

MAPLE RIDGE – PITT MEADOWS

Substance Misuse Prevention Task Force

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May 15, 2007



Putting the Pieces
Together

The Voices That Created this Document



..... *on the road less traveled*

There is a saying about ‘taking it to the streets’. Literally, the writer of this document travelled the many alleys, roads, parks, meeting rooms, offices, portables, homes, schools, and buildings that frame our community in search of the hidden and obvious truths about substance misuse. ***Putting the Pieces Together*** is a direct reflection of what was shared in conversations and workshops that include people’s experiences, ideas, complaints, stories, and suggestions for preventing substance misuse in Maple Ridge and Pitt Meadows.

The Substance Misuse Prevention Task Force is extremely grateful to the 233 people who contributed to this strategy. These included:

- Students, teachers, school administrators and support workers;
- Counsellors, frontline support workers, outreach workers, childcare providers, healthcare workers, nurses, doctors, pharmacists and healthcare administrators;
- Parents, children, youth, aunts, uncles, cousins, and elders;
- Business owners, clerks, factory workers, taxi drivers, transit operators;
- Municipal employees, government officials, mayors and other elected officials;
- Sex trade workers, people living in the shelters, people who are homeless or within a few days of being homeless, people living among the trees;
- People recovering from substance use, people using substances, people misusing substances, people dealing substances.

No one voice was more or less important than the other. It took over eight months to gather the rich information that provided the content for this strategy. To this day, and beyond, the conversation continues. Not a day has gone by since starting this task, that another story or idea isn’t voiced. The challenge and beauty of this work lies in conveying the abundance of materials shared. It was necessary for the SMPTF to create guiding principles (page five) that directed what content was included in this strategy. Along the way, several projects were created and implemented (page 18) when the pieces fit just right together.

Pounding the pavement to collect stories and information generated many pearls of wisdom. To the people who courageously shared their wounds, first-hand experiences, and faith while struggling to stay warm, safe and hopeful, we extend a heartfelt thank-you. Your words will not fall off a page or collect dust on some storage room shelf. In the powerful words of Tracey, a 32 year old woman living in a tent, “if my story and message can prevent one person from living in this dark hell-hole, then this might mean something more than just pain and suffering”.



Acknowledgements

The creation of this prevention strategy could not have occurred without the assistance of a great many individuals, organizations, and political bodies who have generously given their time, energy and resources. The Substance Misuse Prevention Task Force would like to thank the many individuals from across Maple Ridge and Pitt Meadows who participated in the 152 interviews and six community prevention dialogues and the organizations who hosted these workshops. A special thank you is extended to the members of the community who facilitated. We would also like to thank those who provided feedback on earlier drafts of this strategy. Your thoughtful and constructive comments have guided us to consider alternate ways of approaching issues central to prevention.

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Steering Committee

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Nicole Kiniski, *then* Katzie First Nations Health Services
Christina Baillie, *then* Youth Council Representative

And a sincere appreciation to the courageous citizens of Maple Ridge Pitt Meadows who are substance affected and/or using substances who shared their authentic experiences. Your insights and wisdom has fuelled this action plan.

The Substance Misuse Prevention Task Force would like to acknowledge contributions from Fraser Health, the United Way and the Social Planning Advisory Committee. A special thanks goes to Alouette Addictions for administering funds.

Writer & Researcher: Marika Sandrelli with assistance from Rachel Caswell



Message from The Chair

On behalf of the Substance Misuse Prevention Task Force (SMPTF), I would like to thank the citizens of Maple Ridge who allowed us into their lives, and were willing to share their experiences, opinions, and suggestions, which then enabled us to create a community based prevention strategy. The strength of this strategy is the commitment to stay true to the voice of the people that shaped its development. The recommendations are from every spectrum of our community, youth and seniors alike. The strategy also captures their views on existing supports, and what they feel is still needed. The community feedback consistently fell into four categories: prevention across the life course; youth specific prevention; reducing harm from substance use/misuse; and building community capacity to support prevention coordination. These categories frame the content of the following document.

Thank you also to Mayor and Council for their recognition of the need for a community based substance misuse strategy; the Social Planning Advisory Committee for their endorsement of the strategy; Sue Wheeler, Marika Sandrelli, Ron Lawrence, Rachel Caswell, and the many other committee members who dedicated their time and intellect to ensure the creation of this strategy was successful. Thank you to the following financial contributors to this project: Fraser Health, United Way, and the Social Planning Advisory Committee, and to Alouette Addiction Services for administering the funds. Everyone should be very proud of the contribution they have given to this important body of work.

From the conversations at the first meeting in the spring of 2004, it was clear the SMPTF members felt strongly the strategy had to be a strategy based on prevention. The committee members knew Maple Ridge had the capacity to be successful in prevention based strategy, as the community is known for a strong network of good relationships between service providers, as well as a solid foundation in building community capacity through the “Community Solutions” work. These qualities are integral to the development of “social capital” within a community, and a strategy that builds on existing qualities, will result in a better community. This was evidenced during the project, when the meetings themselves generated key services, such as: “The Matrix” project; the creation of a Social Responsibility position being included in the School District’s Student Support Services budget; and a strengthened relationship between Alouette Addictions and the School District. All of these, and more, came to fruition from the discussions at the SMPTF table. Imagine what can happen from a permanent table focused on prevention!

The following document is an action document designed to bring the community’s recommendations to life through the guidance of the Social Planning Advisory committee. It is now up to the community of Maple Ridge to decide, “What is the best solution/model for each recommendation? Keeping in mind, community engagement in the decisions affecting the community, increases “social capital”, and a community strong in “social capital” augments economic viability. The creators of this strategy believe Maple Ridge will prosper from its direction, and look forward to the next phase.

