

Youth with mental health issues: It has been estimated that 15% of Canadian children and youth will experience challenges from mental illness. The most prevalent mental illnesses in this population are anxiety disorder, conduct disorder, attention-deficit hyperactivity disorder (ADHD) and depressive disorder.⁵⁷ These often emerge in childhood and later increase the risk that a young person may develop substance use problems. For example, an early pattern of aggressive behaviour, as found in cases of conduct disorder, places a child at risk for later problems including violence and substance abuse. Other mental health problems, such as bipolar disorder and schizophrenia, tend to develop during adolescence and young adulthood, at the same time that substance use problems tend to emerge.

Substance use and mental health problems often occur together in adolescence. Substance use may be an attempt to self-medicate—to manage moods and feelings (for example, some studies have found adolescents with ADHD symptoms are much more likely to smoke cigarettes);⁵⁸ however, substance use can worsen symptoms or they may trigger mental health issues in predisposed individuals (e.g., heavy cannabis use and schizophrenia). Some forms of substance use can lead to mental health issues (e.g., heavy long-term use of alcohol, heavy use of amphetamines and heavy cannabis use particularly among youth).

substance use.⁶⁴ Because girls tend to give greater priority to relationships than do boys, girls are more likely to judge school culture in favourable terms and express a stronger sense of school belonging and attachment.⁶⁵ ■

D. SEX AND GENDER DIFFERENCES

Much of the past research in this field has not accounted for sex and gender differences when investigating risk factors and effects linked to various kinds of substance use. The research that does exist has found important differences that need to be considered by prevention initiatives, as discussed below.⁶⁰

Sex and gender (a determinant of health) are important considerations in relation to substance use, both in terms of physiology (sex) and ‘cultural construction’ (gender, that is the roles and expectations societies assign to boys and girls, and the experience of ‘femaleness’ and ‘maleness’).

Girls and women have a lower threshold to the effects of alcohol. Given the same amount of alcohol as young men, young women will become more intoxicated, get intoxicated faster and stay intoxicated longer (worsened still by dieting).⁶¹ While the percentage of male and female students who have used various substances has converged and is similar in many cases, males tend to use more frequently and heavily. Nevertheless, young women tend to experience problems and dependence at about the same rate as young men,⁶² and women who use frequently over the long term tend to experience health effects sooner than men.⁶³

Certain protective and risk factors may hold equal importance for boys and girls (for example, social support, academic achievement, and poverty) but are expressed in different ways. Other risk factors tend to be more important for girls, such as negative self-image or self-esteem, weight concerns, early onset of puberty, higher levels of anxiety and depression, or boyfriend’s drug use. Similarly, certain protective factors, such as parental support and consistent discipline or self-control, tend to be more important for girls. Girls may be particularly vulnerable to the influence of peers, friends with problem behaviour, and peer or parental disapproval/approval of

2. THE STANDARDS

The 18 Standards in the right-hand column below provide a benchmark for community teams to aim toward with their youth substance abuse prevention activities. They also represent a planning and implementation cycle. The Standards have been organized according to five phases that can be used to guide a full design, implementation and evaluation process.

While each phase and Standard is important, and is presented in a particular order here, community prevention work is highly organic, so the cycle is best viewed as non-linear and flexible. For example, the optimum time to organize a group will vary and it may not occur where presented in these Standards, following the initial assessment and mobilization effort.

Considering all 18 Standards together may not be practical; it may be more valuable to limit a reflection or self-assessment to a recently completed phase. Teams may also come to these Standards in the midst of their work and refer to them from that point onwards.

Phase	Standards
A. ASSESS <i>the situation</i>	1. Determine youth substance use patterns and associated harms 2. Learn factors linked to local youth substance use problems 3. Assess current activities, resources and capacity to act
B. ORGANIZE <i>the team and build capacity</i>	4. Engage youth partners in the initiative 5. Develop organizational structure and processes 6. Build and maintain team capacity 7. Clarify members' perceptions and expectations
C. PLAN <i>a logical and sustainable initiative</i>	8. Ensure plan addresses priority concerns and factors, and current capacity 9. Develop logic model showing how initiative will bring desired change 10. Plan for sustainability of the initiative
D. COORDINATE <i>and implement evidence-based activities</i>	11. Promote quality of existing and planned initiatives 12. Strengthen coordination among local initiatives 13. Give attention to community policies and processes 14. Monitor the initiative
E. EVALUATE <i>and revise initiative accordingly</i>	15. Conduct a process evaluation of the initiative 16. Conduct an outcome evaluation of the initiative 17. Account for costs associated with the initiative 18. Revise initiative based on evaluations

A. ASSESS THE SITUATION

The assessment is the foundation of a prevention initiative. The more thorough the team is in completing this work, the more accurate and effective the plan.

1. Determine youth substance use patterns and associated harms

Rationale

To determine whether action is warranted and to respond appropriately, it's necessary to clarify as closely as possible the nature and extent of substance use among local youth and the harms arising from use. Systematic collection of existing and new information on youth substance use from multiple credible sources establishes a firm foundation for an initiative, allowing the community and team to identify priority concerns, focus on the factors at play, and articulate a clear goal for the initiative.

Background

Substance use and problems arising from it are never too far away from public consciousness in Canada. The vast majority of Canadian adults use mood-altering substances in some way—whether caffeine, alcohol, psychoactive pharmaceutical products or illegal substances—and this generates a steady stream of media stories and anecdotes shared among residents in the community. In some cases, these stories involve young people and may alert local residents, agencies or governments to an existing or emerging issue. On the other hand, they may create a perception of a problem that isn't fully accurate. By going beyond media stories and drawing information from as many credible sources as possible, teams will arrive at a deeper, more accurate understanding of youth substance use problems. A helpful way to develop this understanding is to distinguish between the prevalence of *use*, *hazardous use* and *harms* for various substances. The general Canadian picture drawn from several recent provincial student surveys provides a useful context and starting point for understanding local issues.^{vii}

Substance use: Although most adolescents who use substances do not encounter problems as a result, even infrequent use may result in harm (for example, from injury or overdose), and the use of alcohol or an illegal drug by underage youth is against the law and could result in being apprehended by police. Nevertheless, while many Canadian youth choose not to use any substance through their adolescent years, most eventually do.

While many Canadian youth choose not to use any substance through their adolescent years, most eventually do.

- The most used substances are alcohol, cannabis, prescription drugs (non-medical use) and tobacco.
- The vast majority of Canadian youth have not used any substances when they enter Grade 7, but the percentage that do at least try one substance or another rises dramatically through junior and senior high school to the point where, by the end of the high school years, most have used alcohol and around half have used cannabis (with little difference between girls and boys).
- Typically, less than 15% of students report any use of illegal substances other than cannabis (such as psilocybin, ecstasy, cocaine, LSD, inhalants and methamphetamine).^{66 67}
- Less is known about the extent of non-medical use of prescribed medications, but it appears to be an emerging concern.⁶⁸

^{vii} These surveys do not include students absent from school for various reasons on the day the survey was administered (e.g., sickness, suspension, truancy); these youth are generally at higher risk for substance abuse, consequently, surveys may under-represent the extent of substance use and harms.

- Canadian communities of all sizes typically have a population of youth who are socially excluded (i.e., not in school, living out of the mainstream). Their use of substances is not fully clear but is believed to be higher.
- As young people make the transition to post-secondary studies or the workplace, substance use patterns tend to remain relatively high.^{69 70}

Hazardous substance

use: When a young person reports in a questionnaire that he or she has used a substance at least once in the past year, it's helpful to the research but doesn't reveal much about that individual's relationship with that substance. This response could reflect a single experience arising from curiosity or a more

A hazardous substance use pattern that concerns both parents and experts is using alcohol or another substance to the point of intoxication.

hazardous pattern. A hazardous substance use pattern that concerns both parents and experts is using alcohol or another substance to the point of intoxication. For example, in surveys across the country, around one-half of Grade 12 students typically report having binge or gotten drunk in the past month.^{71 72} Frequent use of alcohol, tobacco, medications without medical supervision or any illegal substance, especially to the point of intoxication, is particularly hazardous. Other hazardous patterns for which some information does exist are:

- About 12–13% of Grade 10–12 students with licenses in Ontario and Atlantic Canada (NS, NB, NL, PEI) report driving within an hour of consuming alcohol.
- Driving after using cannabis has become more common than driving after using alcohol in jurisdictions reporting this information (e.g., 17% vs. 12% (ON); and 23% vs. 13% (NS)); use of both cannabis and alcohol together is raising concern among road safety experts.⁷³
- A significant minority of students have been passengers in a motor vehicle with a driver who has been drinking alcohol or using cannabis on at least one occasion in the past year (e.g., in the Atlantic region, alcohol: 19% of students; cannabis: 23%).⁷⁴
- Of sexually active Grade 9, 10 and 12 students in the Atlantic region, about 33% reported having unplanned sex while under the influence of a substance at least once during the course of the year.⁷⁵
- Use by injection is relatively rare among students (e.g., less than 1% of students in Ontario), but is a particularly hazardous way of using a substance.

Other hazardous patterns for which little national information exists include: using substances of unknown content; using two or more substances at a time; and using a substance in association with sports/other physical activity, and school or studying.⁷⁶

Harmful substance use: The use of substances in a hazardous way increases the likelihood of harmful consequences to the individual, that person's family, friends and the broader community. The vast majority of young people will not become dependent on alcohol or any other substance, but some will.

- About 6% of Canadian youth aged 15–19 may be dependent on alcohol, and about 3% may be dependent on an illicit drug.⁷⁷
- About 11% of Ontario students who use cannabis show signs of dependence.⁷⁸

As a result of their drinking or other drug use, a higher percentage of youth will injure themselves or someone else, damage things, get into fights and arguments, have trouble with the police, or get sidetracked from their goals and plans.^{79 80} Some of these harms may be seen as relatively minor; however, some may be fatal or life-changing, and cause ripples through families and communities.

- In 2001, 25% of drivers aged 19 and younger who died behind the wheel and were tested were over the legal alcohol limit.⁸¹
- Among British Columbia students who reported using drugs or alcohol in the previous year, 31% had experienced passing out from intoxication.⁸²

In many Canadian communities (small, medium and large) a population of young people are living on the street or 'out of the mainstream' and are either at higher risk or are already regular or heavy substance users. Because this population is fluid and difficult to study, no Canadian studies exist that

generalize beyond a particular community at a particular time. However, to illustrate the heightened risk of young people living out of the mainstream, a study of street youth in a medium-sized Canadian city found that the vast majority were on the street due to poverty, family dysfunction, sexual, emotional or physical abuse, as well as dissatisfaction or problems with social services and/or child welfare. About 40% described their substance use as problematic or as an addiction. A significant number of youth commented on depression, suicidal ideation and/or suicide attempts, or other mental health issues.⁸³ Another study in a different medium-sized city found that young people living on the street were less likely to have a history of abuse than a history of frequent moves and dislocation (for example, from one guardian's house to another, or from foster home to foster home).⁸⁴

Achieving the Standard

Depending on the size of the team, the community and the available resources, the team may identify an individual or subcommittee comfortable working with this kind of information or data (e.g., university or college researchers, graduate students). Teams have two routes to clarify local youth substance use patterns: to gather existing information and to collect new information.

Existing information: Most Canadian jurisdictions administer reliable school surveys at least on an occasional basis and, in some cases, the results are broken down by region or district (survey reports can be found at: <http://www.ccsa.ca/Eng/Statistics/Canada/SAADUS/Pages/default.aspx>). Depending on how recent the report and how typical the community, these results will, at a minimum, provide a helpful starting point for understanding the local situation. Useful reports with information on hazardous patterns and harms might be obtained from police (e.g., impaired driving incidents), physician groups, public health officials, street agencies, treatment services and local hospital emergency units (e.g., injuries), and school reports on drug policy infractions. Any one of these sources provides only a part of the picture; it's most helpful to collect and integrate information from several credible sources.

New information: In some communities, existing documentation may be scarce, or what does exist may contain significant gaps, making it necessary to gather new information. Useful information for which little

documentation may exist includes patterns of use among higher-risk or hard-to-reach youth, and locations of use. Options for gathering new information are key informant interviews, community forums, focus groups, surveys (e.g., web-based) and observation. Candidates for key informant interviews would be knowledgeable personnel from the agencies mentioned above (police, public health, etc.). An addiction counsellor may, for example, have insights into female binge drinking in the community. Schools and school boards tend to be hesitant to give classroom time to student surveys, but if doing so, the team must ensure that the survey instrument is valid and reliable by contacting regional or provincial government addiction authorities.

A key source of information is young people themselves. Information may be gained through a meeting or forum or by administering a survey with technical support from a prevention resource person or researcher. By asking young people about their experiences, a substance abuse prevention initiative sends the message that youth perspectives and involvement are central to the initiative, which will greatly increase the likelihood that efforts are supported. An even stronger base for a future initiative can be established by training and supporting young people to gather information about substance use in the community.

The process of gathering information provides an opportunity to raise awareness of the team's interest among various parties in the community.

The process of gathering information provides an opportunity to raise awareness of the team's interest among various parties in the community. When approaching those with information, being clear on how the information will be used and offering to share results will increase cooperation. Upon gathering the best available

information on prevalence of use, hazardous use and harmful consequences, the team needs to analyze the information and identify priority concerns and target groups. The analysis and conclusions drawn will form the basis of the initiative, so teams may wish to draw other community members into this process.

In the planning phase, once the team has determined its goal and target, the team will need to revisit this information and possibly build on it to arrive at ‘baseline’ data (e.g., on substance-use-related knowledge, skills, behaviours) against which the initiative can be evaluated. ■

2. Learn factors linked to local youth substance use problems

Rationale

A range of factors or conditions pertaining to the individual, the substance and the environment (e.g., family, school, social, community and societal factors) influence youth substance use. Understanding the factors that seem most connected to particular substance use concerns in a community is fundamental to a prevention initiative, as these priority factors are what the initiative needs to address. Community institutions and their structures (regulations, policies and procedures) cannot be overlooked for their influence on substance use problems.

Background

During the course of a young person's development, various factors interact to determine whether that individual will use a substance and whether use may become problematic. Some of these factors make substance abuse less likely (that is, they are *protective*), while some increase the likelihood (*risk factors*). Through one's childhood and adolescent years, every person possesses or experiences a mix of these factors. The balance between the intensity (i.e., number, strength and duration) of these risk and protective factors determines the likelihood that problem behaviours will arise.⁸⁵

Some of these factors are very close or specific to substance use behaviour (for example, expectations about the rewards and risks associated with cannabis use), whereas other factors are broad (e.g., family cohesion) and may influence the likelihood of any of several youth issues arising (e.g., mental health problems, unhealthy sexual activity, violence, substance abuse).

Significant early childhood risk factors (e.g., pre-natal alcohol exposure, physical abuse) may lead to a pathway with lifelong challenges. On the other hand, early protective factors (strong preschool programming) can provide a buffer against risk factors and help set a healthy

While early factors are important in determining a child's pathway through life, each life stage presents challenges and opportunities.

trajectory. While early factors are important in determining a child's pathway through life, each life stage presents challenges and opportunities. For example, a young person who had been faring well can become vulnerable from a combination of risk factors in his or her mid-teens (e.g., feeling abandoned by one or both parents due to their separation, while adjusting to life in a new school or community). Conversely, a child who has struggled may respond well to an adult mentor during elementary school years.

Some examples of important risk and protective factors for substance abuse are listed below (see [Appendix](#) for risk and protective factor discussion):

Personal factors:

- genetic make-up
- during pregnancy, exposure to alcohol, tobacco or other substances (*risk factor*)
- in childhood, mental health problems (especially conduct disorder) (*risk factor*)
- in late childhood or early adolescence, use of tobacco and alcohol (*risk factor*)
- in adolescence, a sensation-seeking personality and internalized problems (such as anxiety or a sense of hopelessness) (*risk factor*)
- in adolescence, confusion about sexual identity (*risk factor*)
- in adolescence, delinquency and conduct problems (*risk factors*)
- throughout childhood, social and emotional competence (e.g., ability to trust, confidence in oneself and one's ability to meet demands, the ability to take initiative) (*protective factors*)
- in adolescence, cautious temperament (*protective factor*)

Family factors:

- early deprivation (e.g., neglect, maltreatment, or lack of affection from caregivers) (*risk factor*)
- in late childhood and adolescence, insecurity, transitions or significant changes in family life (e.g., moving to a new neighbourhood or school, loss of a close family member or parental separation) (*risk factors*)
- in adolescence, parents or siblings with substance use problems (*risk factors*)

- in adolescence, extreme approaches to discipline and family rules (i.e., being either too permissive or too punitive) (*risk factors*)
- throughout childhood/youth, family bonding and family time (*protective factor*)
- throughout childhood/youth, parenting competence (e.g., ability to listen, set reasonable expectations, monitor child's activities and model healthy attitudes and behaviours) (*protective factors*)

School factors (throughout school years):

- learning disabilities (*risk factors*)
- disengagement with learning and poor relationships with peers and teachers (e.g., being bullied, feelings of not belonging) (*risk factors*)
- positive teacher, learning and social connectedness (*protective factor*)

Social factors (in adolescence):

- peer influence; perception that substance use is common or 'normative' in social networks (*risk factor*)
- perceptions of higher risk vs. benefit associated with a particular substance (*protective factor*)
- high availability of a particular substance (physically and financially) (*risk factor*)
- bullying and violence (*risk factors*)
- media influence
- religious or spiritual engagement (*protective factor*)
- active involvement in healthy recreational activities (*protective factor*)
- taking increasing responsibility in community affairs (*protective factor*)

Community factors (across life stages):

- poor economic conditions (e.g., inadequate income, employment) (*risk factors*)
- lack of availability and low quality of housing (*risk factors*)
- high quality of social support networks (*protective factor*)
- poor working conditions (e.g., jobs with boring tasks, lack of supervision) (*risk factors*)

- poor community conditions (e.g., poorly maintained schools, poor public transport) (*risk factors*)
- lack of access to recreation and community services (*risk factor*)
- crime, public drug use and social disorder (*risk factors*)
- strong community cohesiveness and ability to solve common problems (i.e., social capital) (*protective factors*)
- strong cultural identity (*protective factor*)

Societal factors (across life stages):

- social and economic factors can affect individual and population health and substance use patterns (e.g., growth in part-time and casual jobs, lack of affordable housing, widening gap between the rich and poor in Canada, and strained work-family life balance are risk factors) and are in turn affected by government and corporate policies

Many communities have young people who are particularly vulnerable because they have experienced more than their share of risk factors and relatively few protective factors. The likelihood of these young people becoming involved in substance abuse or any of several other harmful behaviours—such as unprotected sexual activity and criminal behaviour—and also having less socially disruptive internalized problems (such as extreme shyness, depression and anxiety) is higher than for other young people.⁸⁶ As such, it's important to identify children and adolescents experiencing risk factors or conditions with a view to reducing these conditions or fostering more protective factors in their lives.