Cheryl Ashlie

Chair, Substance Misuse Prevention Task Force

HOW TO USE THIS STRATEGY



*“An ounce of prevention is worth
a pound of cure”
Pop Quiz . . . Who said this?*

This document is divided into four sections that cover:

- background information about the creation of this strategy & the task force;
- the designed strategy and action plan from the community consultation process;
- evaluation and sustainability plan for the strategy;
- appendix and glossary.

What’s important to share with you, the reader, is how this strategy was organized. Four themes emerged from the hundreds of pages of notes and flip chart paper that was recorded from the consultation with over 230 people who live or work in Maple Ridge and Pitt Meadows. This strategy was built around these four prevention themes that come straight from the source- our citizens. It would have been much easier to design a document around traditional topics like, “school-based or workplace” prevention – but that would not reflect what the community was saying. Thus, the body of this strategy is organized into major themed priorities that include:

1. *Prevention Across the Life Course*
2. *Youth Specific Prevention*
3. *Reducing Harm from Substance Use/Misuse*
4. *Building Community Capacity to Support Prevention Coordination*

Each of these four sections follows a sequential order that includes:



What the Evidence Says

Best Practices, Published Statistics and
Peer Reviewed Research



What we already have happening ...

Information gathered from community
that identifies services, resources, and
assets



What we would like to do next

Needs, ideas & insights into what the
community wants to see happen next

And last, but not least, **PRIORITY RECOMMENDATIONS that have most included into a feasible ACTION PLAN.** As we are hoping that this becomes a living document, a worksheet is included at the end of each theme to add more resources, needs and recommendations

Guiding Principles

The Substance Misuse Prevention Task Force, made up of Maple Ridge-Pitt Meadows residents and individuals from 22 different organizations, has identified eight guiding principles that inform and direct their work. It became necessary to articulate these principles to ensure a respectful, valid, and relevant strategy from the diverse information gathered through the extensive consultation process. Consequently, some interview content was not included if it was divergent from these principles. These are the lenses that bring clarity and integrity to the group's consensus building.

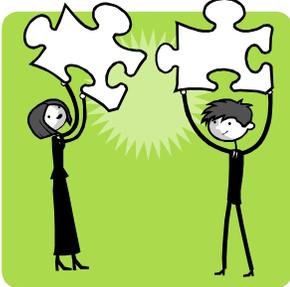
1. Substance Use is complex and multi-dimensional that affects all ages, gender, cultures, socio-economic, and political arenas. Consequently, substance misuse knows no boundaries and can happen to anyone. The scope of problematic substance use is best understood by population health approaches.
2. There is a prevailing stigma that is attached to misusing substances that hampers individuals and groups from seeking help. Prevention efforts need to demystify substance use and unravel the stigma. To do this, all strategies must be supported by evidence, and not opinions that promote stereotyping.
3. The use of substances is part of society and occurs along a spectrum from beneficial use, such as medications, to use that is relatively non-harmful to problematic and finally, to chronic dependence.
4. Effective sustainable prevention efforts focuses on the context of using more so than the actual substance involved. Thus, this strategy will not be substance specific but include all substances, such as tobacco, alcohol, prescription drugs, street drugs, and other controlled substances.
5. The best prevention efforts are built on the successes of previous projects and the assets of individuals. We regard all individuals as being gifted and knowledgeable with a special emphases on those substance affected and/or using. Individual, organizational and community healing and capacity building are promoted through the connection of authentic experiences to structured interventions.
6. Prevention activities must support self-determination that respects individual choices and the dignity of each citizen. Individual human rights must be preserved, as the most vulnerable populations can be a greater risk for substance misuse.
7. A successful prevention strategy defines roles and responsibilities at the individual, organizational, community, and government levels. Coordinated regional efforts recognize that solutions without borders are required, as prevention efforts can't flourish in isolation.
8. As citizens of a vibrant community, we have a civic responsibility for the care and well being of our residents, including the most socially excluded. Every contribution, whether large or small makes a difference. Every success is dependant on community ownership and involvement.

“You have to rise high enough to see the entire landscape of substance misuse”

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Executive Summary



“The Prevention Pillar is perhaps the most difficult of the four pillars to develop and implement: it is a long term proposition requiring interventions at multiple levels among actors over considerable periods of time”

Donald McPherson, Drug Policy Coordinator,
City of Vancouver

There is a popular saying: “The shortest distance between truth and people is a story. Stories help people learn what, how and why things happen.

Let me begin with a story. . . .

About four years ago, in 2003, the Lower Mainland Municipal Association, urged the Maple Ridge Council and Mayor of that day to consider a Substance Misuse Strategy. You see, many other Lower Mainland Municipalities, including Vancouver, Richmond and the North Shore were creating plans to proactively deal with substance use and misuse. Recognizing the importance of this call and recalling similar calls from locally produced documents, the Mayor and Council directed the Social Planning Advisory Committee (SPAC) to initiate this work. Here’s where the real promise begins.

The District of Maple Ridge SPAC has demonstrated a true commitment for community capacity building through network formation, task force development and neighbourhood study circles. Building on their success to mobilize community assets in responding to issues, the Substance Misuse Task Force was created made up of 22 people from various agencies, the School District, the RCMP, MCFD and government. Cheryl Ashlie, became the SMPTF Chair, and Sue Wheeler offered her administrative assistance in her role on SPAC. Soon grants were being written and approved, namely from SPAC, the United Way and Fraser Health that facilitated the hiring of a coordinator to conduct community research and write a strategy.

It all sounds so smooth and well planned. Yet, as we all know, real life can be messy and issues arise unexpectedly. While the SMPTF and the coordinator worked to identify community assets, needs and ideas to put into a large-scale plan, conversations between SMPTF members identified emerging issues and resources. What better timing than now to put the pieces together into action. Therefore, the SMPTF helped midwife the Matrix Pilot Project (youth home detox, support & aftercare), the Cell Program (Alouette Addictions & RCMP) and the School District’s Social Responsibility Coordinator.

Executive Summary continued

Meanwhile back on the streets, alleys, classrooms, offices and meeting rooms 233 people shared their information about resources, needs and recommendations that make up this strategic plan.

Preventing Substance Misuse is no easy feat, and there is no magic bullet that will be effective in the end. In fact, quick fixes, that make appearances look good, often have an inverse effect as problems get pushed under-ground farther away from the help required. Really effective prevention that respects the dignity and rights of all citizens requires a long term commitment and courage that goes beyond personal opinion and moral judgment. It can be as dire as saving lives or as simple as cutting down on weekend drinking. What's important is the context in which prevention needs to happen.

This work produced a number of recommendations, 33 in fact, that are organized along four themes: Prevention Across the Life Course; Youth Specific prevention; Reducing Harm from Substance Use / Misuse; Building Community Capacity to Support Prevention Coordination. All the information shared in this document came from our residents and people who work in our community. Evidence from published reports and literature was included to support what our community wants to see happen.

“I always wonder if going to meetings over and over again is a good use of my time. I always seem to get second thoughts about going right before the meeting starts, as I naturally think about what work I am leaving behind. But, it never fails. I always get to connect with someone, learn about some service or just get re-inspired to continue working after I attend a meeting. Maybe, we should wonder what this community would look like if no one went to meetings? It would be devastating”

Local Executive Director

It is anticipated that the Substance Misuse Prevention Task Force will continue to thrive as an on-going advisory committee. In addition, it is hoped that federal funding will be secured later this spring to hire an implementation coordinator who will take these insights and guide them into action. An annual prevention summit, in partnership with other municipalities, is expected to begin next year. This next chapter will be another four years of quality prevention work and exceptional community capacity building.

Summary List of Recommendations

Here are the 33 recommendations that were generated from a hybrid blend of existing assets, identified needs, and in some cases additional resources. They are organized into the four theme prevention priorities.

Prevention Across the Life Span

1. develop a pre/post natal program for women using substances and parents substance affected
2. implement a senior awareness & support program that includes home detox, counselling & aftercare services
3. organize a community-wide forum on preventing prescription drugs misuse, especially among the senior population
4. work together to develop a campaign to reduce impaired driving
5. work towards a campaign to reduce tobacco use among young people, especially young girls
6. continue implementing asset development approaches with a goal to share best practices and lessons learned with the larger community
7. develop a local media advocacy strategy that heightens the profile of accurate substance use / misuse and related issues in the community by connecting media to prevention service providers, researchers and local citizens

Youth Specific Prevention

8. working with the BC Centre for Substance Use, develop and implement a local public education campaign based on best and accurate evidence to deepen awareness of the harm from substance misuse in our communities. The Substance Misuse Prevention Task Force will reserve seats for active youth involvement and work to enhance young peoples' contributions to the decision-making process
9. work with local youth in designing a prevention campaign that involves artistic expression and produces public art

10. work with youth in creating a web based prevention campaign for substance misuse
11. advocate for the continued funding for the Iron Horse Safe House and the Matrix Pilot Project
12. relevant stake holding agencies work towards a cooperative learning exchange to implement a peer education and support project focused on preventing substance misuse
13. continue to work towards a Youth Resource Centre
14. Substance Misuse Task Force lead a joint publication presenting best practices for youth engagement

Reducing Harm from Substance Use / Misuse

15. review the findings from the previous mobile needle exchange pilot and work towards developing a comprehensive city-wide syringe recovery system in order to minimize the number of discarded syringes in the cities' streets, alleys and parks
16. working with the Centre for Addictions Research of BC, police, health professionals, and local businesses to implement a Safer Bars Pilot Project in local establishments
17. provide local access to methadone maintenance including affordable access to assessment, intake, counseling, and physician visits
18. continue to support Ridge Meadows RCMP, environmental health and community stakeholders to address the on-going threat of clandestine labs in residential areas, including the remediation protocols to clean up and remove toxic materials
20. support the creation of a moderation management self help group for people concerned about their drinking
21. develop peer support groups for persons living with HIV and Hep C and broaden community relevant prevention education
22. work towards for gay, lesbian, bi and transgender safe spaces and sensitivity training for service providers

Building Community Capacity to Support Prevention of Substance Misuse Coordination

23. continue to support the Regional Homelessness Strategy
24. local addiction agencies that consistently utilize harm reduction approaches produce a best practices document for community education and professional development
25. convene an annual prevention summit that invites local agencies, individuals, drug users, funders, researchers, members of the public, and other levels of government to evaluate this strategies progress, celebrate accomplishments and plan for future directions to prevent further substance misuse
26. Support the Child, Youth & Family Network in the development of a neighbourhood-based “Hub” and satellite service model that includes MCFD, Fraser Health & the School District #42
27. The Substance Misuse Prevention Task Force (SMPTF) reconvene as an on-going committee to provide on-going advisement and support to these strategies recommendations
28. The Substance Misuse Prevention Task Force (SMPTF) create a multi-literate document that identifies best practices for diverse community engagement and capacity building
29. The Substance Misuse Prevention Task Force (SMPTF) seeks endorsement for this strategy from the District of Maple Ridge Social Planning Advisory Committee (SPAC) and Maple Ridge City Council.
30. The Substance Misuse Prevention Task Force (SMPTF) create a sustainability plan and seek funding sources to implement priority recommendations as determined by Task Force members
31. The Substance Misuse Prevention Task Force (SMPTF) coordinate a living art mosaic to encourage community participation for prevention
32. The Substance Misuse Prevention Task Force (SMPTF) circulate this document among people who live and work in our communities
33. The Substance Misuse Prevention Task Force (SMPTF) provide regular and on-going reporting to District of Maple Ridge SPAC