While those with a high number of risk factors are likely to engage in more frequent binge drinking and illegal drug use and experience various harms, one must be aware that most young people who engage in binge drinking and tobacco use experience only ordinary levels of these risk factors or conditions. Their substance use may be best understood as arising from various social influences (e.g., media, community drinking patterns) to which all young people are exposed and as risky expression of normal adolescent development.^{viii} Nevertheless, these students place themselves and others at risk for a range of harms, including arguments, fights, car crashes, injuries and legal problems.⁸⁷

^{viii} Tasks of normal adolescent development that substance use may satisfy include: taking risks; demonstrating autonomy and independence; developing values distinct from parental and societal authority; seeking novel and exciting experiences; and satisfying curiosity.

Some have observed that many children are not particularly burdened by risk factors and don't experience significant problems but are still not fully prepared for adult life (that is, they may be coping but not thriving). In this sense, all young people benefit from the protective effects of healthy family, school and community environments,^{88 89} and some community-based

prevention initiatives focus on cultivating those qualities in the various environments in young peoples' lives in a coordinated way.

It's important to be aware that most young people who engage in binge drinking and tobacco use experience only ordinary levels of these risk factors or conditions.

It's important to have a broad understanding of the range of possible factors affecting the team's priority substance use concerns, but in the short term, addressing all of the factors at play is likely not possible. Consequently, a team needs to conclude this assessment of associated factors with a tentative consensus on priority factors. This is ultimately a strategic question that will involve a number of considerations (e.g., community capacity, availability of resources, etc.), thus it may need to be revisited and confirmed when entering into the planning phase ([Standard 8](#)). ■

Achieving the Standard

Standard 1 advises that substance abuse priority concern(s) be identified after analyzing the data collected, so teams need to consider the particular factors associated with the team's priority substance abuse concerns (understanding that, for example, at least some of the factors linked to binge drinking among boys will likely differ from the factors linked to abuse of prescribed opiates by girls).

As with data on substance use patterns, some of the information on protective and risk factors will already be documented, while other information may need to be collected specifically for this initiative. Broader demographic information will likely be available from municipal, regional or provincial government offices, and documentation on factors affecting family and youth may be available from local agencies. Various techniques can be used to gather new information, including key informant interviews, surveys, focus groups, town meetings, community and youth forums, and use of web-based social networking tools.

As the team proceeds to assess the protective and risk factors at play, it may be helpful to distinguish between factors that appear unique to substance abuse (e.g., community drinking norms, availability of alcohol and other drugs) and those that appear shared with other issues such as mental health and crime (e.g., parenting skills, positive school experience). If the latter types of factors appear most relevant, it may point the team to partnering with others in the planning stage.

3. Assess current activities, resources and capacity to act

Rationale

An assessment of current relevant activities, resources and capacity positions the team to identify gaps and avoid duplicating activities, and contributes to an overall understanding of the community's readiness to act on youth substance abuse. The assessment also allows the team to gauge where to begin with its work and what size of initiative the team can realistically support. Documenting a solid understanding of the current situation can support evaluation, allowing the team to identify changes in activities, resources and capacity that have occurred as a result of the initiative.

Background

For the purpose of these Standards, relevant activities and resources can be defined as anything that can be brought into play to reduce the likelihood that young people will engage in substance abuse. "Current (or recent) activities" refers to specific prevention activities in the community, whereas "resources" are general assets in the community (youth agencies, cultural groups, etc.) that might be applied to the prevention effort. In one sense, relevant activities and resources represent some of a community's protective factors and they could be accounted for in a review of associated factors ([Standard 2](#)). Capacity or readiness is a dynamic quality that is difficult to define, but in the sense used for these Standards, it describes the community's potential to take action that is likely to result in positive outcomes.⁹⁰

Every community has its strengths and challenges, and these qualities can shift with changes at the system (e.g., declining or increased budgets) or interpersonal levels (e.g., a leader moves in or away, infighting increases or declines).⁹¹ Readiness to act may be linked to the severity of substance use problems in a community (that is, youth substance abuse may be a significant issue precisely because the community is not prepared to address it, for whatever reason). A lack of readiness may also be associated with a general tolerance or acceptance of the situation (reflected in the sentiment, "This is just the way it is around here"). On the other hand, concern may be widely shared about youth substance use but with little appreciation for the role of the local policy environment to affect the problem.

Upon conducting an assessment, community groups are often pleasantly surprised with how many activities and resources already exist. (To the extent that this is so, relatively less effort may need to be devoted to developing new programs, with more going toward supporting improvements in the quality of existing activities and increasing coordination between them.) Nevertheless, this assessment will likely reveal areas of capacity the team will need to address (see [Standard 6](#)). For example, if appreciation for the role of the local policy environment in preventing substance abuse among youth is lacking, resources will need to be devoted to raising awareness of that role among decision makers and the general public.⁹²

Achieving the Standard

Program-based assessment: The current nature and quality of youth substance abuse prevention or positive youth development activity provides important evidence of community capacity.⁹³ For example, did previous or current initiatives focus on individual or environmental factors? What level of effort was given to these initiatives (i.e., number of persons involved and hours given to the work)?

Program-based assessment information can be obtained in different ways: by organizing an inter-agency forum; by administering an agency survey; or by interviewing a few carefully selected key informants (i.e., individuals with a sound understanding of community affairs from a prevention, health promotion or social development perspective).

An inventory of prevention activities can be organized or mapped in different ways, for example, according to:

- level of intervention (health promotion/youth development, universal prevention, selective prevention or indicated prevention^{ix});
- life stage (i.e., early childhood (0–6 years); later childhood (7–12 years); adolescence (13–19 years); early adulthood (20–24 years); and
- type of risk or protective factors, distinguishing between personal, family, school, social, community and societal factors.

Depending on the depth of the assessment, it may be useful to develop an inventory of existing programs and activities, including such detail as program/activity name, location of activities, age(s) served, hours of contact per week, protective/risk factors addressed, and whether an evaluation is available.

^{ix} Prevention may be achieved through health-promotion activities that indirectly prevent drug use by generally promoting the health of a population. Universal prevention is directed to whole groups without regard to their level of risk; selective prevention is directed to groups based on risk conditions in their lives but those groups are not engaged in substance abuse; indicated prevention is directed to individuals who are engaged in substance abuse but who do not have a dependency (Weisz et al., 2005).

Policy-based assessment:

The nature of policies and the extent to which they are adhered to or enforced in various sectors form an important element of a community assessment. Teams can distinguish between policies that are substance-based (i.e., pertaining to the sale and marketing of alcohol, tobacco or other substances, and enforcement of controls) and policies that are child/youth development-based (e.g., how inclusive child and family services, youth agencies, arts groups, sports and recreation associations are in their programming).

The nature of policies and the extent to which they are being adhered to or enforced in various sectors form an important element of a community assessment.

Once the review of current or recent program- and policy-based activity has been completed, the team needs to ask:⁹⁴

- Are the protective and risk factors that the team identified as priorities (Standard 2) being adequately addressed by existing activities (programs, projects, services) and policies?
- If not, can existing activities and policies be strengthened? If so, how?
- Do additional activities and policies need to be selected and implemented to fill in gaps identified through the resource assessment?

General community assessment: Other more general indications of capacity include:^{95 86}

- current state of knowledge of the *broad dimensions of youth substance use problems* (i.e., range of protective and risk factors and harms) among leaders and the general community;
- current breadth and level of *concern* in the community regarding youth substance use issues;
- general *community climate* and level of *trust* that exists between relevant groups and agencies (because community-based prevention calls for partnership and joint action);

- history of sound *leadership* and *participation* on this or related issues, and willingness to seek input and involvement from diverse parts of community (including sectors less able or willing to participate);
- positive experience from current or recent *partnership-based activity* and *interagency networks* on public health or social development issues;
- willingness and ability to reflect on and examine *community-based policies* (because community-based prevention calls for attention to policy-based measures, not just prevention ‘activities’);
- access to *expertise* and technical assistance (i.e., prevention and youth development); and
- ability to leverage adequate *funding* for comprehensive community-based prevention.

The assessment exercise involves contact with various agencies and services in the community. This contact can be used to begin to inform the community of the team’s intent, providing information on the initiative and inviting participation.⁹⁷ By communicating initial intentions about the initiative, team members can begin to learn which organizations or groups are more or less likely to engage with the initiative. Identifying a lead or host organization for the initiative will be important (e.g., outside funding will likely require it), and this process may reveal possible options.⁹⁸ ■

B. ORGANIZE THE TEAM AND BUILD CAPACITY

The team needs to organize itself sufficiently and build enough capacity to plan, implement and evaluate an effective initiative.

4. Engage youth partners in the initiative

Rationale

It's important that credible representatives of the youth population be engaged as full partners in the initiative as early as possible. Seeing the youth who are the focus of the initiative as partners rather than targets or recipients positions the initiative to draw on those youths' insights and to harness their energy and capabilities.

Background

According to Canada's Centre of Excellence for Youth Engagement, youth engagement is "meaningful and sustained participation in an activity with a focus outside the self."⁹⁹ Youth participation in a youth substance abuse prevention team is critical, with the main variables being the nature of their participation and how to ensure a successful experience for all. When supported and trained, youth have the capability to be involved in all aspects of an initiative, from initial proposal preparation to assessment of the situation, training others, and designing, implementing and evaluating the initiative. The more they are involved, the broader the benefits to the initiative, to the adults involved and to the youth themselves.¹⁰⁰

Youth participants bring real energy, creativity and commitment, and their fresh perspective can influence the outcomes of an initiative in unexpected ways. Bearing in mind that it is youths' social and cultural environment that is the focus of an initiative, their perspective is in fact indispensable—without it, the initiative is less likely to make a difference in the community. Involving young people in community-based initiatives will have the effect of countering any existing negative stereotypes of local youth, and establishes or reinforces a pattern of young people giving back to their community.¹⁰¹

While the potential benefits are great, so too are the possible pitfalls. Genuine and effective youth involvement requires a serious commitment by the team; while it makes a lot of sense, putting participation into practice can be challenging. Many adults understand the risk of involving young people merely as 'token' representatives, but to involve them more fully requires concerted preparation by everyone involved.

Traditional power dynamics may make it difficult for young people and adults to feel comfortable working together. Adults often underestimate the knowledge and creativity of young people, and are unaccustomed to sharing ideas and decision-making with youth.

The attitudes of even well-intentioned adults can undermine effective youth participation. For example, adults who see youth participation primarily as a skill-building opportunity for young people are largely missing the point of participation. For youth participation to be successful, adult team members need to believe that youth participation is critical to the initiative's success. The ideal situation is when adult team members see the mutual benefits of youth participation—that genuine participation by young people enriches adult members, just as adult participation enriches the young people. When this occurs, the benefits for the initiative and everyone involved are considerable.¹⁰² While this may not guarantee successful outcomes, it makes success much more likely.

For youth participation to be successful, adult team members need to believe that youth participation is critical to the success of the initiative.

Achieving the Standard

As a team, clarify the reasons to involve young people:

Before beginning the process of engaging youth participants, adult team members need to take time to clarify their own beliefs, feelings and biases concerning the involvement of young people.¹⁰³ Determine how many youth members would be appropriate—in most cases, a single youth member would be insufficient to ensure an adequate youth voice.

Use an inclusive and transparent recruitment process:

Without this type of process (e.g., handpicked instead) participants will not likely have credibility with other youth. Some youth are quite experienced in advisory or decision-making bodies and their involvement may be appropriate and beneficial; however, depending on the initiative, the perspective and participation of marginalized youth (e.g., youth living in poverty; gay, lesbian, bisexual, transgendered (GLBT) youth; youth of diverse ethnicities; Aboriginal youth; street youth; youth with substance abuse issues) with no positive experience in adult-youth partnerships may be important. The team will likely need to reach out to access ‘at-risk’ youth (e.g., accessing street youth through youth workers). Depending on their past experiences, youth participants may need encouragement and support to take part, particularly if their views have not been taken into account in the past. Consider offering incentives for taking part, such as cash or gift vouchers to recognize effort and time that may be taken from paid work.^{104 105}

Conduct orientation sessions for all team members:

It’s critical that everyone be clear on the purpose of youth participation, the roles participants will have on the team and, if appropriate, limits to decision-making. Consider orientation/training sessions on listening skills, intergenerational relationships and diversity issues. Address confidentiality concerns that may arise. Some young people may not contribute if they fear the information they give will get back to their family or community.

Review procedures to accommodate youth: It’s likely that adult team members envision certain familiar procedures and processes for the team; they will need to take a fresh look at these to accommodate meaningful youth participation. For example, meeting times convenient to adults may be less convenient for young people. Formal settings and meeting procedures can inhibit young people’s participation.¹⁰⁶ Be alert to special considerations and support that will be necessary to allow youth to fully participate (e.g., rides to meetings). To maximize their participation, youth members may need time

to prepare for team meetings and to discuss them afterwards. Jargon should be eliminated so that youth can more easily follow the discussion. Adding interactive elements and opportunities for learning, providing input and fun are important. One way to ensure meetings are enjoyable is to have youth members help plan them. Between meetings, ensure youth members are included in any informal conversations or business that takes place.¹⁰⁷

Be patient and be prepared to take small steps as a team:

It may take more time to gel as a team and to develop trust and rapport with youth members. If genuine youth participation is new to everyone involved, misunderstandings will likely occur; it’s most helpful if everyone maintains an open learning posture and learns from mistakes. Depending on experience, youth may want to take on a specific responsibility in partnership with an adult as they take their first steps in participating.¹⁰⁸ As their capacity for leadership grows, youth members benefit from progressively greater leadership opportunities, such as chairing meetings or subcommittees.¹⁰⁹ ■

5. Develop organizational structure and processes

Rationale

No single ideal organizational structure or set of processes exists. Planning, implementation and evaluation of comprehensive community-based prevention is a relatively complex undertaking, and a team needs to organize itself sufficiently to ensure quality work.

Background

No ideal structure has been defined for community youth substance abuse prevention teams. Each team needs to find a balance between the effort required to organize itself to identify and plan comprehensive prevention actions and that required to actually implement those actions.^{110 111} To a large extent, form needs to follow function; although a team's specific aims and projected activities may not likely be known at the point of organizing the team, teams following these Standards will share three general functions (as indicated in *Defining community-based substance abuse youth prevention* on p. 14):

- Promote strengthened quality of current youth substance abuse prevention initiatives;
- Improve coordination among current youth substance abuse prevention initiatives; and
- Facilitate filling of gaps in current activity—particularly in the area of policy.

To promote strengthened quality and improved coordination among existing initiatives, the team will need to invite membership from groups currently conducting prevention work in the community. Some of these may be relatively informal groups (e.g., youth, parent and cultural groups, neighbourhood associations) or more formal organizations (e.g., local government, sports and recreation associations, media companies, youth agencies, police, hospitality associations, alcohol retailers, faith-based organizations, post-secondary institutions). On a team with diverse membership, disparities may occur in relation to size of participating organizations, power (e.g., between grassroots groups and established agencies), ethnicities and differing levels of training.¹¹² Unintentionally, broad-based teams can be dominated by established agencies and have the effect of maintaining the marginalization of grassroots groups; consequently, careful consideration helps to ensure an adequate

level of representation from these groups and an effective process for being 'heard'.¹¹³ While seeking a broad member base, teams may discover that some in the community do not support the initiative and it simply may not be practical to have them on the team.¹¹⁴

Other factors affecting team size and composition are the team's specific concerns and priorities, and its readiness to take a comprehensive approach to prevention. Specific concerns will dictate membership; for example, if a team is concerned about high-risk youth, the team should seek participation of those targeted youth and groups that work with them. If high-risk youth are not on the team, it may be difficult to engage them when the time comes. Because much of the work of these teams involves 'higher-level' activity (i.e., coordinating between organizations, strengthening quality of programming, encouraging others to fill gaps—particularly those in policy), teams may benefit from seeking executive- or director-level representation from invited organizations.¹¹⁵

The readiness of the team to oversee a comprehensive approach (that is, multiple initiatives in multiple settings) is a large consideration. A broad-based, diverse membership positions a team to organize comprehensive prevention, but is more difficult to manage and sustain. Some teams may choose to start smaller; however, even when a team is not able to act comprehensively it is encouraged to plan for and move toward comprehensive action (it's through comprehensive action that population-level change in the community is most likely to occur). Hence, attention to sound organizational structure and processes are important even for a small team, allowing it to effectively manage current activity and accommodate growth that may occur.^{116 117}

Although access to specialized prevention knowledge is critical, a team needs to also give weight to youth, community and cultural knowledge.

Achieving the Standard

If it hasn't been confirmed at this point, or if there is possibility for confusion, the team may need to define the boundaries of the community. Brainstorm ideas for potential team members, based on the team's initial concerns and its readiness for comprehensive activity. Seek as diverse a membership as can be managed and balance a task focus with time taken to consider diverse perspectives and forms of knowledge. Even

when starting small, plan for comprehensiveness and establish processes for efficient meetings and maintaining momentum between meetings.

An important initial task will be to seek a host organization for the team. Ideally, the host will have wide credibility in the community, based, for example, on a history of effective and reliable work while demonstrating positive values (e.g., openness, tolerance). Also helpful is if the host organization has sufficient resources to assist with in-kind office space and administrative support for the team.

Because participation on the team is typically voluntary, it's easy for the team's work to drift. This is particularly the case among teams that bring together diverse parts of the community. Terms of reference are helpful, informing members of what's expected of them, what resources they have at their disposal and what decision-making responsibility and authority they have. A decision to contain team discussions and maintain a strong task focus will help keep work on track and members engaged. A strong task orientation means scheduling regular meetings, using an agenda to keep meetings focused and efficient, and maintaining a clear record of the meetings. Clear notes or minutes circulated in a timely manner are fundamental to team functioning, allowing members to keep track of actions and responsibilities. Assigning work groups creates momentum between meetings and allows members to put energies toward tasks that match their particular interest or expertise. All team, committee and individual work needs to be documented, allowing the team to account for resources used, monitor its performance and evaluate its work. While ensuring a sufficient level of structure, a team needs to guard against becoming more wrapped up in creating procedures than in carrying out its prevention plan.¹¹⁸

A team will need access to a prevention resource person for guidance and will benefit from paid staff (e.g., half- or full-time position) to help with implementation. Although access to specialized prevention knowledge is critical, a team needs to also give weight to youth, community and cultural knowledge. ■

6. Build and maintain team capacity

Rationale

To undertake effective comprehensive youth substance abuse prevention, it will likely be necessary to augment the assets that members bring to the team by building team capacity. Capacity is a dynamic quality that needs to be viewed in relation to team tasks, including planning, implementation and evaluation. It may be necessary to revisit capacity at different points throughout an initiative's life cycle, but it's important to address various capacities in the initial stages to begin the initiative on a strong footing.