The Prevention Dialogue

“It is what we make out of what we have, not what we are given that separates one person from another” –Nelsen Mandela

There is no magic prevention bullet or inoculation that prohibits harmful substance use from developing. Prevention activities are the most popular among addiction services and most often described as ‘easy’. However, realistically, the scope of prevention is the most difficult to define, and the impacts, the most challenging to measure. Historically, the balancing act within social and health services has left prevention on the wayside. This is changing dramatically, especially within our local health authority with the advent of their population health teams and their new division devoted to prevention and health promotion. Our community is responding with asset development approaches and community capacity building networks.

HEALTH PROMOTION

These are initiatives that support individuals to engage in safer and healthier choices, and which create supportive environments, strengthen community action and develop personal health and coping skills. These initiatives create conditions or a context that make the healthy choice the easy choice.

PREVENTION SERVICES

Primary Prevention: Initiatives that provide information on health and harms associated with substance use, including education and support through awareness of community resources that promote resiliency, positive choices and effective coping skills. ***Universal Prevention*** focuses on the whole population to strengthen protective factors and reduce risks. ***Selective Prevention*** focuses on specific subgroups of the population with increased risk for substance misuse.

Secondary Prevention: Initiatives targeted to early detection and response to individuals exhibiting signs of problematic substance use.

Indicated Prevention: Initiatives targeted to individuals living in high-risk environments for substance misuse, or whose biological, social, and/or environmental markers indicate a predisposition

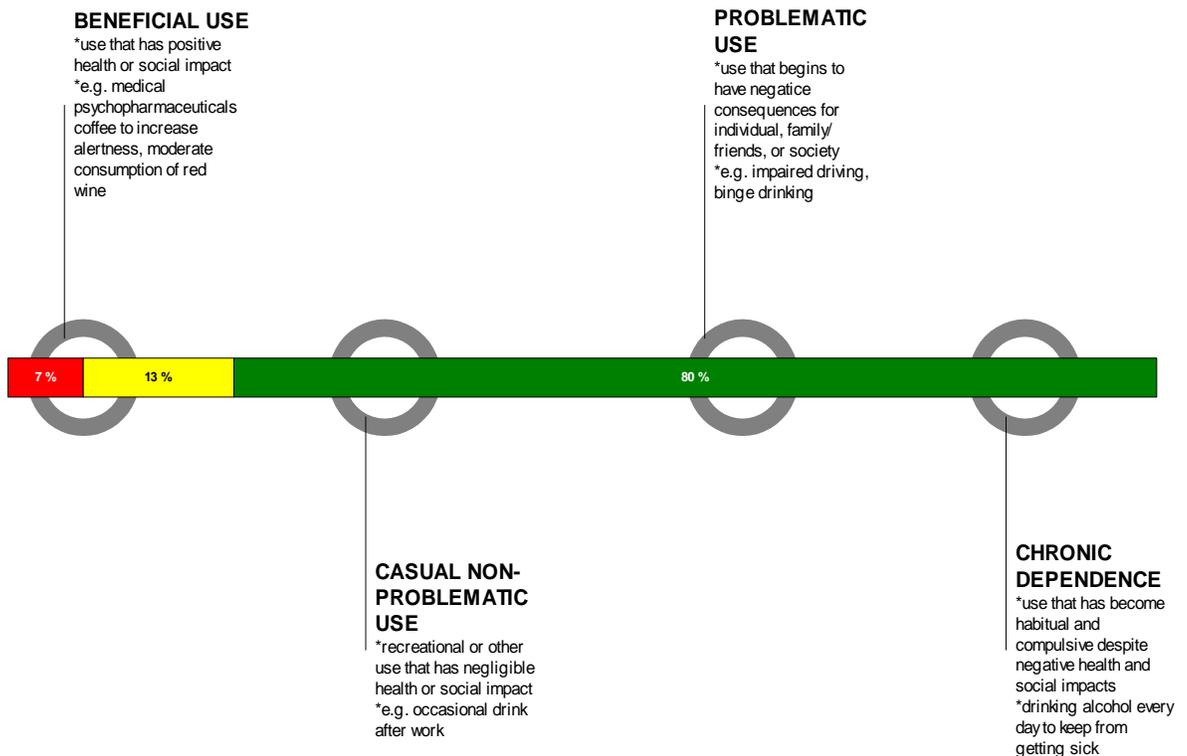
Tertiary Prevention: Initiatives that work to alleviate or limit long-term effects of substance misuse

HARM REDUCTION

Harm reduction is a philosophy that guides and informs the health care of individuals, including those who use substances. For substance-using individuals, the goal of harm reduction is to limit the adverse health (e.g. HIV/AIDS, Hep C, overdose and open drug scene), social, legal and economic consequences associated with such use. A harm reduction approach needs to be adopted in all prevention activities as well as treatment and recovery programs.

A lot of discussion occurred among Substance Misuse Prevention Task Force members regarding the current realities of substance use and misuse. During a January 2006 morning meeting in the School District's conference room, several visual diagrams were shared to illustrate the dimensions of using drugs, alcohol and tobacco. The following spectrum most closely depicts the group's vision.

SPECTRUM OF PSYCHOACTIVE SUBSTANCE USE



Substance use may begin at one point on the spectrum and remain stable, or move gradually or rapidly to another point.

**Adapted from BC Ministry of Health Services,
*Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, 2004.***

A Case for Prevention

Prevention has been shown to be effective and save lives. Sustained and intense health promotion and population health initiatives have produced significant shifts in societal norms, attitudes and behaviours. We see this in Canada with tobacco use, which has been reduced in half among adults in the last 50 years. Seat belt compliance rates went from 11 per cent to 80 per cent in a five-year span. Here is more documented evidence that builds a strong case for prevention efforts.

➤ Prevention is Cost Effective

Canadian researchers have found a \$15 savings on every dollar spent (benefit cost ratio of 15:1) on drug abuse prevention (Kaiserman, 1998; Kim et al., 1995). Every \$1 spent on preventing tobacco use was shown to save \$19 in associated treatment costs, and every \$1 spent on preventing alcohol and drug use saves \$6 in related treatment (St.Leger, et al., 2000).

➤ Prevention has Positive Impacts

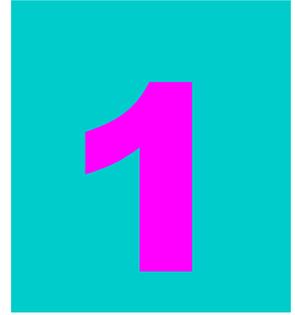
One recent study found that students who received prevention programs in junior high school reduced their use of various substances between 20 to 30 per cent during high school compared to those without a program. School prevention programs that emphasize asset development have shown to reduce substance misuse among secondary students by 35% compared to those who only receive prevention information (Tobler, N et al., 2002).

I never realized that my drinking buddies had become the family that I never had. I never knew my father and my mother was chronically depressed. I became a loner, and only felt like being around people when I was smashed. Alcohol is the only thing that could take away my loneliness.

Grade 11 Student

➤ Prevention is a Catalyst for Community Cohesion

The language of prevention and its related activities can be accessible for all ages, cultures, gender, and socio-economic status. Successful prevention programs have re-connected polarized groups. For example, a multi-generational tobacco reduction campaign matched youth with seniors. Not only did this reduce tobacco use among the elderly, but also, it delayed the onset of smoking among the younger participants. The relationships between the two age groups extended far beyond the conclusion of the project resulting in a joint community garden (Rice, H., 2004)



Introduction

“It is often wonderful how putting down on paper a clear statement of a case helps one to see not perhaps the way out, but the way in.” - Arthur Bensen

BACKGROUND

GOALS & OBJECTIVES

ACCOMPLISHMENTS

BACKGROUND of SMPTF

I am so impressed with your communities' capacity to network partner and work collaboratively. It is unheard of these days with current funding wars, that any community-wide network remains functional. Your Substance Misuse Prevention Task Force is a great example of what can be accomplished when like minds get together and share resources.

*Charles Anderson
Matrix Institute
Affiliated with UCLA
Los Angeles, CA*

- Spring 2003 Lower Mainland Municipal Association (LMMA) urges Maple Ridge and Pitt Meadows to consider a Substance Misuse Strategy- council directs District of Maple Ridge Social Planning Advisory Committee to initiate
- This call was supported by locally produced reports such as “Filling the Gaps” and “Responding to Homelessness” that combined consulted with well over 500 service providers and residents
- Spring 2004, A Substance Misuse Prevention Task Force (SMPTF) was initiated by the District’s Social Planning Advisory Committee. The SMPTF built their goals and objectives upon the successes of “Community Solutions”
- Fall 2004, a Town Hall Series of meetings unanimously agreed that a community-wide, community-driven substance misuse strategy was needed
- Summer 2005, Fraser Health Community Health Grant and United Way Community Innovations Grant was approved to fund SMPTF goals
- May 2005, School District approves funding for Social Responsibility Coordinator
- October 2005, A SMPTF Coordinator hired to fulfill the SMPTF goals and objectives. Alouette Addictions administers grant dollars.
- November 2005, Iron Horse Youth Safe House presents to SMPTF and identifies need for local youth detox
- December 2005, Youth Home Detox Pilot Project proposal approved for Maple Ridge-Pitt Meadows and is funded by Fraser Health
- January 2006, SMPTF grows to over 20 member agencies
- March 2006 Community Consultation Forum hosted by SMPTF
- April 2006, Youth Home detox expands to a wrap-around Matrix Pilot Project that includes outreach, detox, support & aftercare for people ages 16 to 24
- June 2006, SMPTF meets to discuss guiding principles for strategic document
- Sept 2006, Matrix Pilot Project secures house for home detox. Advisory committee made up of SMPTF members meet regularly to advise project
- February 2007, SMPTF reviews strategy for SPAC and City Council endorsement

GOALS & OBJECTIVES

The Substance Misuse Prevention Task Force identified two project *goals* that work in tandem with each other.

- 1) To build a community-based framework for action in order to reduce the preventable harm resulting from substance misuse in the communities of Maple Ridge and Pitt Meadows
- 2) To build on the strength and capacity of the community that was achieved through the “Building Community Solutions” project by continuing to increase the capacity of the community to address community-wide issues.

Lack of secure housing was cited throughout the majority of interviews and community action planning focus groups.