Background

These Standards define “capacity” as the readiness or potential of a team to take action likely to result in positive substance abuse prevention-related outcomes. Capacity has a dynamic quality (e.g., members may join or leave and budgets may increase or decline) and should be assessed against the tasks that lay before the team. It may be necessary to revisit the team's capacity due to changing circumstances and to ensure capacity for particular phases of a comprehensive prevention initiative.^{119 120} It is, however, important to build capacity prior to planning, so the planning process can benefit from a team that understands the full range of options available. The organizing stage is also a good point to look ahead to consider the team's capacity in relation to its implementation and evaluation needs. Capacities that are important throughout the course of a team's work and which may need to be augmented before the planning phase include leadership, collaborative, technical, cultural and financial capacities:^{121 122 123}

“Capacity” is the readiness or potential of a team to take action likely to result in positive substance abuse prevention-related outcomes.

Leadership capacity: Regardless of the specific aims of an initiative, leadership is a critical capacity. Most appropriate for community-based teams is a shared or distributed leadership style that: encourages the commitment and participation of team members and their organizations¹²⁴; helps the team arrive at and maintain a shared vision¹²⁵;

guides the team toward its goals; and matches member skills to appropriate aspects of the work.¹²⁶ These capacities may be found in one individual, but cultivating distributed leadership broadens participation and builds leadership skills across the team.¹²⁷

Collaborative capacity: Because teams strive to bring together diverse parts of a community and since coordination between various community activities is a large role of a team, collaborative and partnership-building capacities are also essential and may include skills in: communication and information sharing, networking, negotiation, bridge-building, brokering, facilitating diverse groups (across differences in power, culture and professional backgrounds), conflict resolution,¹²⁸ and creative thinking.^{129 130 131 132 133}

Technical capacity: This refers to knowledge and abilities specific to implementing and evaluating comprehensive youth substance abuse prevention. As the team approaches the planning phase, it should be clear on the options that exist for effective prevention. These Standards call for teams to coordinate and strengthen the quality of existing activities, fill gaps through activity-based and/or policy-based components, and to evaluate and communicate their work. Technical capacities that arise from this general requirement are:

- Substance-use-specific knowledge: knowledge of protective and risk factors—particularly factors associated with youth environments, and an understanding of how teams can shift those environments through attention to various local policies;
- Evaluation knowledge and skills (i.e., how to plan an initiative that can be evaluated, kinds of evaluation necessary, information that needs to be collected, etc.); and
- Media relations skills: these can be extremely helpful in engaging local media who can in turn help influence public opinion and community leaders, generate enthusiasm and create a sense of potential for the initiative.¹³⁶

Cultural capacity: This refers to a commitment to cultural competence that includes the following:¹³⁷

- Acknowledging that cultural differences exist (based on race, religion, social class, sexual orientation,

ethnicity, etc.) and can influence youth substance abuse prevention programs;

- Committing to try to understand, be respectful of, and respond to evolving diversity (including the complexities of multiple cultures);
- Understanding that people from different cultural groups are best served by persons who are a part of, or at least in tune with, those cultures; and
- Being open to different perspectives, styles and priorities on a team and in a community.

Financial capacity: This refers to the ability to determine costs, and attract and manage funding to implement and sustain a prevention plan. Financial capacity calls for a variety of skills, including proposal writing and other forms of fundraising skills, bookkeeping skills and, depending on the size of the initiative, accounting assistance.

Achieving the Standard

The various capacities may be acquired in different ways, depending on the circumstances of the team and community:

- Some capacities—for example, leadership, cultural and technical capacities—need to be infused as fully as possible into the team and are best acquired by a combination of competent team members and the development of additional knowledge and skills through team training, mentoring, coaching, and access to communities of practice and/or credible web-based resources. Learning opportunities need to be interactive and practical—for instance, combining a workshop on a particular capacity (e.g., collaboration) with time given to actually prepare material based on the new information (e.g., creating a collaboration plan).¹³⁸
- Substance-use-specific knowledge can be shared by prevention resource persons.
- Some capacities that are not needed on a full-time basis (e.g., proposal writing, accounting) may be accessed intermittently from community partners or other agencies or businesses.¹³⁹
- Competence in evaluation is an important capacity for community-based teams and is best met by a basic understanding among team members supplemented by regular access to an evaluation professional.

- Financial capacity may well make the difference between successful implementation and stalling. Actions to acquire this capacity include:¹⁴⁰

- appoint someone on the team to track funding opportunities that may be available from charitable foundations or municipal, regional, provincial or federal governments;
- hire a local professional with proposal writing and content area expertise to write or review your proposal; and
- stay connected with potential funding sources and have plans prepared so the team can move quickly when an opportunity comes its way.

For teams aiming toward a focused, time-limited initiative, frequent, structured capacity building sessions have been shown to be useful.¹⁴¹ If, on the other hand, the team has an interest in building community capacity or social capital beyond this issue—that is, if it has objectives such as empowerment and fully inclusive planning—then a slower, more deliberate approach to capacity building and planning may be more appropriate.¹⁴³ ■

7. Clarify members' perceptions and expectations

Rationale

With a new team and initiative, clarifying team members' perceptions of substance use problems and expectations for the initiative is an essential step, because these will likely vary. To ready the team for a productive planning exercise, team members' views should be presented and discussed, and weighed against research-based evidence and approaches.

Background

Team members may or may not have been involved in past prevention initiatives, but they will all bring with them a view of what they believe an initiative entails. Whether undertaken as a distinct activity as presented here, or integrated into capacity building or planning activities, clarifying perceptions and expectations of team members must take place. Doing so creates an opportunity for members to contribute their views to the creation of the initiative and the direction it will take. In some cases, perceptions may not reflect evidence-based approaches to community-based youth substance abuse prevention; this will provide an opportunity to discuss these approaches. In other cases, expectations may bring insight to the team's task and be reflected in the planning stages.

With a diverse, broad-based team, perceptions about youth substance abuse and its prevention may be equally diverse. Various forms of substance use may hold different meanings for different cultural groups. Among the differences may be those between youth and adult team members; what adult members consider 'deviant' behaviour may be viewed differently by youth members. Youth members may perceive social or emotional benefits to substance use that adult members downplay. Other key perspectives and expectations that will need to be accounted for at some point include those of the evaluator and the funder.

With a diverse, broad-based team, perceptions about youth substance abuse and its prevention may be equally diverse.

Achieving the Standard

Upon its creation, the team will benefit from inviting members' perceptions of youth substance abuse and its prevention, expectations for this initiative, and what personal outcomes members hope to derive from their participation. It's likely that team members will not fully understand the range of factors linked to substance use problems and the evidence supporting prevention. Various perceptions need to be expressed, but it will be necessary to consider them against data on youth substance use, evidence of most promising activities in community-based prevention, and to ultimately arrive at a consensus on the general direction of the initiative. Particularly important is taking time to explain the evidence base behind policy measures that aim to reduce the availability of substances to youth, as community groups tend to shy away from 'supply reduction' measures. Community groups also tend to focus on illegal drug problems even when evidence shows use of legal drugs causes more harm. Out of this discussion, a team will be well positioned if it arrives at a commitment to employ evidence-based programs and approaches, and resists the temptation to adopt programs and approaches that may be popular but not supported by evidence (e.g., standalone public awareness campaigns).

When presenting data and information on evidence-based prevention, terms must be explained and, where possible, jargon should be avoided. Elements or features of promising community-based prevention approaches that are important to present to the team are the need to:

- take an *ecological* view of protective and risk factors, considering the full range of individual, family, school, social, community and societal factors at play in the lives of local youth;
- take a *systems-based* response, linking with initiatives in local schools and other key local settings or environments;
- give priority to prevention *policies*, without neglecting *activities* (that is, programs or services) directed to a population; and
- see this initiative being as much, or more, about coordinating and strengthening existing programs or services as it is about establishing new ones; if establishing new programs or services, it may or may not be the role of the team to do so.

Among the expectations that need to be clarified for team members is “What’s in it for me or my group?” It may not be fully possible to organize an initiative that directly intersects with, supports and strengthens the work and interests of representative groups and organizations, but team members need to be able to articulate how participation on the team is at least indirectly serving their interests.

From this exercise, a team should aim for a general consensus on the direction and scope of the initiative, what partners can expect to get out of it, and what they have agreed to contribute. ■

C. PLAN A LOGICAL AND SUSTAINABLE INITIATIVE

The plan is the blueprint for action against which progress will be measured.

8. Ensure plan addresses priority concerns and factors, and current capacity

Rationale

Upon assessing the situation, organizing itself, building capacity and sharing perceptions, the team needs to begin to bring focus to its work by laying out the broad parameters for an initiative that effectively address community concerns and fit with the team's capacity.

Background

Before commencing detailed planning, the team benefits from laying out the broad parameters for its work, considering several factors—principally, its assessment of the current situation and its current capacity (following its efforts to build capacity).¹⁵⁰ This Standard calls for teams to be 'strategic' by weighing the various considerations to arrive at general parameters for an initiative that is both useful and feasible—that is, finding a balance between undertaking an evidence-based effort of sufficient intensity and duration to have an effect and taking on work that is beyond the capacity of the team.

Finding the correct balance calls for an objective appraisal of: the length of time required to achieve project goals; the demands of project implementation and coordination; team commitments required; the time to develop local networks and establish partnership arrangements; and the resources required to administer the work, maintain funding, conduct training, plan and implement the initiative, and undertake evaluation and dissemination activities.¹⁵¹

Achieving the Standard

Among the parameters the team needs to consider as it lays out a broad direction are: theoretic underpinnings, possible goals, priority factors, means of addressing priority factors, and priority gaps in current services/activities.

Theoretic underpinnings: A sound theory(ies) can help guide team activity. Other theories are relevant, but these Standards present the social ecological and systems theories as evidence-based and broad enough to accommodate a comprehensive approach to community-based prevention. Ecological theory provides a broad basis for understanding the range of protective and risk factors found in the individual, family, school, social, community and societal spheres of influence; systems theory sees prevention occurring when different parts or spheres of the community modify their activities and policies in a direction that helps prevent youth substance abuse and supports youth health and development.

Possible goals: In order to be considered a community-based youth substance abuse prevention initiative, the long-term or ultimate goal needs to address substance abuse in some way (e.g., delay onset of use, reduce prevalence of hazardous use, reduce prevalence of harms). From the situation assessment (Standard 1), one or more youth substance-specific problems or concerns will emerge to become the focus of the team's long-term goal(s). Because it's challenging to shift substance use behaviour at the population or community level, teams are encouraged to limit the number of goals they set for themselves to one or two, and recognize the goal will likely need long-term, comprehensive attention.¹⁵² Depending on the capacity of the team and community, this may require that the concerns of some team members be deferred, but it allows for a team's limited resources to be applied in a more focused manner.¹⁵³

Priority factors: The situation assessment (Standard 1) revealed protective and risk factors associated with the team's youth substance abuse concerns (Standard 2). These factors will exist in the realm of the individual young person (i.e., their overall wellness and their drug literacy) and one or more of the community environments or settings that

influence the person's behaviour (i.e., family, school, social or other community settings). The goal(s) that a team chooses to focus on may have a number of associated factors, and prioritization of several key factors will likely be necessary. Considerations for the team in identifying priority factors include: Which risks are most prevalent in your community? Which protective factors are most lacking? At what

developmental periods are children most at risk in the community? Is there an identifiable 'cluster' of protective or risk factors that, addressed together, could provide a synergistic response (e.g., availability of substances; family factors; out-of-school factors)? Which factors fit with the current capacity of the team and might be best tackled first? Again, in order not to dissipate scarce resources, teams are advised to limit the number of factors to be addressed to fewer than five.¹⁵⁴

Means of addressing priority factors: A number of options will likely exist for teams to address their priority factors. These Standards call teams to focus on strengthening quality and increasing coordination among existing services and activities, and filling gaps that appear from the situation assessment. How much weight to give these or other activities will depend on a number of considerations, primarily the current situation (that is, how does the proposed initiative fit with other local efforts addressing substance use issues?). For communities that already have a variety of prevention programs and services in place, coordination and strengthening of these services may become a team's priority.¹⁵⁵

Priority gaps: A large consideration is how much attention the team will give to filling gaps in existing activities and services. Gaps can be mapped in several ways:

The team may see from the situation assessment that, for example, very few structured programs successfully engage adolescent girls in the community, and may consider bolstering sports and arts opportunities for this population.

- *According to level of prevention (health promotion, universal, selective and indicated prevention^{*}):* For a population in which there is little current policy or programming attention, a universal strategy directed to all members of that population may be the most appropriate way to address priority risk/protective factors. For example, the team may see a pattern of binge drinking among many boys and girls as they enter mid-adolescence, which may suggest a universal program/strategy directed to all youth of that age. When universal strategies are in place but don't appear to be sufficient, protective/risk factors and gaps may be best addressed with selective or indicated prevention strategies. For example, if family management problems are a priority risk factor but the situation assessment shows that several local programs already offer parenting programs for the general population, the team may consider implementing a selective or indicated strategy directed to particular populations with identified risks.¹⁵⁶
- *According to settings (family, school, social, recreation and sports, media, faith-based, cultural, bars, etc.):* Teams should identify settings not engaged in prevention that could help address the team's priority protective/risk factors. The team may, for example, see from the situation assessment that very few structured programs successfully engage adolescent girls in the community, and may consider bolstering sports and arts opportunities for this population. Gaps can also be filled by engaging settings that serve other under-served populations (e.g., particular age/developmental groups, cultural groups). All community initiatives need to connect with and ensure strong coordination with school programming.¹⁵⁸ Depending on the team's capacity, the team may identify fewer and smaller settings to begin to address gaps.¹⁵⁹
- *According to activity-based vs. policy-based initiatives:* A common gap in many communities is policy-based attention, either in the form of policies controlling the marketing and availability of particular substances, or policies that promote positive youth development in various youth settings. Community prevention programs have tended to focus on individual-centred

^{*} Prevention may be achieved through health promotion activities that indirectly prevent drug use by generally promoting the health of a population. Universal prevention is directed to whole groups without regard to their level of risk; selective prevention is directed to groups based on risk conditions in their lives but are not engaged in substance abuse; indicated prevention is directed to individuals who are engaged in substance abuse but who do not have a dependency (Weisz et al., 2005).

education and awareness strategies rather than environmentally oriented policy-based strategies that have shown greater potential in leading to population-level changes. If this is the case in a community, policy-based attention may very well be a gap to be filled, but the team will need to consider whether it and the community have the capacity to engage on policy issues at this time. Some teams will decide to pursue a policy-based direction but see the need to revisit the team's structure and membership.¹⁶⁰

Working through these considerations will position the team for detailed planning and bring a clearer understanding of the team's general role and how it intends to operate in the community.¹⁶¹ Checking in with other members of the community formally or informally through this process will provide crucial input and allow the team to share thinking to date. Teams will find it helps to be clear but also flexible in both goal setting and methods used; as an initiative unfolds, unforeseen opportunities or barriers may arise that require a shift in plans.¹⁶² ■

9. Develop logic model showing how initiative will bring desired change

Rationale

A logic model represents a team's theory on how it will achieve the desired change in the community. The process of preparing one allows a team to check its assumptions and, once completed, helps the team stay on track.

Background

Upon defining general parameters and gaining consensus on the general direction of the initiative, the team needs to undertake detailed planning by developing the logic for its initiative. A logic model becomes the team's theory for how the various elements of the initiative will lead or contribute to some form of change among youth in the community.¹⁶³ The plan needs to be supported by empirical evidence that suggests that the activities can be effective in producing the desired change, but it also needs to intuitively 'make sense'.¹⁶⁴

A logic model with intuitive logic is one in which:

- *Resources* that the team brings to the initiative (e.g., team member expertise, training, etc.) in response to an *initial assessment* will produce...
- *Activities* or *Outputs* that can be expected to lead to changes called...
- *Immediate* and *Medium-term Outcomes* (e.g., new policies, increased drug literacy among youth) that can realistically be expected to produce...
- *Long-term Outcome*, which is your team's ultimate goal.

An initiative working to achieve these Standards may include a long-term outcome or ultimate goal that addresses other interests of the team and community (e.g., greater citizen participation in community youth health issues), but it also should include a substance-abuse-specific goal.¹⁶⁵

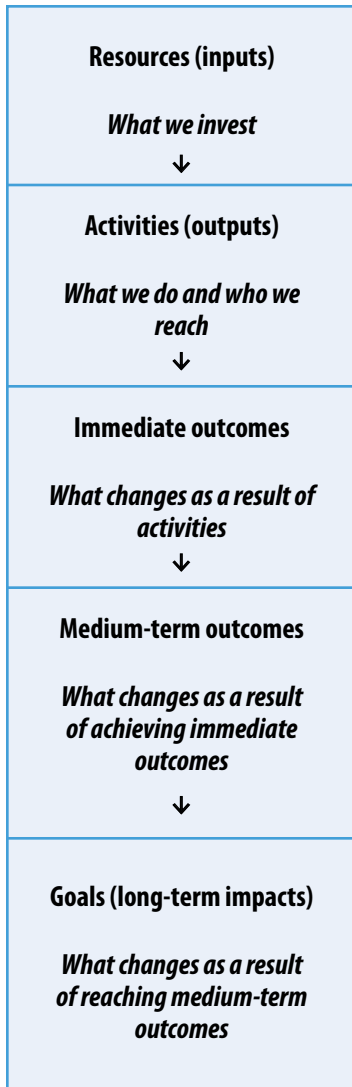
Changing substance use behaviours in a community takes time, and the ability of any one initiative to do so will be limited by other factors beyond the reach of the team and community.