Participants discussed the strong link between homelessness or inadequate housing and decreased health, harmful drug use and criminal justice involvement.

As one participant said, “I am tired of couch surfing or renting a run-down room only to have my door kicked in or worse offered drugs at anytime day or night.”

To realize the identified goals, the SMPTF designed a series of *objectives*. As the project was implemented a number of immediate issues were addressed with newly created partnerships and articulated resources.

- to promote effective interagency coordination and stimulate partnerships in order to create a local mechanism for supporting prevention activities

The SMPTF, composed of 22 members from all community sectors, met monthly to share information, respond to emerging issues and advise the development of this strategy

- to mobilize existing resources in the community toward action

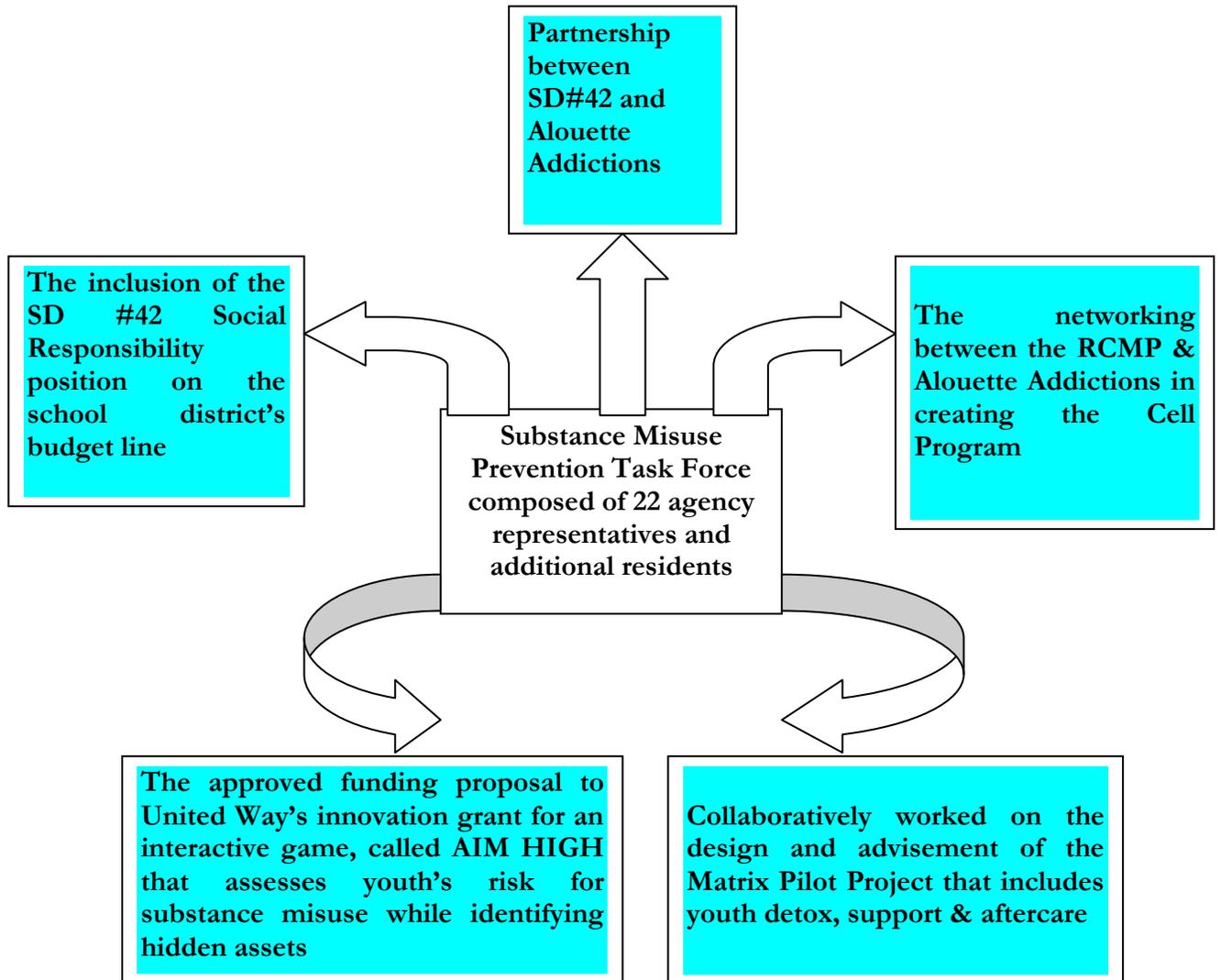
The SMPTF was a catalyst for the inclusion of the School District’s Social Responsibility Coordinator into its annual budget and provided valuable input into the design of the Matrix Pilot project. A community asset inventory was created from 152 interviews

- to ensure an on-going commitment to a local plan

The SMPTF has created this document that articulates realistic prevention strategies that build on local resources. A sustainability plan will be created to ensure the implementation of priority prevention activities

SMPTF ACCOMPLISHMENTS

While Creating Strategy



The real benefit of participating on a Task Force like the SMPTF is the incredible meeting of the minds. So many ideas and projects sprouted from our members sitting face-to-face once a month, all sharing a common vision. The SMPTF brought thousands of dollars into this community and mid-wifed many more services that goes far beyond this document. This should not be over looked.