Changing substance use behaviours in a community takes time. The ability of any one initiative—even a comprehensive one—to do so will be limited by other factors beyond the reach of the team and community. However, it's still important to set an ultimate substance-abuse-specific goal. Take care not to over-reach in setting the goal; for instance, reduced substance abuse among all youth in the community is less likely than among the youth directly participating in the initiative.¹⁶⁶ Although prevention goal statements may be stated in other ways, they commonly include one or another of the following:

1. Prevent or delay *first use* of alcohol, tobacco, cannabis and other substances;
2. Prevent or reduce negative consequences linked to substance use by:
 - preventing the transition to, or minimizing the extent of, *hazardous* use among students (e.g., reducing the frequency of use; amount used; use of more than one substance at a time; use in association with driving, unintended sexual activity, school work or sports/physical activities); and
 - preventing or minimizing the severity of *harmful consequences* that arise from hazardous use (e.g., car crashes, sexually transmitted diseases, pregnancies, injuries, overdoses).

The goal statement also usually includes a short description of the main target(s) of the program's intervention (e.g., all Grade 9 students; or parents of children ages 6–12 years).

The team can then work up other elements of the initiative after articulating its long-term goal. Medium-term outcomes are often the protective/risk factors being targeted by the initiative.¹⁶⁷ The logic model is formed when the various elements are put together in a table or graphic format with arrows depicting the casual connections.



The logic model amounts to a series of ‘If...then’ statements (i.e., if we invest these resources, then we can conduct these activities; if we conduct these activities, then we will see these changes; and so on). When outlining the activities, immediate and medium-term outcomes and goals, the performance indicators for each of these should be considered (see [Standard 16](#)).

Preparing and working from a logic model has a number of benefits for a team. Completing a logic model as a team effort builds a sense of ownership among members and brings everyone onto the same page in terms of what the initiative is really about. It provides a roadmap to keep the team on track, and it will serve as the basis of the process and outcome

evaluations. The process of developing a logic model brings a sense of realism to the team and others about what can be accomplished with any one initiative. It helps communicate the initiative to others in a clear, succinct way.^{168 169} Further details on developing a logic model can be found in [Section Three: Using a logic model to monitor and evaluate an initiative](#).

Most differences in perceptions and expectations about the initiative will likely have been resolved through earlier discussions. Nevertheless, developing the logic model together may bring other differing assumptions to the surface, which will need to be resolved. Upon completing a logic model draft, the team needs to confirm whether the various components of the initiative have the ‘power’ to bring about the desired changes.¹⁷⁰ Community conditions are constantly changing, so in a sense, community-based initiatives are aiming at a moving target.¹⁷¹ Given this, and the fact that team thinking around the initiative may evolve, the team will need to update or refine the logic model as necessary.

Achieving the Standard

Engage as many team members and partners as possible in developing the program’s logic model. Attempt to avoid turf issues, treat all input with respect and forge consensus; this helps build a sense of common purpose and shared direction.¹⁷²

- Avoid beginning with an activity, program, or service that seems like a good idea and trying to make it fit the situation or problem.¹⁷³
- Once the logic model is complete, check to ensure that each step enables the next step in a clear and logical sequence, and that there are no gaps.¹⁷⁴
- Regularly review and update the logic model to see what has changed, to keep track of progress and to make modifications either in your work or the model.¹⁷⁵ ■

10. Plan for sustainability of the initiative

Rationale

Community-based prevention of youth substance use problems requires long-term attention. Consequently, though they may vary greatly in nature and scope, all community-based initiatives need to consider how they will sustain their effects beyond the initial phase. Initiating sustainability planning early in the life of an initiative and continuing to reflect on it helps to achieve long-term goals.

Background

Despite the enthusiasm, energy and good intentions of those who work in and support prevention, if prevention does not become embedded into the routine processes of a community, the long-term value of those efforts will be largely lost to the community.¹⁷⁶ For the purpose of these Standards, sustainability is defined as the longer-term continuation of a prevention effort that is showing positive effects for a community.¹⁷⁷ In operational terms, sustainability most commonly means outliving original funding.

If prevention does not become embedded into the routine processes of a community, the long-term value of those efforts will be largely lost to the community.

With a view of the community as a system reflecting a particular social/political environment, embedding preventative policies or activities into a community's routine processes means working within that environment to modify aspects of the community system. Thus, preventative policies or activities must be accepted and sustained by the community.^{178 179} The amount of effort required to sustain a prevention initiative will be a function of the community's readiness for a particular approach. In some cases, prevention-oriented processes will be met with enthusiasm (e.g., adoption of positive youth development-based policies and activities by all youth and family services), or they may be met with resistance (e.g., regulations limiting the number of alcohol outlets in a community).

Sustainability may take different forms, depending on the nature of the initiative:

- For a *policy-based initiative*, sustainability means that the policies or regulations live on even though the initiative to establish them has ended;
- For an *activity-based initiative* (i.e., new service or program), sustainability may mean that the new activity or way of presenting an activity has been woven into existing programming, or it may mean that an ongoing funding and accountability stream has been established;
- For a *capacity-building initiative* (e.g., one that includes increased citizen participation as an outcome), sustainability may be indicated by the number and quality of future related initiatives.

Despite possible initial resistance, the value of local changes in by-laws or regulations is that the change becomes institutionalized and will not require ongoing funding or emphasis to be sustained.¹⁸⁰ However, adequate enforcement of new policies must be monitored and teams will need to anticipate how this will be managed.¹⁸¹ For activity-based changes (i.e., involving new programs, services), either new external funding will be required to continue an initiative or a partner organization(s) will need to put its own resources into continuing the initiative.¹⁸² Prevention initiatives emphasizing community capacity building may see sustainability differently—as an increase in the community's willingness and ability to collaborate and work together on other future youth health promotion issues and initiatives.¹⁸³

Threats to sustainability may creep into an initiative immediately at the outset, for example, through weak administration (e.g., poorly organized meetings), inadequate planning, or lack of leadership, or they may become an issue at any later point (e.g., high turnover in staff or volunteers). Community-based teams or coalitions often lack capacity to carry out a sound evaluation—this may loom as a significant barrier to sustainability because credible evaluation of current work will be important to future funders.^{184 185} It could be argued that unsuccessful models or approaches ought not to be sustained; however, these Standards take the position that community-based initiatives, when carefully monitored and evaluated, are in a strong position to make appropriate revisions and ought not to be abandoned.¹⁸⁶

Sustainability can be promoted by: seeking diverse funding streams from the outset; finding a stable, resourceful host agency that fully buys into the initiative; aligning efforts with community values and culture; employing local staff; grooming enthusiastic advocates or champions; cultivating a broad base of community support and active involvement of local government; maintaining flexibility in the face of evolving needs or circumstances; and leveraging previous efforts (e.g., by documenting, publicly celebrating and building on them).^{187 188 189 190 191 192} Integrating some means of accessing ongoing technical assistance (e.g., for implementing a quality improvement cycle, for evaluation) beyond an initiative's funding period may increase sustainability. More broadly, local initiatives benefit when different levels of government give the issue priority and visibility (e.g., through provincial/territorial/municipal drug strategies; *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*).

Achieving the Standard

In addition to carefully planning, implementing and evaluating an initiative, the best single measure a team can take to ensure sustainability is to prepare a strategic or sustainability plan that covers three to five years. A strategic or sustainability plan brings together the documentation from the situation assessment, the vision and mission statements and the logic model to form a clear, convincing plan for bringing together the key resources necessary for an initiative to continue. This kind of plan helps the team clarify where they are and where they want to go, and helps others decide whether and how to assist. Developing a good sustainability plan involves sketching out a long-term map of what the team wants to accomplish. This map may include strategies to obtain resources that will support the initiative. It may also identify challenges and obstacles that the initiative might encounter as it works to attain its goals, as well as strategies that may help to overcome these challenges. Once a sustainability plan has been developed, it may be helpful to review and revise it as circumstances require.¹⁹³ ■

D. COORDINATE AND IMPLEMENT EVIDENCE-BASED ACTIVITIES

A comprehensive community-based prevention initiative aims to strengthen the quality of, and coordination between, existing prevention activities and/or fill priority gaps.

11. Promote quality of existing and planned initiatives

Rationale

Depending on the current situation in the community and plans made by the team, the team will oversee a mix of existing and planned initiatives (i.e., policies, projects, programs and services). When a team promotes high-quality implementation among these initiatives, positive effects are more likely and resources will be better used. High-quality implementation can be achieved by phasing in new policies or activities, and encouraging organizers to: give preference to evidence-based approaches; deliver activities as designed; monitor their implementation; and use a quality improvement cycle.

Background

According to these Standards, teams are encouraged to strengthen current prevention activity in their community before facilitating implementation of new activity. The team can promote high-quality implementation in its community by encouraging local organizers to: give preference to evidence-based approaches; exercise care when adapting evidence-based programs; monitor their implementation; use a quality improvement cycle; and consider phasing in new policies or activities.

Give preference to evidence-based approaches: Those seeking to introduce a new activity-based initiative need to base the initiative on research rather than intuition. In some cases, assessed needs can be met by an evidence-based program (that is, a program that has been found by research to be effective).^{xi} However, most evidence-based programs have been researched with populations in the

U.S., so the extent of sociocultural fit between the studied population(s) and a local Canadian population would need to be assessed.

Exercise care when adapting evidence-based programs: When selecting an evidence-based program, programmers need to be aware of and monitor the balance that needs to be achieved between delivering the program as intended (i.e., fidelity) and adapting it to fit the local community or cultural environment. Adaptations need to retain the theoretic basis and core elements of the program (for example, the intended number of sessions or contact hours).¹⁹⁴

Refer to best practice guidelines: If, based on its assessment and planning processes, the team or local programmers choose to develop rather than adopt or adapt a program, quality implementation can be supported by close adherence to best practice principles prepared by credible bodies, such as Health Canada's *Preventing Youth Substance Use Problems—A Compendium of Best Practices* (2001)^{xii} or *Preventing Drug Use among Children and Adolescents—A Research-Based Guide* published by the U.S. National Institute on Drug Abuse.^{xiii} Quality programming can be supported by auditing or cross-referencing activities and approaches against established guidelines or principles such as these.¹⁹⁵

Monitor and critically reflect on prevention work: Monitoring occurs during the course of implementation and is concerned with resources used, the extent to which the initiative is reaching its target population and the quality of implementation.^{196 197} Monitoring is best achieved by organizing regular opportunities for critical reflection among those involved. Reflection may be based on the following questions:

^{xi} Seek credible government sources for listings of model or evidence-based programs; for example, *Communities that Care Prevention Strategies Guide*. US Substance Abuse and Mental Health Services Administration: <http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20.pdf>

^{xii} <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/prevent/index-eng.php>

^{xiii} <http://www.drugabuse.gov/pdf/prevention/redbook.pdf>

- Does the activity require the planned financial and human resources? If not, why?
- Is the activity/component unfolding as planned? If not, why?
- Are we reaching the number and kind of people we intended?
- Are participants engaged? Satisfied? Has anyone dropped out? If so, why?
- Are we doing any tasks not in our original plan?
- Is anything we're doing not working?
- Have we created new activities to take place of any that are not working?

Programmers need to be encouraged to incorporate a quality improvement cycle into their work.

By systematically monitoring their work, documenting findings and reflecting on improvements that they can make, prevention programmers ensure good use of their resources and contribute to positive effects and to a culture of quality in prevention work in their community. Documentation of these prevention activities contributes to and greatly assists the team in evaluating the overall prevention initiative in the community.

Incorporate quality improvement cycle into prevention work: Whether adopting an existing program or creating a new one, programmers need to be encouraged to incorporate a quality improvement cycle into their work. Many examples exist—in fact, the Phases identified for these Standards (Assess, Organize, Plan, Implement, Evaluate) represent a quality cycle. A simpler cycle such as Plan, Do, Reflect, Revise may be more appropriate for some programs. A programming or funding cycle becomes a quality cycle when lessons learned from an activity are documented, monitored and used to improve future similar efforts.

Phase-in new prevention activity: It's best to limit the introduction of new community-based prevention activities to the number that can be managed in a high-quality manner. This may mean prioritizing initiatives

and introducing them incrementally. In some cases, the evidence also supports phased-in elements, such as addressing attitudinal and other social environmental changes (i.e., raising awareness) to 'prepare the ground' before implementing interventions that focus on individual behaviour change (i.e., skills-based),¹⁹⁸ or undertaking public education and advocacy prior to making policy changes.¹⁹⁹

Achieving the Standard

Promoting high-quality implementation may be achieved by establishing a local network or community of practice among prevention programmers. A collegial, strength-based approach to this work could involve use of meetings, workshops or web forums to raise awareness of and build capacity on use of best practice principles and quality improvement cycles. A case presentation method, in which programmers bring a particular programming experience or challenge to the network to explore the case (for example, to explore how best to apply best practice principles), is a practical way to build a culture of quality prevention programming in a community. ■

12. Strengthen coordination among local initiatives

Rationale

Promoting increased consistency and coordination between existing substance abuse prevention activities and programs is critical, because programs are often developed and funded in an unsystematic manner. Teams also need to identify others in the community who share an interest in promoting youth health and development, and explore ways and means of mutually supporting each other.

Background

According to these Standards, before facilitating implementation of new prevention activity, teams are encouraged to increase consistency, coordination and integration of current prevention activities in their community. Coordination may occur among substance-abuse-specific programs and among programs that more generally aim to promote youth health and development.

Coordination among substance abuse prevention programs:

Youth substance abuse prevention aims are most likely to be achieved when a comprehensive array of well-coordinated prevention-oriented policies and activities (i.e., projects, programs, services) are implemented and sustained in a community. School- and community-based prevention initiatives may be funded and implemented on an ad hoc basis as leadership and funds become available. This may lead to fragmentation between initiatives unless coordination is given focused attention.²⁰⁰ Fragmentation may take different forms—for example, a situation in which initiatives deliver messages to youth that are inconsistent with each other, or in which several initiatives serve the same target group while other parts of the youth community are under-served.

Some communities and teams may see the need for coordination as an enviable problem because it implies that there are a few prevention initiatives active in a community. Teams may be pleasantly surprised by the range of activities already in place in their community upon reviewing the current situation (Standard 3). Even if existing prevention activities are relatively few, they should be coordinated as much as possible. Doing so maximizes available resources and establishes a pattern of coordination when new activities are planned and implemented. Increased

coordination will likely bring a common framework, language and perspective on substance use problems in the community, leading to greater efficiencies.

Increased coordination among community prevention activities may be seen as both a process and a goal. There is no one model of coordination that can be applied in all situations; rather, coordination must be tailored to each individual community's situation. In all situations, though, a collaborative leadership style is important. An emphasis on collaborative responses that fit with local needs

Increased coordination among community prevention activities may be seen as both a process and a goal.

and circumstances is also key. For many community-based teams, it may make most sense to begin with an exploration of inconsistencies among programs. Other communities with a history of informal collaboration may wish to explore more formal, long-term partnership arrangements that shift or reform basic local systems.²⁰¹ Agencies or programs may fear that close coordination or integration will lead to a loss of their unique identity; however, demonstrating coordination may lead to the community attracting more support, because the collaborating groups have a more attractive array of services to offer.²⁰²

Coordination among initiatives promoting youth health and development:

Canadian communities and schools are being called to take action on a wide range of youth health and social issues—for example, violence, substance use (including tobacco use), sexual health, criminal activity and dietary issues. They also need to consider the disabling effects of less socially disruptive youth issues such as extreme shyness, depression and anxiety. Many—but not all—of these issues share the same roots (e.g., family health, school attachment and community conditions). Even seemingly unconnected issues like alcohol abuse and poor dietary practices have been found to share similar risk factors (i.e., belief that the unhealthy behaviour will lead to immediate gratification and social advantages) and protective factors (i.e., the skill and self-confidence to not engage in the behaviour).²⁰³

Clearly, a community-based substance abuse prevention team may well find other initiatives in the community with shared interests. Exploring mutual interests with other youth health and development initiatives may lead to important efficiencies, such as arriving at a common language, sharing data collection, technologies and other resources, and devising complementary activities and messages for local youth. Various youth health promotion and development initiatives increasingly employ a positive youth development orientation or framework that follows several principles:²⁰⁴

Exploring mutual interests with other youth health and development initiatives may lead to important efficiencies.

1. General social and emotional capacities and environmental supports can enhance well-being while also serving to reduce risk for a range of problems;
2. Young people are best seen as active agents with inherent capabilities to be drawn out and strengthened, rather than as a passive focus of problems and deficiencies that need to be fixed;
3. Long-term commitment to activities and supportive relationships are required to be effective;
4. Benefits are more likely when all main actors in the lives of children and youth (i.e., parents, schools, out-of-school programming) actively support positive outcomes; and
5. A reciprocal relationship can evolve between positive development of youth and their community; children and adolescents benefit from and, in turn, make positive contributions to, health, social, economic or civic aspects of their communities.

The positive approach has strong intuitive appeal, and because it takes a broad perspective, it transcends specific issues and sidesteps issue-specific language or terms that can serve as barriers to collaboration.

Achieving the Standard

Practical ways to increase the level of prevention coordination in a community include:

- Dedicate staff/volunteer time to building relationships and processes for cooperation;
- Increase opportunities for staff and volunteers involved in prevention work to become familiar with others and their programs (e.g., by establishing a prevention network);
- Explore possible inconsistencies, common interests, perspectives, aims and an overall framework and language;
- Schedule shared meetings in which key staff discuss prevention-related issues;
- Prepare and disseminate a shared prevention newsletter;
- Consider temporarily sharing or exchanging staff to benefit from new perspectives and expertise;
- Share funds, meeting rooms, materials, technologies or other resources;
- Share staff training, data collection and other activities;
- Build overlapping community boards so common members can identify more sharing and coordination opportunities;
- Establish formalized agreements to coordinate activities;
- Explore protocols to ensure higher-risk youth (i.e., those benefiting from selective or indicated prevention) receive seamless attention and are not falling through cracks; and
- Identify ways in which agencies can collaborate, rather than compete, to attract new funds. ■

13. Give attention to community policies and processes

Rationale

Youth substance use decisions arise from interactions between the young person and his or her various environments. Consequently, attention to health-promoting policies and processes can be a powerful component of a community-based substance abuse prevention initiative. Relevant policies include those pertaining to the availability of various substances in the community, those dictating the way youth-serving groups work with young people and, more broadly, social policies that influence access to determinants of health (e.g., employment, education and family support policies).

Background

Each part or sector of a community has its own way of doing things; these separate approaches collectively form a community environment. An environment may be health-promoting or health-hindering in a variety of ways—for example: policies that limit discounting of alcoholic drink prices by local retailers; policies to reduce poverty and social exclusion; heavy promotion of alcohol by local retailers; or youth programming that unintentionally excludes a large proportion of local youth.

Environments are most powerfully addressed by attention to policies.^{206 207 208} Policies may be written or unwritten, and may be found as rules, codes, processes, priorities, or structures that are maintained over time and determine how an organization or sector operates. Beyond the fundamental family environment, the various environments affecting youth health (such as out-of-school recreation, arts and sports; places of worship; cultural centres; child and family agencies; bars; post-secondary institutions; and employers) often operate as they do because they serve economic, political or cultural interests, or in other cases, because no one took the initiative to actively shape or reshape them.

Three general policy types that can bring about significant reductions in substance abuse are: *regulatory* policies (e.g., restricting access to a substance, law enforcement); *programmatic* policies that institutionalize health-promoting

ways of approaching youth work; and social policies that increase access to determinants of health (employment, education and family support policies).²⁰⁹ [See [Appendix on p. 139](#) for examples of community-level prevention policy options]

1. **Substance-specific policies (i.e., alcohol, tobacco, medication and illegal drugs) concerning marketing and sales, and their regulation and enforcement:** Various policy measures to limit youth access to alcohol and tobacco (physically or economically) are known to be among the most effective in preventing youth use, and ‘supply reduction’ measures may also be effective in reducing pharmaceutical drug misuse harms.^{xvi} A team will need to consider the readiness of its community to focus on such supply reduction measures, which will depend on the cultural context—for example, the role and influence of the alcohol industry (e.g., hospitality industry, government alcohol corporations) and the willingness of various community sectors to challenge industry interests.²¹⁰

Different parts or sectors of a community have their own way of doing things; these separate approaches collectively form a community environment.

2. **Programmatic policies or procedures followed by organizations that work with youth (sports leagues, recreation associations, youth agencies, etc.):** Simply by virtue of providing alternative activities for children and youth, these programs have important benefits. But with a concerted focus on positive youth development, these programs can be strengthened significantly. What determines the outcomes of participation for young people are the processes and conditions under which these programs are presented (i.e., the ‘how’). Youth

^{xvi} Supply reduction for illegal drugs relies on enforcement of Canadian laws regarding illegal drug importation, production and sale, and the effectiveness of illegal drug law enforcement as a supply reduction measure has not been established [Holder, H. (2003). *Strategies for reducing substance abuse problems: What research tells us*. Paper presented at the NDRI International Research Symposium: Preventing Substance Use, Risky Use, and Harm: What is Evidenced-Based Policy? Fremantle, Australia.].

agencies may—or may not—have written policies to guide their programming. Regardless, a ‘hidden policy’ is always present and is revealed in the way young people experience the program. Research on positive youth development suggests that agency, league or association policies that actively support positive youth development principles are likely to be effective in promoting youth health and preventing various problematic behaviours.

- 3. Social and economic policies that decrease some people’s access to determinants of health:** The team’s initial community assessment may present a picture of some families under particular strain due to economic circumstances (e.g., one- and two-parent families working longer hours and straining to balance family and work life). Community teams may be able to take local measures to provide more support to vulnerable families, children and youth, but the root causes of vulnerability may rest with provincial, territorial or federal government social and economic policies (e.g., lack of affordable child care and other family supports) that result in a strain on families. Community-based teams may see broad social and economic policy as beyond the scope of their work, or they may see a role for themselves in advocating for policies that provide greater support to children and families. The logic is strong and the evidence persuasive: jurisdictions that invest in supporting children and families achieve better outcomes in terms of child health, well-being and social functioning²¹¹ (including mental health²¹² and substance use problems²¹³) than those that do not make this investment a priority.²¹⁴

Achieving the Standard

With all of these policy types, policy-level change is about shifting the status quo—and this usually generates some resistance. Consequently, policy-focused prevention initiatives require a measure of tactical thinking (that may not be necessary for activity-based initiatives).²¹⁵ Questions that need to be posed by the team include:²¹⁶

- Where does the policy rest (agency, corporate or local, regional, provincial or federal government)?
- What is the rationale for the present policy?
- Who needs to be involved (in terms of team/subcommittee composition, or partnership) to achieve the policy change?

- Where will resistance or interference come from, and how can these effects be reduced or neutralized?
- What is the best sequence of steps to achieve policy change?
- What type, size and timing of effort are required to bring about the change?

Timing is an important consideration, and attention to policy may be particularly appropriate when:²¹⁷

- an election has been announced
- passage of a harmful law or regulation is looming
- the issue is already under discussion, especially for the first time
- public opinion is generally supportive
- media coverage brings attention to the issue
- the issue has reached a crisis point

Broad-based teams that represent many points of view are well positioned to advocate policy change. A team that includes a wide cross-section of the community (e.g., leaders, opinion makers and particularly community members affected by the issues) have strong credibility and can generate practical ideas on how to proceed. Attention to policy issues requires teams to conduct the necessary research to become knowledgeable on existing policy and contextual issues. Drawing in and involving young people or families adversely affected by present policies is important.

Depending on the nature of the policy change, advocacy may be required. Advocacy is active promotion of a principle or cause, and is considered a key health promotion strategy.²¹⁸ Broad-based community teams may be more free to advocate for policy change than other groups or entities in a community.

Examples of advocacy include:²¹⁹

- meeting with a policy-maker (e.g., town councillor, MP, or CEO) to talk about a social problem;
- publishing a newsletter that provides information about an issue or specific piece of legislation, and your team’s position on the legislation;
- producing and disseminating credible research reports or studies on a policy issue;
- talking to the media about an issue or specific legislative proposals;

- pressing for better enforcement of existing laws (e.g., those that control alcohol sales to minors);
- pressing for establishment and enforcement of private or voluntary policies (e.g., restrictions on alcohol purchases in an arena); and
- conducting public education campaigns to influence public opinion (e.g., a mass media educational campaign about the influence of socioeconomic status on the health of community members).

In one sense, once a policy change has been established, the task is complete, but it's more appropriate to see it moving into another phase: monitoring enforcement.^{220 221} In some cases a policy or law may be quite sufficient but its enforcement has become inadequate. Unless a policy is actively enforced by relevant parties, it will have little influence. Many factors contribute to enforcement problems for new or existing policies. For example, the agency charged with overseeing a law may lack the resources to investigate or pursue violations, may not know about violations, or may be pressured by powerful interests to overlook violations. Monitoring enforcement means:

- learning about the law or regulation that is not being enforced and possible reasons for lack of enforcement;
- obtaining background information about how the issue is affecting the community;
- becoming familiar with the structure and operation of the violator as well as of the regulatory body;
- identifying specific individuals in the violating and regulatory organizations with whom it would be most effective to negotiate;
- reporting the violation or filing a formal complaint to the appropriate regulatory body;
- applying public pressure; and
- taking direct and/or legal action. ■

14. Monitor the initiative

Rationale

While preparing to evaluate its work upon completion of the initiative or a funding cycle, the team will benefit from monitoring its work throughout the implementation period to ensure the initiative is proceeding as intended.

Background

In [Standard 11](#), the team is called to encourage program monitoring among community prevention programs and services as a way to strengthen the quality of its work. In this Standard, the team is called to ‘walk the talk’—to take steps to monitor its own work. Doing so will build a culture of quality that will increase the likelihood of achieving desired outcomes, and that will serve as a strong role model for others in the community.

Monitoring is distinct from evaluation, in that monitoring provides ongoing feedback to allow the team to determine if the initiative is progressing as intended, while evaluation helps the team make judgments about whether the initiative had the desired effect upon completion. In initiatives with limited resources, tension often exists between ‘doing’ and reflecting on what is being done, and each team needs to find the best balance between the two. Community-based teams tend to be most interested in getting things done, but it’s important to give time to reflect on what is being done.

Monitoring calls for the team to routinely step back from the initiative to determine if activities are unfolding as they were planned in the logic model and action plan. The logic model and action plan will provide targets or ‘indicators’ for what the team hoped to achieve (e.g., in terms of who is being reached and their level of satisfaction with participation). The clearer the plans, the easier it will be for the team to monitor whether it is on track. Doing so allows the team to make timely changes mid-course

Monitoring calls for the team to routinely step back from the initiative to determine if activities are unfolding as they were planned in the logic model and action plan.

rather than waiting for the final evaluation. Based on what is learned through monitoring, the team may see the need to adjust or restructure the way activities are implemented, or to modify the plans (thus, the logic model and action plan are best viewed as ‘living’ documents, to be revised as necessary).

Information collected through the monitoring process is used to provide feedback to those team members, staff, volunteers and youth who are implementing activities for the initiative, providing them a formal opportunity to review the information and participate in decisions to improve the initiative.

Systematic monitoring will place the team in a strong position to respond to funding partners’ documentation requirements on the quality of the implementation process. Documentation generated through monitoring can also be used to keep other partners (including the media) informed of successes as they occur. At the end of this process, the team will have a good record of the initiative, which can be fed into the process evaluation.

Achieving the Standard

Systematic monitoring means going through the team’s activities as they are identified in the action plan. The action plan will identify planned activities, and for each activity include such information as when it will be implemented, for how long, with what resources (human, financial and technical) and the number of people it was expected to reach.

Depending on the scope of its work, the team may be directly involved in implementing particular activities or it may bring coordination to activities implemented by others. Regardless of who is implementing, for each activity or cluster of activities, it’s useful to monitor implementation in relation to resources used, the extent to which the initiative reached its target population and the fidelity or quality of implementation, asking such question as:

- Did the activity require the planned financial and human resources? If not, why?
- Did the activity reach the intended population? How many? Age? Gender?
- Was the activity implemented as planned? If not, why?
- Were participants engaged? Satisfied? Did anyone drop out? If so, why?

From the perspective of the overall initiative, broader questions may be appropriate, such as:

- Are the different elements or activities of the initiative interacting well and forming a coherent whole?
- Is the organizational structure effective in supporting implementation?
- Do activities appear to match community readiness?

Each of these measures is referred to as an ‘indicator’, in that the response provides an indication of whether the team has achieved what it set out to accomplish.

Depending on the scope of the initiative, the team may find it useful to create a reporting process for organizations responsible for implementing various parts of the plan (for example, those implicated in Standard 11). Their reports will feed into an overall description of the initiative’s implementation as it unfolds. It is important that the collected information be reviewed and fed back to those who need to know; consequently, time should be taken on a regular basis to review the information. The review need not be elaborate; a discussion in a weekly or monthly meeting or a chat with team members, staff or volunteers may be enough. At some point it may be helpful to assess the monitoring process—that is, to reflect on how the monitoring is going and whether anything could be done to improve the process. Good quality monitoring sets up a good evaluation. ■

E. EVALUATE AND REVISE INITIATIVE ACCORDINGLY

By asking questions such as “What happened?”, “Did it work?” and “Did the outcomes justify the costs?”, evaluations allow a team to demonstrate effects and improve its work.

15. Conduct a process evaluation of the initiative

Rationale

An outcome evaluation provides a judgment on the extent to which outcomes were achieved. A process evaluation provides an indication of the quality of implementation and the extent to which it followed plans. Without a process evaluation, it will not be possible to know why outcomes were achieved or not.

Background

A process evaluation draws from monitoring documentation to assess the extent to which the initiative was implemented as planned and the quality of the implementation at the end of the initiative. Whereas the focus of an outcome evaluation is the extent to which outcomes are achieved, the focus of a process evaluation is the extent to which planned outputs were met.²³⁴ (See [Standard 9: Develop logic model showing how initiative will bring desired change](#) for further detail on developing a logic model and outlining planned activities.)

Process evaluation complements outcome evaluation in that it contributes to the analysis of outcomes. If, for example, final outcomes are less than expected, without a process evaluation it won't be possible to determine whether the weakness lay with the plan or with the quality of its implementation. If the quality of the implementation was strong, the team could conclude that the weakness lay with the adequacy of the plan (as reflected in the logic model and action plan). A sound process evaluation provides a rich understanding of what happened with an initiative, along with how and why, whereas the outcome evaluation determines whether it made any difference in terms of youth substance abuse and factors linked to it in the community.

Documentation of the process of implementation (e.g., person-days spent on specific tasks, the quality of implementation) provides a concrete indication of the team's capacity to take on future similar tasks.²³⁵ Together, process and outcome evaluations can provide important information on how future initiatives can be better implemented, which, if acted upon, creates a quality improvement cycle that will lead to greater effectiveness. When evaluation discussions and decisions are

Resources (inputs) →	Activities (outputs) →	Immediate outcomes →	Medium-term outcomes →	Goals (long-term impacts)
<i>What we invest</i>	<i>What we do and who we reach</i>	<i>What changes as a result of each activity</i>	<i>What changes as a result of achieving each immediate outcome</i>	<i>What changes as a result of achieving each medium-term outcome</i>
Process evaluation		Outcome evaluation		

open to the broader team, a culture of quality is developed that can empower the team and contribute to positive outcomes.²³⁶

Achieving the Standard

The initiative's logic model and action plan are integral to producing process evaluations because they present the team's plans against which actual implementation (which may include not only planned, but unplanned and alternative activities) needs to be compared. Between them, the two will contain the team's plans for activities to be undertaken, resources needed for each activity, the number of people the team intended to reach through each activity, and tasks and timelines for each activity.²³⁷

Resources: This refers to the human, financial and technical resources used to implement each activity and whether they varied from what was planned.

Reach: This is concerned with the number of participants, or members of the community engaged by the initiative. It's helpful to discuss how reach was achieved (i.e., recruitment approach) and to identify possible explanations for problems with reaching intended numbers. Recommendations for further action may also be presented.

Acceptability: This addresses the extent to which participants are satisfied with the initiative, asking such questions as: Were participants engaged? Satisfied? Did they feel listened to, understood? Were leaders engaged? Were participants able to relate to them (e.g., in relation to ethnicity, age, experience)? Were facilities, location, costs and timing of activities acceptable? Did anyone drop out?

Fidelity: This is concerned with whether all the activities of the initiative were implemented as planned, whether any unexpected problems arose and if adjustments needed to be made. It is also concerned with 'dosage' received by participants. For example, if a family skills program consists of 12 sessions but families typically attended 10 of them, this could very well have an effect on outcomes.²³⁸

In the course of monitoring the initiative, the team will have tracked information on these aspects of implementation. For monitoring purposes, this information was used to

Together, process and outcome evaluations can provide important information on how future initiatives can be better implemented.

make mid-course adjustments to the plan or its implementation as necessary. This same information can now be used at the conclusion of a funding cycle or initiative to make judgments on what happened through the initiative.^{239 240}

If the team is coordinating or overseeing several specific initiatives (e.g., family-based and youth agency programming), its evaluation will be greatly enhanced if it can count on receiving process evaluations from each of its partners. From the perspective of the overall initiative,

the team may wish to analyze broader questions, such as:

- Were the different elements or activities of the initiative interacting well and forming a coherent whole?
- Was the organizational structure effective in supporting implementation?
- Did activities appear to match community's readiness?

Various methods can be used to obtain information for process evaluation, including surveys, interviews, focus groups, observation and document analysis.²⁴¹ ■

16. Conduct an outcome evaluation of the initiative

Rationale

It can't be assumed that prevention efforts will have the desired effect. With the best of intentions and good quality implementation, prevention efforts can still fall short. By planning and implementing an initiative with attention to quality, positive outcomes are more likely, but the only way to truly know is to evaluate the outcomes of the initiative.

Background

While a process evaluation asks the general question “What happened?” during the course of implementing an initiative, the outcome evaluation asks “Did it work?” Given the various investments that go into an initiative (from team members, others in the community and funding partners), a prevention team needs to estimate when it will investigate whether the investments made a difference in the lives of a population of young people. Outcome evaluation will be most opportune after the initiative's functioning has been evaluated through a process evaluation, revisions have been made, and the initiative is working well.

Outcome evaluation will be most opportune after the initiative's functioning has been evaluated through a process evaluation, revisions have been made and the initiative is working well.

As with the process evaluation, the team's logic model provides the basis for an outcome evaluation. The immediate, medium- and long-term outcomes presented in the logic model identify the desired changes the team aimed to effect in the lives of targeted youth when planning the initiative. While effecting changes in substance use behaviours is challenging, the team needs to bear in mind that even a small reduction in the level of risk within a population can have a significant public health impact.²⁴³

Sometimes an outcome evaluation will reveal unintended outcomes—things that occurred that were not anticipated in the initial planning of the initiative, but that are nevertheless important. An evaluation may also show that the initiative didn't have the desired positive effect. This is important information, because along with the process evaluation, it can serve as the basis for adjustments and improvements to the initiative. More broadly, knowing what lies behind failures as well as successes contributes significantly to the prevention knowledge base in this country.

Achieving the Standard

The key tasks in undertaking an outcome evaluation include:²⁴⁴

1. **Involve the broad team in planning the evaluation:** While much of the planning may be best undertaken by a subcommittee, the full team may wish to make the final decisions concerning the purpose and priorities for an evaluation, because these decisions delve into the heart of what an initiative is about. It's not unusual for team members and other stakeholders to have different views of what the initiative's evaluation is supposed to achieve, and it's important to resolve differences as fully as possible with outcomes that are meaningful to the team and community.^{245 246}

Resources (inputs) →	Activities (outputs) →	Immediate outcomes →	Medium-term outcomes →	Goals (long-term impacts)
<i>What we invest</i>	<i>What we do and who we reach</i>	<i>What changes as a result of each activity</i>	<i>What changes as a result of achieving each immediate outcome</i>	<i>What changes as a result of achieving each medium-term outcome</i>
Process evaluation		Outcome evaluation		

- 2. Clearly state the change(s) the initiative will produce:** To allow the initiative to be evaluated, the team needs to identify what it wants to change (outcome indicators) when preparing the logic model. Indicators specify the type of change that is expected and the percentage of people for which change is anticipated. For initiatives addressing substance use, long-term impacts focus on substance use behaviour, and medium-term outcomes usually address protective or risk factors or determinants of health shown to be linked to the substance use behaviour in question.²⁴⁷ A working principle for prevention is that if there is an effect on the protective/risk factors for an outcome, there will likely be an impact on the outcome.²⁴⁸ Immediate outcomes often focus on increasing knowledge or awareness. An immediate outcome indicator may, for example, specify an increase in knowledge of the hazards associated with binge drinking in 70% of the players in a midget hockey league.
- 3. Identify the information to be collected and methods of doing this:** Outcome indicators can be quantitative or qualitative: qualitative indicators assess people's perceptions and experiences, while quantitative indicators count numbers of things that happen. Common methods for gathering qualitative information are focus groups, observation, interviews, surveys and document review and analysis. Quantitative indicators are measured through survey instruments. A group may develop its own questionnaire; however, existing instruments often have the advantage of having their validity (the extent to which measures actually measure what they intend) and reliability (the extent to which the measures give consistent results) confirmed.
- 4. Design the evaluation to increase confidence that observed effects are due to the initiative:** It's important to gather information on the change(s) the team expects to produce through the initiative before beginning so that a baseline can be established, against which results can be compared. A stronger evaluation (i.e., one that rules out more alternative explanations for any changes found in the outcome indicators) is to compare one group of people participating in the initiative with another group

that doesn't participate (i.e., comparison or control group).²⁴⁹ However, designing an evaluation with comparison or control groups is very challenging for community-based initiatives and requires direct involvement of knowledgeable researchers.^{250 251}

- 5. Conduct the outcome evaluation:** Decisions to be made by the team include timelines for when the information will be collected, how many people the information will be collected from (i.e., sample size) and who will be in the sample. Once these decisions are made, the team can collect the information (e.g., conduct interviews), record it as accurately as possible and analyze it.
- 6. Share and use the outcome evaluation:** An evaluation report that is simple, brief and logically organized is easy to read. It can be helpful to present the information in different ways to various audiences (e.g., formal report, verbal presentation, poster, newsletter article). Reporting back to those participating in the evaluation (i.e., those who gave you outcome information and those who collected it) is important. ■

17. Account for costs associated with the initiative

Rationale

Calls for return on investment are increasingly common in the non-profit sector, and while giving attention to determining how an initiative worked and whether it met its intended outcomes, community-based initiatives need to consider costs associated with an initiative against what it has achieved. This means assigning dollar figures to the initiative's inputs identified in the logic model.