SMPTF member



FOUR STRATEGIC PREVENTION PRIORITIES

Prevention Across the Life Course

Youth Specific Prevention

**Reducing Harm From Substance Use /
Misuse**

**Building Community Capacity to
Support Prevention Coordination**

1. PREVENTION ACROSS THE LIFE COURSE



What the Evidence Says

Substance use is part of human behaviour, and as such, occurs across the life course. Consequently, prevention efforts should be an on-going consideration for all age groups and at key transitional points during an individual's development. Some people experience increased stresses during change, such as moving from school into the workforce or entering or leaving a marriage. A person's inability to navigate through these changes exposes him or her to risk factors that accumulate over time resulting in more susceptibility to substance misuse.

Current research indicates that prevention activities should aim to reduce risk factors while enhance protective factors. Historically, prevention focused on the drug use and the user in an attempt to deter people from using. These approaches assumed that lack of information, motivation or esteem caused the problem. Although, these efforts resulted in some small behavioural change, far too many others continued to misuse substances for longer periods of time.

IN A IMPOVERISHED NEIGHBOURHOOD IN DETROIT, 12 MONTHS OF HIGH QUALITY CHILD CARE AND PARENTING PROGRAMS FOR CHILDREN BETWEEN THE AGES OF 3 AND 5 LED TO A LARGE REDUCTION IN TEENAGE AND YOUNG ADULTHOOD DRUG USE AND CRIMINALITY. MULTIPLE ARRESTS WERE REDUCED FIVE-FOLD BY AGE 27 (SCHWEINHART, 1993)

Research from Australia first published evidence of the complex interplay of risk and protective factors over time within important settings in a person's life, such as family, school, peer groups, work, and community (The Prevention of Substance Use, Risk and Harm in Australia, 2004). Risk factors predispose an individual to future problems while protective factors lessen them. The assets an individual has developed, combined with their protective factors, can offset these risks. This is called **resiliency**.

Prevention strategies that focus on several diverse risk and protective factors in multiple settings are much more effective than traditionally drug-focused campaigns (Roberts, 2001).

I. PREVENTION ACROSS THE LIFE COURSE

Gardner, Green, and Marcus (2001) have identified the following protective factors.

The community can be a **good influence** on youth if:

- ❑ Messages and public policies support the entire continuum of substance use
- ❑ There is easy access to resources (housing, healthcare, childcare, job training, employment, recreation, spiritual guidance)
- ❑ There are supportive networks and social bonding opportunities, including provision of public spaces and safe, child friendly and youth-only spaces
- ❑ Youth are involved in community service programs and have decision-making power, especially in activities that affect their lives

The family or selective kin can have a **positive influence** on a child if:

- ❑ The parents seek prenatal care and develop a close bond with the child
- ❑ Education is valued and encouraged
- ❑ Parents spend quality time with their children doing interactive activities
- ❑ Parents express clear expectations and encourage supportive relationships
- ❑ Family responsibilities are shared and stress is managed well
- ❑ Parents use a high-warmth/low-criticism parenting style

Peers can have a **positive influence** if they:

- ❑ Bond together in peer groups and find creative ways to express themselves
- ❑ Are involved in diverse activities and aren't afraid to try new things
- ❑ Respect authority, although he or she may disagree
- ❑ Appreciate the unique contributions and talents of individuals

In 2004, *The Ridge Meadows Children First Initiative* was created to promote and support community engagement in improving health and well-being of children from birth to six years in Maple Ridge and Pitt Meadows. It was funded by the Ministry of Children and Family Development. Several extraordinary initiatives were implemented including a **Children First** local document that itemizes services for families. This initiative has been underway for over 3 years, and is now led by the **Early Childhood development Committee (RMECDC)**, a subcommittee of the Ridge Meadows Child, Youth & Family Network

I. PREVENTION ACROSS THE LIFE COURSE

Gardner, Green, and Marcus (2001) have identified the following risk factors.

Individual **Risk Factors:**

- ❑ Inadequate life skills
- ❑ Lack of self control, assertiveness and peer-refusal skills
- ❑ Low self esteem, efficacy, and self confidence
- ❑ School failure and lack of school bonding
- ❑ Witness to repeated violence, substance misuse, and other stressors
- ❑ Lack of structure or too much structure
- ❑ Lack of healthy attachments to people close to them

*The real difference
between telling what
happened and telling
a story is instead of
being a victim of the
past, you are a
master of it.*

Ron Labonte

Family Based **Risk Factors:**

- ❑ Family conflict and domestic violence
- ❑ Family disorganization and lack of family cohesion
- ❑ Social isolation of the family
- ❑ Heightened family stress and inadequate coping skills
- ❑ Favourable attitudes towards substance misuse
- ❑ Poor childhood supervision and lack of positive re-enforcement
- ❑ Unrealistic expectations for development

Community **Risk Factors:**

- ❑ Community disorganization and lack of community bonding
- ❑ Lack of community and cultural pride
- ❑ Lack of multi-generational community involvement

- ❑ Community attitudes that favour substance misuse or attitudes that support abolition

I. PREVENTION ACROSS THE LIFE COURSE



We have a lot of community resources that reduce risk factors & increase protective factors. Here is a sampling. A complete inventory is included in the appendix

What we already have happening . . .