Background

Community-based initiatives have good potential to prevent youth substance abuse but by their nature (activity in a number of sectors of the community, etc.), they are also likely to be relatively costly. For this reason, studies to estimate the cost-effectiveness of community-based prevention initiatives would be beneficial to the prevention field and Canadian communities.²⁵² Members of the prevention field and their community supporters may be satisfied to know that an initiative is showing positive effects, but those outside these sectors may rightly question whether community-based prevention is the best way to use scarce resources directed to the community.

Accordingly, organizers of substance abuse prevention, along with the non-profit sector in general, are increasingly being called to consider their initiatives' 'return' in relation to the 'investment'. For example, an initiative may be relatively cheap but ineffective, or effective but more expensive than alternatives. By paying more attention to costs and demonstrating good return on investment, those involved in prevention can begin to build crucial support among those who don't necessarily share a prevention or social justice perspective.²⁵³

Cost or economic evaluations are based on several principles:²⁵⁴

- Scarcity of resources—possible uses of community resources may exceed their availability;
- Choices—communities have options in how resources are to be used; decisions are often difficult or implicit but cannot be avoided; and
- Opportunity cost—choosing to use resources in one way means they won't be available to be used in another (perhaps better) way.

It's difficult to measure all the costs against the benefits of a program, as many costs and benefits may not be obvious or they may be difficult to calculate. However, community-based prevention initiatives can begin to lay the foundation for cost evaluation by accounting for the various costs and keeping sound financial records.

Achieving the Standard

In considering costs, it's important to be consistent (particularly if different partners are tallying costs) and to document decisions on what the team deems is a 'cost'—and what isn't.²⁵⁵ As mentioned above, the team must estimate opportunity costs—the value of all goods and services that society must give up in order to have the initiative, regardless of who pays for them. A costing of a community-based initiative assumes opportunity costs to community facilities (i.e., which could be used for other purposes if they weren't being used for the initiative). This allows for cost-effectiveness comparisons with other drug demand reduction methods that usually include facility costs, such as treatment and incarceration.

Those outside the prevention sector may rightly question whether community-based prevention is the best way to use scarce resources directed to the community.

Examples of other costs include: staff salary and benefits; value of in-kind volunteer time; program materials; facility rental; equipment (e.g., computer); communications (e.g., postage, Internet connectivity, telephone calls); printing; travel and consultant costs (e.g., evaluator). In a full accounting of costs, program research and evaluation costs should also be included. As a rule of thumb, around 10% of a program budget is often set aside for evaluation costs.²⁵⁶

An accounting of costs will allow a team to conduct a cost analysis, exploring questions such as:

- Is the initiative worth doing? Do the benefits justify the costs?
- What is the cheapest or most efficient way to get results from the initiative?
- What are the cost implications of expanding or shrinking the initiative?

- How do the initiative's costs affect its sustainability?
- What are the cost implications of implementing the initiative elsewhere?

Simple cost analysis can also be used to build support for an initiative. For example, a team could calculate how much its activities have cost to date and divide this by the number of people reached. This is not an actual cost evaluation, but it might nevertheless be useful for advocacy purposes by showing that achieved outputs cost relatively 'little'.²⁵⁷ ■

18. Revise initiative based on evaluations

Rationale

Documentation on planning, implementation and outcomes helps the team understand an initiative and its effectiveness. While documentation is essential to have at hand, its greater value is when it is viewed as a feedback mechanism and applied to a new program cycle or initiative. Establishing a continuous feedback and improvement cycle is central to developing a culture of quality in prevention programming, and to institutionalizing effective prevention in a community.

Background

Teams and communities that commit to long-term, ongoing attention to prevention position themselves well for effectiveness. They will also be able to apply lessons to similar future efforts. The five phases of the Standards reflect a program planning, implementation and evaluation cycle; a team that is renewing an initiative may choose to begin by referring to these phases and the 18 Standards. However, when a team has the benefit of documentation (i.e., situation assessment, logic model, action plan, process evaluation, outcome evaluation, cost accounting) from a previous effort and systematically applies lessons learned from it, improvements are more likely.

Achieving the Standard

Documentation from an initiative will help teams identify components of an initiative that worked well or not so well (or perhaps didn't work well for particular populations) and provides a strong basis for adjusting the planning and implementation of similar future initiatives. How lessons learned are applied will depend on the nature of the initiative (e.g., whether it was program- or policy-based):

- If the initiative was program-based, it will likely need to be sustained in order to be effective—hence, documentation can be directly applied to the next cycle of activity;
- If the initiative was policy-based, the work of the current team may be complete, although enforcement monitoring will remain a task for some entities—thus, documentation will be helpful for future teams that engage in any form of prevention/health promotion policy work in the community.

The current context (e.g., whether community needs and capacities have changed) will also have a bearing on how lessons learned are applied:

- Whether the needs of the target group (i.e., substance use problems and associated protective/risk factors) have shifted since the previous initiative was begun—will the same long- and medium-term goals be appropriate or will new ones be necessary?
- Whether the situation in the community has changed (in terms of capacity or resources available to address identified needs) for the community or team since this initiative was begun.

With documentation from a previous initiative, teams may benefit from reflecting on additional questions, including:^{258 259}

1. Did the previous team structure work well? Can new arrangements be made?
2. Does the program continue to fit for the host organization (in terms of mandate, location, etc.)? Will a new host organization be needed?
3. Is new scientific evidence available on community-based prevention that may be relevant to current needs and circumstances?
4. How well did the previous plan (logic model and action plan) work? Were the logic model and action plan fully clear and logical?
5. How well was the previous plan implemented? Was the plan followed closely? Can the main conclusions from the process evaluation be applied or reflected in this initiative?
6. How well did the monitoring process work? Can improvements be made?

An important effect of a continuous improvement cycle is to further engrain or institutionalize effective prevention in the community.

7. To what extent did the previous initiative achieve its intended outcomes (immediate, medium- and long-term)? Are changes required to achieve intended outcomes? Can the main conclusions from the outcome evaluation be applied or reflected in this initiative?
8. How well did the evaluations (process/outcome/cost) work?
9. Might there be less costly ways to achieve positive results?

Taking sufficient time to reflect on these questions and consider their implications for a new initiative positions the team to undertake quality work. An important effect of a continuous improvement cycle in community-based prevention is to further engrain or institutionalize effective prevention in the community. ■

STRONGER

Together

**Canadian Standards for Community-based Youth
Substance Abuse Prevention**

**Section Three:
WORKBOOK**



Canadian Centre on Substance Abuse

SECTION THREE: WORKBOOK



1. 20-MINUTE REFLECTION

The purpose of this 20-minute reflection is to provide prevention resource persons and community teams with a tool to identify gaps in their current programming and a springboard for further consultation and discussion around strengthening existing initiatives or developing new ones. The reflection exercise allows for review of a full initiative, but more typically teams may come to review their work upon completing a particular phase. Terms used in this exercise are discussed in [Section Two: Canadian Standards](#).

It's vital that teams see substance abuse prevention as a process rather than a destination.

The Standards are grouped into five phases. Each of the following 18 reflection questions pertains to one of the Standards. Depending on your situation, certain phases or reflections may not be immediately applicable, but action on all Standards is recommended.

A. Assess the situation

- ☐ Have we determined youth substance use patterns and harms?
- ☐ Did we identify the factors that strengthen our youth or alternatively place some at risk for substance use problems?
- ☐ Have we assessed our community's activities, resources and capacity to act?

B. Organize the team and build capacity

- ☐ Have we engaged targeted youth in the initiative?
- ☐ Have we developed an effective organizational structure and processes?
- ☐ Did we build and maintain the team's capacity?
- ☐ Have we clarified perceptions and expectations?

C. Plan a logical and sustainable initiative

- ☐ Did our plan reflect priority harms, relevant factors and team capacity?
- ☐ Have we developed a logic model showing how initiatives will bring desired change?
- ☐ Have we taken steps to build sustainability into the initiative?

D. Coordinate and implement evidence-based activities

- ☐ Did we promote the quality of existing and planned programs?
- ☐ Have we developed internal and external coordinating mechanisms?
- ☐ Did we give attention to community policies and processes?
- ☐ Did we monitor the initiative?

E. Evaluate and revise initiative accordingly

- ☐ Did we conduct a process evaluation of our initiative?
- ☐ Did we measure the initiative's outcomes?
- ☐ Have we accounted for costs associated with our initiative?
- ☐ Were we in a position to use lessons from this initiative for future similar efforts?

This reflection and the in-depth review that follows are intended to provide an indication of how well a community-based team is addressing youth substance abuse. However, it's vital that teams see the prevention of substance use problems among youth as a process rather than a destination. ■

2. IN-DEPTH REVIEW

The in-depth review addresses the five phases and 18 Standards presented in this Community-based Standards document. It is a self-assessment that enables a community-based team to:

- identify the strengths of, and possible areas of improvement for, the team's efforts to address substance abuse;
- assess the extent to which the team's initiative meets the Canadian Standards for Community-based Youth Substance Abuse Prevention; and
- ready the initiative for assessment by an expert panel, if the team wishes to pursue it.

The five phases represent a full program cycle. Conducting the in-depth review as a team brings more insight and situates the team to address the review's findings. The team may find it most valuable to reflect on its work after completing a particular phase (consisting of several Standards) while it is fresh in everyone's mind. This should take approximately one full morning or afternoon.

Each Standard has several elements; teams will be asked to reflect on and briefly explain the *effort* or *process* undertaken to achieve each element of the Standard, and the *results* of those particular efforts. At the conclusion of each Standard, the team is invited to reflect on anything it might do differently in retrospect, to note whether any accompanying documentation is attached for the review panel, and to provide the team's estimation of the extent to which it meets that Standard, using this scale:

FULLY	✓	PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Page 129 contains a Canadian Standards Rating Sheet to tally all of the team's responses for the 18 Standards as follows:

FULLY	3	PARTIALLY	2	UNDER DEVELOPMENT	1	NOT DONE	
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This tally allows the team to assess its efforts in relation to a particular phase or across all phases. The Canadian Standards reflect the highest standards in prevention work. The point of the review is to help teams better understand the quality of their current efforts. Totals help identify those areas of activity that are working well and others that may be strengthened.

1. Have we determined youth substance use patterns and harms?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 27.

Consider efforts and results and describe:

A1. What was done to learn about the extent of use, hazardous use and harms (and age/gender differences) among local young people, including those living out of the mainstream?

A2. What resulted from these efforts? (i.e., What was learned about the substance use patterns of local youth?)

B1. What was done to learn whether specific substances or substance use patterns need to be addressed through our initiative?

B2. What resulted from these efforts? (i.e., What was learned about specific substances or patterns of concern? What is the quality of the evidence?)

C1. What was done to try to draw from more than one reliable source for information on usage patterns (e.g., provincial/district student survey, emergency room and police data)?

C2. What resulted from these efforts? (i.e., In the end, which sources did the team refer to? Did they prove to be satisfactory?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team was able to determine local youth substance use patterns and harms)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

2. Have we learned the factors that strengthen our youth or place them at risk for substance abuse?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 31.

Consider efforts and results and describe:

A1. What was done to understand the factors that seem connected to the substance use patterns of greatest concern in our community?

A2. What resulted from these efforts? (i.e., What does the team understand to be the most relevant factors linked to the patterns of most concern?)

B1. What was done to understand the unique risk factors experienced by some young people or subpopulations due to mental health issues, gender, sexual orientation, culture and ethnicity?

B2. What resulted from these efforts? (i.e., What was learned about the unique risk factors faced by some young people in the community?)

C1. What was done to understand the impact of the broad determinants of health (e.g., family income and parent educational levels, early childhood experiences) for some youth in our community?

C2. What resulted from these efforts? (i.e., Was the team able to draw any conclusions concerning the impact of the social determinants on local youth substance use?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team was able to determine the protective and risk factors linked to local youth substance use)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
--------------	--	------------------	--	--------------------------	--	-----------------	--

Supporting documentation attached ☐

3. Have we assessed our community's activities, resources and capacity to act?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 34.

Consider efforts and results and describe:

A1. What was done to learn whether any community frameworks exist (e.g., healthy community, safe community) within which prevention of youth substance abuse might be addressed?

A2. What resulted from these efforts? (i.e., Are there any broad frameworks that could accommodate youth substance abuse prevention? How strong is the fit between them and the team's interests?)

B1. What was done to learn the number and breadth of agencies and groups working to address substance abuse and youth health and development in the community?

B2. What resulted from these efforts? (i.e., What prevention groups did the team learn about? How much detail was gathered? Did the team prepare an inventory of prevention groups to develop a picture of who is doing what?)

C1. What was done to review relevant community youth policies (e.g., substance-specific, youth development) and the extent of their adherence and enforcement?

C2. What was done to assess the general capacity of the community in terms of leadership, community climate, level of trust and experience with partnership-based initiatives?

D1. What have we learned from our efforts? (i.e., How do the broad determinants of health impact our students, including subpopulations of students [e.g., family income and parent educational levels, early childhood experiences]?)

D2. What resulted from these efforts? (i.e., What did the team conclude about the community’s general readiness or capacity to undertake comprehensive prevention work?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team was able to assess the community’s activities, resources and capacity to act)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

4. Have we engaged youth partners in the initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 37.

Consider efforts and results and describe:

A1. What was done to clarify the purpose of involving youth in the initiative?

A2. What resulted from these efforts? (i.e., What did the team determine to be the role of youth on the team? Was there clear consensus on the decision?)

B1. What was done to arrive at an inclusive and transparent recruitment process and to engage marginalized young people (if the initiative is directed to them)?

B2. What resulted from these efforts? (i.e., How diverse and representative is youth involvement in the initiative? What evidence exists to support this statement?)

C1. What was done to ensure everyone on the team clearly understood the roles that youth members were to have on the team?

C2. What resulted from these efforts? (i.e., What roles did the team decide upon? What limits, if any, were identified concerning their role in decision-making? How strong was the consensus among team members for these roles?)

D1. What was done to orient and prepare youth and adult team members to work effectively with each other?

D2. What resulted from these efforts? (i.e., How ready are youth and adult team members to work with each other? What evidence exists to support this statement?)

E1. What was done to ensure youth members can be effective in meetings (e.g., helped with transportation, given preparation time, eliminated jargon)?

E2. What resulted from these efforts? (i.e., How engaged are youth members in participating and leading team efforts? What evidence exists to support this statement?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team was able to engage youth partners in the initiative)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

5. Have we developed an effective organizational structure and processes?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this [Standard](#), see p. 39.

Consider efforts and results and describe:

A1. What was done to ensure the team had the types and range of team members to promote comprehensive action?

A2. What resulted from these efforts? (i.e., Did the team arrive at a membership that was diverse, representative and in line with its general aims?)

B1. Was it necessary to minimize power disparities on the team? If so, what was done to do so?

B2. What resulted from these efforts? (i.e., Has the team avoided power or turf struggles? Are all members satisfied with their voice? What evidence exists to support this statement?)

C1. In team meetings, what was done to balance a task focus with consideration of diverse views?

C2. What resulted from these efforts? (i.e., How well are team meetings working? What evidence exists to support this view?)

D1. What was done to identify a credible host organization for the initiative?

D2. What resulted from these efforts? (i.e., Was an acceptable host organization identified?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team developed an effective organizational structure and processes)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

6. Are we taking steps to build and maintain team capacity?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 41.

Consider efforts and results and describe:

A1. What was done to build and maintain leadership capacity on the team?

A2. What resulted from these efforts? (i.e., Does current leadership appear adequate for the initiative?)

B1. What was done to build or access technical capacity (e.g., knowledge of substance abuse issues, monitoring and evaluation)?

B2. What resulted from these efforts? (i.e., Does the team have sufficient access to specialized knowledge and skills?)

C1. What was done to build and maintain cultural capacity on the team?

C2. What resulted from these efforts? (i.e., Does the team appear more ready to engage relevant cultural groups? Does evidence exist to support this statement?)

D1. How was done to build and maintain financial capacity on the team?

D2. What resulted from these efforts? (i.e., Does the team produce acceptable financial documentation? Is there adequate backup?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team built and maintained capacity)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

7. Have we clarified members' perceptions and expectations?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 43.

Consider efforts and results and describe:

A1. What was done to seek team members' perspectives, including youth members?

A2. What resulted from these efforts? (i.e., What is the range of perspectives on the team? How much distance is there between extreme positions?)

B1. What was done to understand the expectations of other stakeholders, including the evaluator and funders?

B2. What resulted from these efforts? (i.e., Summarize the expectations of stakeholders.)

C1. What was done to align members' expectations with the general requirements of an evidence-based initiative?

C2. What resulted from these efforts? (i.e., To what extent do team members support taking an evidence-based approach to the team's work?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team clarified members' expectations and perceptions)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

8. Have we ensured our plan addresses priority concerns and factors and current capacity?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 45.

Consider efforts and results and describe:

A1. What was done to arrive at a theory to guide the initiative?

A2. What resulted from these efforts? (i.e., What theories were identified to guide the initiative?)

B1. What was done to determine a clear long-term goal(s) for substance abuse prevention?

B2. What resulted from these efforts? (i.e., What is the long-term goal? To what extent does it address community concerns? Is it within the team's capacity to accomplish?)

C1. What was done to narrow the protective or risk factors the team aims to focus on?

C2. What resulted from these efforts? (i.e., What factors did the team decide to focus on?)

D1. What was done to determine the team's focus between coordinating existing activities, strengthening existing activities or filling existing gaps?

D2. What resulted from these efforts? (i.e., Which of these functions did the team decide to focus on?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the team’s plan addresses priority concerns and factors and current capacity)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

9. Have we prepared a logic model to show how our initiative will bring about the desired change?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 48.

Consider efforts and results and describe:

A1. What was done to engage as many team members as possible in developing the logic model?

A2. What resulted from these efforts? (i.e., How many members were involved in the development of the logic model? How long did the process take?)

B1. What was done to verify the adequacy of the logic model? (i.e., What was done to ensure that each step enables the next in a clear and logical sequence, there are no gaps and the initiative has sufficient power to bring about the desired change?)

B2. What resulted from these efforts? (i.e., How satisfied are team members with the logic model?)

C1. How often was the logic model reviewed and who was involved?

C2. What resulted from these efforts? (i.e., Were modifications made to the work plan or the model?)

D1. What was the logic model used to communicate the initiative to others?

D2. What resulted from these efforts? (i.e., Did it contribute to partners' understanding of the team's work?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which a logic model was prepared to help guide and communicate the team's efforts)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

10. Have we planned for sustainability of the initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 50.

Consider efforts and results and describe:

A1. What was done to plan for the sustainability of the initiative?

A2. What resulted from these efforts? (i.e., Was a sustainability plan prepared?)

B1. What was done to align the initiative with community values and culture?

B2. What resulted from these efforts? (i.e., Does evidence exist that shows the initiative is resonating with community members?)

C1. What was done to cultivate support for the initiative among both key influencers and the general community?

C2. What resulted from these efforts? (i.e., How much support does the initiative enjoy from key influencers and the general community?)

D1. What was done to secure evaluation assistance through to the conclusion of the initiative?

D2. What resulted from these efforts? (i.e., Does the team have sufficient access to an evaluator?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we planned for the sustainability of the initiative)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

11. Have we promoted high-quality implementation of prevention activities in our community?											
FULLY			PARTIALLY			UNDER DEVELOPMENT			NOT DONE		

For discussion on this Standard, see p. 53.

Consider efforts and results and describe:

A1. What was done to promote high-quality implementation of prevention programs, activities or services in the community (e.g., promoting a network or community of practice among prevention programmers in the community; promoting program monitoring, use of best practice principles and a quality improvement cycle)?

A2. What resulted from these efforts? (i.e., Was a community of practice established? Are more learning sessions planned on prevention topics? Are more programmers monitoring their programs, referring to best practices?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the high-quality implementation of program-based prevention was promoted)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

12. Have we strengthened coordination among prevention and youth development initiatives?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 55.

Consider efforts and results and describe:

A1. What was done to build relationships and processes for cooperation between those conducting substance abuse prevention activities in our community (e.g., dedicating volunteer/staff time for this purpose?)

A2. What resulted from these efforts? (i.e., Does evidence exist of activities being integrated or messages to youth being aligned?)

B1. What was done to strengthen coordination with groups and activities aiming to more broadly promote youth health and development in the community?

B2. What resulted from these efforts? (i.e., Does evidence exist of activities being integrated or messages to youth being aligned?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we strengthened coordination among prevention and youth development initiatives)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

13. Have we given attention to policies and processes in our community?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this [Standard](#), see p. 57.

Consider efforts and results and describe:

A1. What was done to determine community readiness to address the policy issues in question?

A2. What resulted from these efforts? (i.e., What conclusion did the team come to in terms of community readiness to address relevant policy issues?)

B1. What was done to develop or add to the team's capacity to address policy issues?

B2. What resulted from these efforts? (i.e., Does evidence show that the team is more capable of addressing policy issues?)

C1. What was done to understand the current local policy environment?

C2. What resulted from these efforts? (i.e., Provide a brief description of the environment.)

D1. What advocacy efforts were undertaken to support the team's policy change activity?

D2. What resulted from these efforts? (i.e., Were new allies found? Was the team successful with achieving policy change?)

E1. What was done to monitor enforcement or adherence to the new policy?

E2. What resulted from these efforts? (i.e., Has adequate enforcement occurred to date? Does it appear that the policy is being adhered to? Does evidence exist to support this view?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which policies and processes in the community were addressed)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

14. Have we monitored the initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this [Standard](#), see p. 60.

Consider efforts and results and describe:

A1. What was done to ensure the initiative's implementation would be sufficiently documented?

A2. What resulted from these efforts? (i.e., Is documentation sufficient to allow monitoring and, later, process evaluation to be conducted?)

B1. What was done to monitor the initiative? (e.g., Was time taken to critically reflect on the documentation? How often? Who was involved?)

B2. What resulted from these efforts? (i.e., Did the team adjust its work plan? Was the logic model changed? Were recommendations made for a future program cycle?)

C1. Program documentation and monitoring by those providing specific programming within the team's comprehensive initiative will contribute to the team's monitoring efforts. What was done to encourage program monitoring by prevention programming in the community?

C2. What resulted from these efforts? (i.e., Did any groups provide documentation from their work?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the initiative was adequately monitored)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

15. Did we conduct a process evaluation of our initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 63.

Consider efforts and results and describe:

A1. What was done to plan for the process evaluation? (e.g., Did planning start at the beginning of the initiative? Did the team access evaluation expertise at the outset?)

A2. What resulted from these efforts? (i.e., Was a process evaluation plan established?)

B1. What was done to gather information on participation in the initiative?

B2. What can the team report about how many were involved, who they were and how satisfied they were with their involvement?

C1. What was done to gather information on fidelity of implementation?

C2. What resulted from these efforts? (i.e., What can the team report about how closely implementation followed the plans? About adaptations that were made?)

D1. What was done to document human, financial and material resources used?

D2. What resulted from these efforts? (i.e., What can the team report about human, financial and material resources used?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which a process evaluation was completed)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

16. Did we conduct an outcome evaluation of our initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 65.

Consider efforts and results and describe:

A1. What was done to plan for the outcome evaluation? (e.g., Did planning start at the beginning of the initiative? Did the team access evaluation expertise at the outset?)

A2. What resulted from these efforts? (i.e., Was an outcome evaluation plan established? If so, what indicators did the team specify for its objectives?)

B1. What was done to gather baseline information on participants before beginning the initiative?

B2. What can the team say about participants prior to the initiative (e.g., in terms of knowledge, skills, attitudes)?

C1. What was done in terms of evaluation design and data collection (e.g., to be practical but also have confidence in the results)?

C2. What resulted from these efforts? (i.e., What were the outcomes? How confident is the team that the results reflect what actually occurred?)

D1. What was done to disseminate findings?

D2. What resulted from these efforts? (i.e., Did the team receive any feedback or inquiries or invitations to meetings/conferences?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which an outcome evaluation was completed)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

17. Have we accounted for costs associated with our initiative?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 67.

Consider efforts and results and describe:

A1. What was done to define and account for program costs?

A2. What resulted from these efforts? (i.e., What can the team say about its program costs?)

B1. What was done to compare or analyze costs in relation to the effects of the initiative?

B2. What can the team say about costs in relation to the initiative's effects?

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the costs associated with the initiative were accounted for)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

18. Have we revised the initiative based on evaluations?							
FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 69.

Consider efforts and results and describe:

A1. What was done to identify lessons learned from the initiative? (e.g., Did the team assemble and systematically review documentation from the initiative? Who was involved? How much time was given to this task?)

A2. What resulted from these efforts? (i.e., What lessons did the team identify?)

B1. What was done to determine if new evidence on community-based prevention existed that could be applied to a new initiative?

B2. What resulted from these efforts? (i.e., Was any relevant research identified?)

C1. What was done to determine if community needs and capacities had changed since the previous initiative?

C2. What resulted from these efforts? (i.e., What did the team conclude about community needs and capacity?)

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the initiative was revised based on evaluations)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	
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Supporting documentation attached ☐

Canadian Community-based Youth Substance Abuse Prevention Standards Rating Sheet

	Fully in place	Partly in place	Under development	Not done
A. Assess the situation				
1. Determine youth substance use patterns and associated harms				
2. Learn factors linked to local youth substance use problems				
3. Assess current activities, resources and capacity to act				
B. Organize the team and build capacity				
4. Engage youth partners in the initiative				
5. Develop organizational structure and processes				
6. Build and maintain team capacity				
7. Clarify members' perceptions and expectations				
C. Plan a logical and sustainable initiative				
8. Ensure plan addresses priority concerns, factors and current capacity				
9. Develop logic model showing how initiative will bring desired change				
10. Plan for sustainability of the initiative				
D. Coordinate and implement evidence-based activities				
11. Promote quality of existing and planned initiatives				
12. Strengthen coordination among local initiatives				
13. Give attention to community policies and processes				
14. Monitor the initiative				
E. Evaluate and revise initiative accordingly				
15. Conduct a process evaluation of the initiative				
16. Conduct an outcome evaluation of the initiative				
17. Account for costs associated with the initiative				
18. Revise initiative based on the evaluations				

3. USING A LOGIC MODEL TO MONITOR AND EVALUATE AN INITIATIVE

Introduction

Monitoring and evaluation ask the kinds of questions people pose to themselves and others every day: What happened? Did it work? In fact, these two questions reflect the two main purposes of an evaluation—to improve and to prove. Everyone wishes to improve one's efforts and, increasingly, programmers are required to prove to others that an initiative has worked. Evaluation is occasionally seen as something imposed from outside; as with everything else, evaluation works best when the motivation is internal—when evaluation is done because it is seen to provide value to an initiative.

One route to a positive view of evaluation is to build a culture of evaluation on a team: seeing a team as an inquiring and learning group, creating an atmosphere in which everyone feels free to discuss and question the assumptions that have gone into the initiative, and communicating a genuine openness to findings and willingness to learn and change as a result of them.

Another way to get motivated about monitoring and evaluating is to take control of it early and ensure that it serves the needs of the team (recognizing it may need to serve others, such as funders or administration, as well). Monitoring and evaluation does take time and resources that are usually extremely precious, so it's important to use them well and arrive at a monitoring and evaluation plan that fits the size of your initiative and helps your team make decisions.

There is no single right way of conducting monitoring and evaluation. Every initiative operates out of a unique community context and the evaluation process needs to fit those particular circumstances. The approach suggested here is in line with those required by governments and other funding bodies.

Defining monitoring and evaluation

Monitoring is about collecting information that will help the team know what's happening with its initiative (e.g., resources spent, activities that have taken place, number of participants, significant issues arising), *while it unfolds*, so it can make adjustments as necessary. The information collected also positions the team to conduct process and outcome evaluations and to account for costs when it comes time to evaluate.

Evaluation is about using monitoring and other collected information to fully clarify what happened with your initiative *upon completion* of a phase or funding cycle, so that you can make changes and improvements and ultimately make judgments about your initiative (i.e., did it work?).

Setting up your initiative for monitoring and evaluation

It may sound obvious, but the ultimate goal of any substance abuse prevention initiative needs to prevent some form of substance abuse. However, there are critical elements and steps along the way that will need to be attended to in order to ensure a useful evaluation plan—and the resources associated with these Standards will help. The goal of an initiative may be stated in another way, but substance abuse prevention goals commonly include one of the following:

- Preventing or delaying *first use* of alcohol, tobacco, cannabis and other substances.
- Preventing or reducing negative consequences linked to substance use by:
 - preventing the transition to, or minimizing the extent of, *hazardous* use among students (e.g., reducing the frequency of use; amount used; use of more than one substance at a time; and use in association with driving, unintended sexual activity, school work or sports/physical activities); and
 - preventing or minimizing the severity of *harmful consequences* that arise from hazardous use (e.g., car crashes, sexually transmitted diseases, pregnancies, injuries, overdoses).

Achieving a substance abuse prevention goal generally takes a comprehensive, well-resourced initiative several years. Consequently, it's acceptable to consider medium-term goals that aim to address factors (protective or risk) known to be linked to substance abuse (e.g., school engagement, life skills). If a team can effect a positive change on protective/risk factors known to be linked to substance use, substance use will likely be impacted as well. On the way to achieving medium- and long-term goals, how does the team know the initiative is tracking as expected? The most practical way is to develop a logic model as introduced in Standard 9. A logic model sets out the steps on the way to long-term and less tangible outcomes (e.g., promoting healthy development).

RESOURCES → ACTIVITIES → OUTCOMES → LONG-TERM GOAL
(immediate, medium term)

Teams typically give much thought to how an initiative and its various components will work; a logic model invites the team to project those thoughts onto a table or chart format. Any shape is fine—what’s important is that it shows the causal connections between different parts of the initiative. Some teams take the time to ‘dress up’ their logic model and use it to create a sense of ownership among team members and to explain the initiative to others.

The process of building a logic model pushes the team to a clarity of thinking that can spell the difference for an initiative. Preparing a logic model as a team focuses its efforts and gets everyone on the same page; it helps everyone clearly understand what the initiative is trying to accomplish and how. It also provides a great opportunity for the team to challenge its assumptions about how the initiative will work.

The history of prevention is a history of questionable assumptions that sometimes go unstated (e.g., if we frighten them, they will avoid that behaviour; if we give them good information, they will act on it). A logic model calls on the team to make its assumptions explicit (e.g., if all youth-serving agencies, sports leagues and arts groups strive to reach out to all youth in the community and make all participants feel they belong, they experience stronger relationships and engage more fully in positive activities; if youth develop stronger relationships and engage more fully in positive activities, they will be less likely to engage in substance abuse). A weakness or a gap in the initiative (e.g., an incorrect assumption, an activity that doesn’t appear to contribute to a desired outcome) can easily be identified and rectified through a logical and consensus-building process. When completed, it presents your team’s theory of how the various elements of the initiative will lead to some form of change among youth in the community.

Elements of a logic model

To prepare a logic model, the team needs to itemize the following clearly and concisely:

The process of building a logic model as a team pushes it to a clarity of thinking that can spell the difference for an initiative.

Resources/inputs: What the school/community/funders invest into an initiative, including staff time, materials, budget, research, facilities, volunteer time, etc.

Program components: Sets of closely related activities directed to the attainment of the goals of the initiative (e.g., attention to school environment, substance use education, substance use policy, services and partnerships).

Activities/outputs: What the program seeks to deliver to, or produce for, specific target clients or systems.

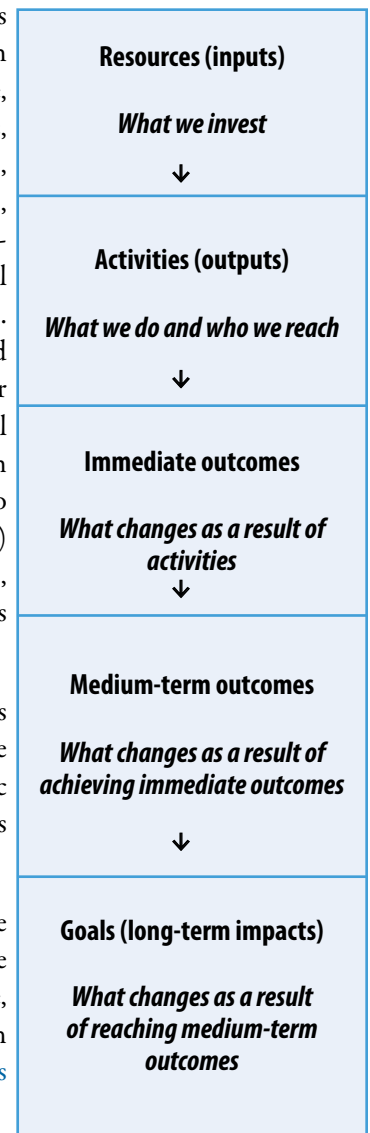
Outcomes: Results or changes from the initiative such as changes in knowledge, awareness, skills, attitudes, intentions, opinions, aspirations, motivation, behaviour, practice, decision-making, policies, social action, condition or status. Outcomes may be intended or unintended, positive or negative. Outcomes fall along a continuum from immediate (short term), to intermediate (medium term) to final outcomes (long term), sometimes referred to as ultimate goals or impacts.

Arrows linking these elements show the main ‘logic’ of the program. The basic logic depicted in the graphic here is that:

Resources or inputs that the team brings to the initiative (e.g., team member expertise, training) in response to an initial assessment ([Standards 1–3](#)) will produce...

Activities that produce *Outputs* or deliverables that are expected to lead to changes called ...

Immediate Outcomes (for example, increased knowledge or shifts in attitudes among students and staff), which lead to...



Medium-term Outcomes (for example, new school policies and activities and increased life skills among students) that can realistically be expected to produce...

Long-term Outcomes such as reduced substance abuse or healthier development.

This kind of plan amounts to a series of 'If...then' statements (i.e., if we invest these resources, then we can conduct these activities; if we conduct these activities, then we will see these immediate changes; and so on).

Good logic needs to connect all the elements of your plan; that is, the resources you have available to you need to be sufficient to undertake the activities in your plan; your team needs to, in turn, be confident that the activities planned will achieve the

immediate and medium-term outcomes you've identified; and finally, your medium term outcomes, if achieved and if the initiative is sufficiently comprehensive, need to be sufficient to address the long-term goal the team has identified for the initiative.

Below is an outline of a completed logic model for a comprehensive community-based initiative that includes the three general components (sets of activities that have common objectives) that have been presented through these standards: attention to strengthening program quality; increasing coordination and integration among programs; and filling gaps with new policies and programs. Each of these components could have a logic model prepared to provide a more detailed indication of how each one works.

Components	Strengthen program quality	Increase coordination and integration among	Fill gaps with new policies and programs
Resources (inputs) <i>What we invest</i> ↓	Time and expertise of team members, terms of reference for the team, partner commitments, budget, research ↓		
Activities (outputs)^{xv} <i>What we do</i> <i>Who we reach</i> ↓	Implement various quality improvement activities (developing local community of practice, workshops on logic modelling, evaluation, etc.) Prevention and youth service programmers ↓	Organize meetings to explore coordination and integration of activities and messages Prevention and youth service programmers ↓	Launch anti-binge drinking strategy Team members and/or partners ↓
Immediate outcomes <i>What changes as a result of activities</i> ↓	Increased awareness, knowledge and skills in relation to quality programming ↓	Increased awareness, knowledge and skills in relation to coordination and integration among groups working with youth in the community ↓	Increased awareness, knowledge of prevalence and harms linked to binge drinking among various prevention partners, and skills to develop evidence-based preventive responses ↓
Medium-term outcomes <i>What changes as a result of achieving immediate outcomes</i> ↓	Change in programmers' behaviour regarding use of logic models, and monitoring and evaluating their efforts ↓	Change in programmers' behaviour regarding coordination with others ↓	Change in behaviour of prevention partners in terms of preventive responses ↓
Goals (long-term impacts) <i>What changes as a result of achieving immediate outcomes</i>	Reduced substance abuse		

^{xv} In some logic models, outputs signify the product resulting from the activity. For example, an activity might be 'deliver services' and the output would be '# of services actually delivered'.

Building a logic model provides a powerful base from which to monitor and evaluate an initiative—its layout can guide the monitoring and evaluation processes. A logic model helps identify key components and activities to monitor. It's likewise straightforward to organize the evaluation and match it precisely to the team's needs, because each element of a logic model has a form of evaluation associated with it. It's ideal when a team can systematically evaluate all aspects of an

initiative, however, scarce resources may mean the team won't be able to evaluate everything it might wish. The logic model helps the team prioritize what it can do. For instance, it may ask, "Do we have the resources to evaluate all components this year, or will we limit the evaluation to the school climate component? Shall we conduct a process evaluation, outcome evaluation or both?"

Logic models and common types of evaluation

	Type of evaluation	Questions to ask
Resources (inputs) ↓	Situation assessment:	What are the problem and associated factors? What are the characteristics, needs, priorities of target population? What is the context for delivering initiative? What are the potential barriers/facilitators?
Activities (outputs) ↓	Process evaluation:	How is the program implemented? Are activities delivered as intended? What is the fidelity of implementation? Are participants being reached as intended? What are the participant reactions?
Immediate outcomes ↓	Outcome evaluation:	To what extent are desired changes occurring? To what extent are goals being met? Who is benefiting/not benefiting? How? What seems to work/not work? What are the unintended outcomes?
Medium-term outcomes ↓		
Goals (long-term impacts)	Impact evaluation:	To what extent can changes be attributed to the program? What are the net effects? What are the final consequences?
Costs	Cost analysis:	Is the initiative worth doing? Do the benefits justify the costs?

As a monitoring tool, a logic model enables the team to identify any breakdowns in the early stages and take steps to revise it before proceeding too far. Using a logic model to track achievements along the way (i.e., outputs and immediate outcomes) relieves some of the pressure to demonstrate medium- and long-term impacts in the first year or two of a complex initiative, or if the team has little to report about the initiative for several years. If necessary, a logic model allows the team to modify its theory or logic based on what they are learning and, in doing so, increase the potential for achieving long-term impacts.

Full evaluation of an initiative (that is, the initial situation, the process, outcome and cost) is necessary to achieve the Standards. However, if for whatever reason your team does not evaluate the initiative at this time, having a logic model that reflects what the team is doing will make the initiative at least ‘evaluable’—the least that health promotion and prevention professionals and managers need to strive for with a prevention initiative.

Tips in preparing a logic model

- Make each statement as clear and concise as possible.
- Use arrows and feedback loops to show the links between inputs, outputs and outcomes.
- List only those activities that are clearly related to the attainment of the goal(s); it’s not necessary to detail every task performed, such as administrative tasks.
- Logic models don’t usually include a Needs/Situation Assessment, but it’s important to ensure the initiative and logic model respond to an assessment ([Standards 1–5](#)) or, at the very least, a needs statement that can be clearly articulated (for example, “a high percentage of our community’s 15- to 16-year-olds drink to intoxication at least monthly”).
- Although a Situation Assessment precedes development of a logic model, it’s important to get the initial assessment right, otherwise everything that flows from it will be misguided.
- Distinguish between outputs and outcomes; remember that outputs are what you do, while outcomes are differences or changes resulting from what you do.

- Planned activities and strategies do not always logically lead to desired outcomes; check your ‘if-then’ statements and ensure they make sense and lead to the outcomes the team wants to achieve.
- Make sure the output and outcome statements are measurable; this will permit the team to evaluate whether the initiative achieves what it set out to do.
- Remember that programs commonly measure client (in this case, programmer or young person) satisfaction; this is reasonable, but it’s important to note that participant satisfaction is an output, not an outcome, because although being ‘satisfied’ may lead to change or improvement (or it may not), it does not in itself mean that someone has changed or improved.
- Pay attention to unintended or unexpected outcomes—positive, negative and neutral—as well as expected outcomes.

It’s important to bear in mind that a logic model is the team’s intention for the initiative—it is not reality; evidence-based substance abuse prevention initiatives present dynamic interrelationships that rarely follow a clean sequence. Don’t be concerned about the model being perfect; the team can go back to it as new insights arrive or the situation changes. What’s most important is that it serve as a roadmap for the initiative and guide to monitoring and evaluating the initiative.

Conclusion

Beyond learning what has happened with an initiative, another purpose of evaluation is to discover new knowledge about effective practice. Most of our knowledge of what works in preventing substance abuse among youth is drawn from studies undertaken elsewhere (usually the U.S.). Community teams that monitor and evaluate their initiatives will contribute important knowledge on the effectiveness of program models in a Canadian context. This contribution hinges on further nurturing a culture of evaluation and quality programming in this country. Community-based teams have a large role to play, but so, too, do governments, NGOs, universities, and funding bodies. Everyone in this country with a stake in the prevention of substance abuse among youth needs to play an active role in supporting high-quality program design, implementation and evaluation.

For further information, please refer to the following:

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<http://www.wkkf.org/knowledge-center/resources-page.aspx> ■

STRONGER

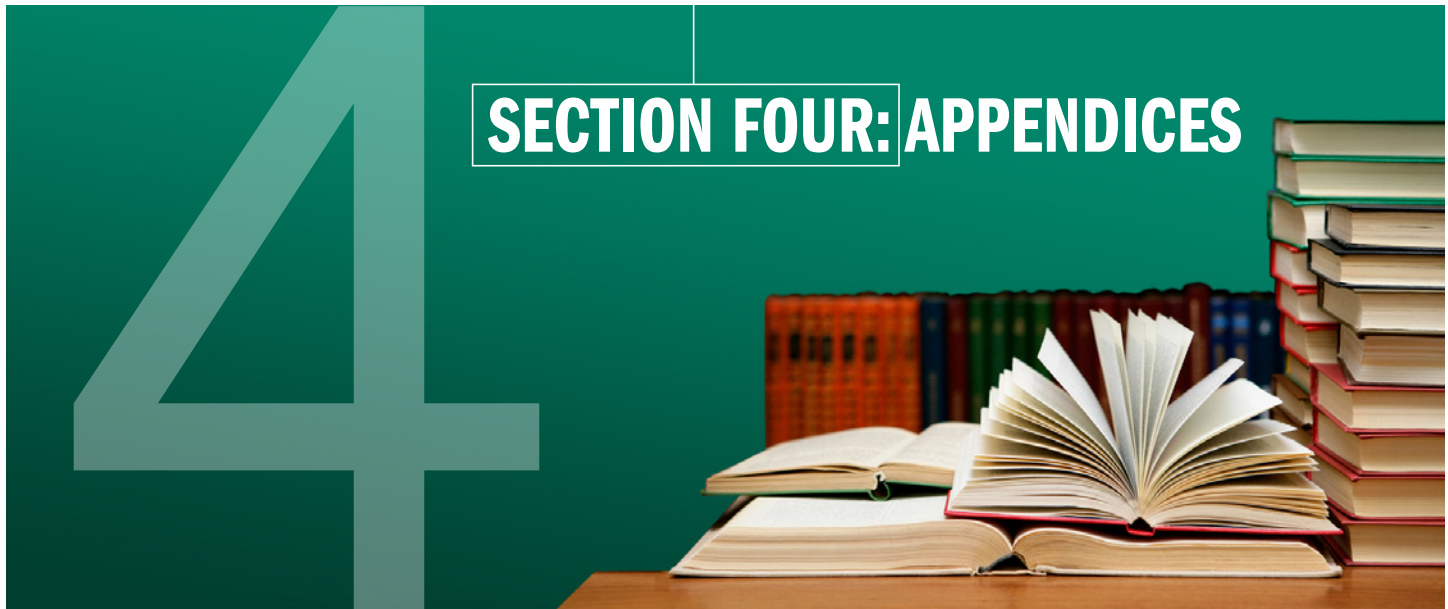
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**Canadian Standards for Community-based Youth
Substance Abuse Prevention**

**Section Four:
APPENDICES**



Canadian Centre on Substance Abuse



1. ADDITIONAL RESOURCES

A. DISCUSSION OF RISK AND PROTECTIVE FACTORS

Personal factors

A person's genetic make-up may produce a vulnerability to substance use problems that may or may not be expressed, depending on the person's environment (e.g., parent and community attitudes towards substance use) and specific individual experiences. Exposure to alcohol, tobacco or other substances during pregnancy can either subtly or dramatically affect a child's future physical, cognitive, behavioural and social development, depending on the specific substance and the timing and extent of exposure. Childhood mental health problems, especially conduct disorder and attention-deficit hyperactivity disorder (ADHD), are associated with later substance use. In adolescence, a sensation-seeking personality is a risk factor for substance use, but so are internalized problems (such as anxiety or a sense of hopelessness).²⁶² Early use of tobacco and alcohol (i.e., in late childhood or early adolescence) may stem from earlier challenges and is a risk factor for later substance use.

In early childhood, an easy-going temperament is a protective factor that buffers the influence of risk factors, reducing the likelihood of later harmful substance use and other problematic behaviours. Important protective traits or abilities throughout

childhood include the ability to trust, confidence in oneself and one's ability to meet demands that arise, the ability to take initiative, having a well-formed sense of identity, and the ability to experience and express intimacy.^{263 264} In terms of substance use specifically, as a child proceeds into adolescence, a shy and cautious temperament is a protective factor.²⁶⁵

Family factors

The quality of family life looms large as a factor affecting health and behaviour throughout childhood and adolescence.²⁶⁶ Early deprivation (e.g., neglect, abuse or lack of affection from caregivers) often has a profound affect on a child's trajectory and subsequent development. The quality of family life can be affected by low socioeconomic status (SES) or social position. It has been postulated that low SES can create chronic stress affecting one's mental health and immune responses, and reduce access to resources such as mental health services and recreation.²⁶⁷ Children of substance-dependent parents are at particular risk for later problematic use. In adolescence, discipline and family rules are factors, with extreme approaches (i.e., being either too permissive or too punitive) associated with problems.²⁶⁸ Transitions or significant changes in family life (e.g., moving to a new neighbourhood or school, loss of a close family member, parental separation) can place any young person at risk.²⁶⁹ Parents who are good listeners, set reasonable expectations, monitor their child's activities and model healthy attitudes and behaviours have a protective effect.

Social factors

Social influences play an increasingly prominent role as children approach adolescence. Young people tend to be influenced by their perceptions of how common or 'normative' substance use is in their networks. If friends smoke, drink or use other substances, a young person is more likely to do so. Decisions on use of a substance are also linked to perceptions of risk associated with that particular substance. The concept of risk is best considered in relation to the benefits perceived by the young person. Some young people may perceive unhealthy behaviour such as substance use as having important social benefits (e.g., to support a desired identity, to make friends). Consequently, knowledge about substance risks does not serve as a protective factor in itself, but belief that the relative risks of substance use outweigh the benefits does. Religious or spiritual engagement, active involvement in healthy recreational activities and taking increasing responsibility in community affairs are all important social factors that provide protection through the adolescent years.^{270 271}

School factors

The quality of a child's school experience has an impact on the child's health and on the likelihood of engaging in risk behaviours, including substance use. Young people who are not engaged with learning and who have poor relationships with peers and teachers (e.g., being bullied, feelings of not belonging) are more likely to experience mental health problems and to be involved in various health-risk behaviours, including substance abuse. Students with positive teacher, learning and social connectedness fare best in terms of later mental health and resistance to health risk behaviours, and are more likely to have good educational outcomes.²⁷² Schools that give systematic attention to promoting bonds among teachers, parents and students provide an important protective effect in terms of both learning and well-being.²⁷³

Community factors

The way alcohol, tobacco, prescribed medications and illegal drugs are sold and marketed, and the way controls are enforced, are important community-level factors. Beyond this, many of the foregoing factors affecting young people arise from community conditions and other broad social factors (e.g., adequacy of income, employment and housing, the quality of social support networks). Not having access to means of a reasonable income is a risk factor, as are jobs with boring tasks, lack of supervision and lack of opportunity for promotion. Insufficient personal resources are deepened by poor community conditions such as poorly maintained

schools, inadequate public transport and lack of access to recreation and community services. Weak communities are more likely to experience crime, public drug use and social disorder which can, in turn, further weaken those communities. Social capital—that is, a community's cohesiveness and ability to solve common problems—is an indicator of community health that may have a bearing on a number of issues, including substance use.²⁷⁴

Societal factors

Increasingly, scientists are postulating that the way a society is organized through social and economic policy can have a profound effect on individual and family health. Various policies have led to growth in part-time and casual jobs—particularly for youth—and lack of affordable housing. They have also led to a widening of the gap between the rich and poor in Canada and other Western nations.²⁷⁵ While complex, these broad phenomena may well have an effect on family health and youth substance use patterns in various ways (e.g., by delaying transitioning into marriage and starting a family among young people, straining parents who are balancing family needs with increased work demands).²⁷⁶ ■

B. EXAMPLES OF COMMUNITY-LEVEL PREVENTION POLICY OPTIONS

Alcohol

- Limits on hours or days of sale
- Restrictions of density, location or types of outlets
- Responsible beverage service and 'safer bar' policies
- Monitoring of special occasion sales permits
- Restrictions on advertising and promotion
- Restrictions on consumption in public places
- Compulsory compliance checks for minimum purchase age and administrative penalties for violations
- Establishment of minimum age for sellers
- Restrictions on alcohol use at work and work events
- Restrictions on sponsorship of special events
- Police walkthroughs at alcohol outlets
- Undercover outlet compliance checks
- Mandatory checks of age identification
- Prohibition of alcohol on school grounds or at school events
- Enforcement of school policies
- Establishment of enforcement priorities against adults who illegally provide alcohol to youth
- Sobriety checkpoints
- Media campaigns about enforcement efforts
- Identification of source of alcohol consumed prior to driving-while-intoxicated arrests (law enforcement agencies)

Tobacco

- Mandatory seller training
- Minimum age for sellers
- Penalty for underage use
- Counter advertising
- Prohibition of tobacco use on school grounds, in buses and at school events
- Enforcement of school policies
- Mandatory checks for age identification
- Incentives for checking age identification
- Undercover shopper or monitoring program

Other drugs

- Control of production and distribution
- Community policing to reduce local drug selling
- Zoning and building codes that discourage drug activity and penalties for property owners who fail to address known drug activity
- Employer drug policies
- Enforcement of school policies
- Drug policies (staff, patron) for bars, nightclubs
- Surveillance of high-risk public areas
- Enforcement of zoning and building codes
- Appropriate design and maintenance of parks, streets and other public places (e.g., lighting, traffic flow)

Positive youth development

Seek youth association, league, agency or club policies that reflect the following principles:

- Ensure physical and psychological safety and security
- Create opportunities for children to feel they belong and are included
- Build supportive relationships between coaches/leaders and children
- Emphasize positive social norms (e.g., respect, fair play)
- Help youth feel they are capable (i.e., self-efficacy)
- Focus on improving skill rather than emphasizing results
- Ensure activities are age or developmentally appropriate
- Strive for involvement that has sufficient duration and intensity
- Reinforce connections between family, school, sport and community youth development initiatives ■

2. METHODOLOGY

To prepare standards, it's critical to arrive at a method that will lead to the highest possible confidence in the Standards and the information supporting them. The method needs to ensure that two questions are addressed: (a) what approaches work?; and (b) how do they work?

To answer the first question, these Standards referred to good-quality empirical research (i.e., experimental or quasi-experimental study design) showing positive effects on substance use-related measures. Of particular interest were replications of empirical studies of an initiative or model with various populations ('effectiveness' research). Evidence from single good-quality empirical studies showing that an initiative can be effective in controlled conditions ('efficacy' research) was also accounted for. Evidence from these types of evaluations was sought from systematic reviews, meta-analyses and primary studies in peer-reviewed and grey literature. Other forms of evidence, such as other good non-randomized study designs or expert opinion, were considered when empirical literature was insufficient to formulate the Standards.

To answer the second question, "how do effective approaches work?", these Standards referred to process evaluations, qualitative research and evidence-based program materials. Efficacy and effectiveness studies tend to provide insufficient detail on how an initiative is implemented. These other forms of research can shed important light on how an initiative worked and what processes or factors promoted or impeded implementation—information that is crucial to ground and elaborate on the Standards. This literature is viewed by some to be particularly helpful in understanding community-based and health promotion initiatives.^{xvi} This literature was

accessed through searches of databases of peer-reviewed and grey literature.

The Task Force aimed to have the Standards rest on Level 1 and 2 research to answer both questions; however, Level 3 materials (i.e., program guides, expert discussion) were referred to in order to fill gaps. All important points in the supporting discussion are cited and, in the end, the language used in the Standards and accompanying discussions relied on the judgment of the Task Force.

Search criteria

The literature of interest is empirical and qualitative research, process evaluations and program materials on community- and family-based substance abuse prevention interventions (universal, selective and indicated) that aim to prevent substance abuse among youth ages 10–24.

This literature was drawn from a review of:

- Systematic or otherwise credible academic or government reviews of relevant literature from 1999. This includes comprehensive reviews of prevention or health promotion that cover various settings/health-risk behaviours. "Credible" in the sense used here refers to reviews with clear objectives and search criteria, and that include only good-quality studies (e.g., well controlled experimental or quasi-experimental research design).
- Selected primary studies or other items drawn upon on an as-needed basis to fill gaps or elaborate on information found in the reviews.

Databases searched

The following databases were searched using a mixture of the keywords community, drug, substance, prevention: PubMed, Project Cork and Google Scholar. ■

Hierarchy of evidence

What approaches work? *	How do they work? *
Level 1: A body of effectiveness research Level 2: Individual efficacy studies Level 3: Other (e.g., naturalistic observation, other non-randomized designs, expert discussion)	Level 1: Process evaluation/qualitative research on models showing effectiveness or efficacy Level 2: Research on models reflecting similar principles to evidence-based models Level 3: Other (e.g., program materials, expert discussion)

* In all cases, excluding poor quality research and giving preference to Canadian literature.

^{xvi} Because community-based initiatives, particularly those that are health promotion-oriented, tend to be complex, take their direction from participants and have emergent, long-term aims, various researchers question the ability of experimental research to adequately capture the depth and complexity of what is occurring (see, for example, Casswell, 2000; Berkowitz, 2001).

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