Leisure Services offers an opportunity for 10 to 12 year old children to mentor 6 to 10 year old children in safe and fun skate boarding. The **Mini Airs** project is an excellent opportunity for peer mentorship that goes beyond teaching just boarding skills. Witnessing these kids in action, you see honesty, friendship, enthusiasm, and positive energy. A former Leisure Centre participant who struggled with drugs and alcohol early in life attests that skateboarding saved him for a life of struggle and hardship. He is now one of the leading skateboard park designers in the world

- ✓ **Fraser Health:** Ridge Meadows Maternity Clinic; Breastfeeding Clinic; Healthy Beginnings (public health nurse connects with parents & their baby within 24-48 hours after they are discharged from hospital, also screens for post-partum depression); Healthy Babies (support to pregnant women & moms with babies up to 6 months); High Priority Prenatal (includes pregnancy & parenting information in Punjabi and Cantonese); Well Baby Child Health Clinic (children up to 5 years old); Baby Talk Clinics
- ✓ **Fraser Health (Mental Health)** psychiatric inpatient; psychiatric outpatient; community treatment team; adult short term assessment and treatment; geriatric team; day program; rehabilitation & vocational counseling; psychiatric liaison nurses; community residential program
- ✓ **Kidstart** Mentoring Program (PLEA) for children who are experiencing difficulty in their lives
- ✓ **Active Kids Club**, an after-school recreational children's program until 6 pm (School District #42 Program operated by Parks & Leisure Services with a nutritional program component funded by Fraser Health)
- ✓ **Family Education & Support Centre** offering young mom's program, aboriginal outreach, single mom's support group, immigrant settlement services, as well as parenting and personal development programs
- ✓ **Community Services** offering Maple Ridge Family Place (peer support, pre-school activities, parent discussion groups, sharing cupboard, child minding); Anishenabee Place for aboriginal parents and their children; outreach services to children, youth and families; childcare resource & referral program; victim services; mental health services including Rainbow Club; and senior services that include meals on wheels and outreach
- ✓ **Future Steps** was developed to meet the special needs of pregnant and parenting teens (YMCA, SD #42, Fraser Health, and MCFD)

SUBSTANCE MISUSE PREVENTION STRATEGY

Sharing an afternoon tea with residents from a senior's apartment complex, I learned that many of our elderly residents have a passion for helping youth. Most openly shared the social norms of drinking in their teenage years, and their mismatched experiences. Others shared their current struggles with friends who misuse prescription drugs. In that 3-hour visit, I experienced more empathy for youth who struggle with drugs and alcohol than in most workshop settings. These seniors are just waiting to help.

Marika Sandrelli

- ✓ **Family Supporting Families** is a self help group providing weekly meetings out of the Family Education & Support Centre
- ✓ **Ridge Meadows Association for Community Living (RMACL)** offers infant development program, a supported child development program, a behavioural support program, a family link respite program and a family support program
- ✓ **Ridge Meadows Women's Centre** offers Mama's Little Baby drop-in and practical and group support for single mothers
- ✓ **Maple Ridge Treatment Centre** offers an intensive residential treatment program for men that includes parenting electives and family education workshop series every Saturday morning
- ✓ **Alouette Addiction** offers prevention and counseling services to citizens for all ages that includes group and one-on-one support
- ✓ **Ministry for Child and Families** offers child protection, mental health clinical support, parenting support, youth agreements, child sexual exploitation prevention
- ✓ **Cythera Transition House Society** offers a parent-child mother goose program & a children who witness abuse psycho-educational program; also a survivors of childhood sexual abuse support
- ✓ **Asante Centre** provides FAS assessments, diagnosis, consultation and support for individuals who have been prenatally exposed to alcohol and/or drugs
- ✓ **Ridge Meadows Child Development Centre** offers direct funding respite program with MCFD
- ✓ **West Coast Family Resources Society** offers parenting programs
- ✓ **Act II Child & Family Services** offers family and sexual abuse counseling
- ✓ **North Fraser Therapeutic Riding Association** offers individuals with disabilities therapy and personal growth through horse-back riding
- ✓ **Pathfinder & Class2Go** are self paced ways to complete your Grade 12 (School District #42)
- ✓ **Parks Leisure Services** offers a vast array of child, youth, adult and senior recreational activities in Maple Ridge and Pitt Meadows
- ✓ **School District #42 Social Responsibility Coordinator** who has developed an asset identification and development initiative for all students

SUBSTANCE MISUSE PREVENTION STRATEGY

- ✓ **Bowman's Employment Services** has a resource centre and employment counseling
- ✓ **Salvation Army** offers job training, counseling, spiritual workshop, shelter
- ✓ **Big Brother & Sisters** that also includes an In-School mentoring Program
- ✓ **Maple Ridge Towers** offers afternoon tea gathering for senior residents to decrease loneliness and offer guest speakers
- ✓ **Ridge Meadows Seniors Society** offers support, advocacy, practical assistance & activities to seniors run by seniors for seniors
- ✓ **District Parents Advisory Council** offers support and education to parents
- ✓ **Dyna Parents** is a support group for those who are raising children from within their own families
- ✓ **The F.O.R.C.E Families Organized for Recognition & Care Equality Society for Kids Mental Health** is a new local initiative
- ✓ **HIPPY Canada** is a home instruction program for parents of preschool youngsters available to the community through Simon Fraser University's Community Education Programs
- ✓ **Virtues R Reality** started as a homework club in a struggling neighbourhood and has expanded to a number of community projects that encourage positive role models and mentors
- ✓ **B.C Schizophrenia Society** has a local chapter that provides support, education, information and assistance to anyone whose family member or friend has a mental illness
- ✓ **From Grief to Action** support group for parents and significant others whose lives are affected by addiction; meets monthly in Vancouver; support available via website www.fgta.org
- ✓ **Women's Care Pregnancy Centre** offers pregnancy tests, support, post-abortion grief support, peer counselling, baby & maternity clothing
- ✓ **Fraser Valley Regional Library** offers various activities for children, youth and adults, along with books, magazines and resources
- ✓ **Ridge Meadows RCMP** offers prevention drug education and Block Watch

The greatest resource of any community is its **people**. *Social Capital* is an untapped asset that when mobilized can sustain and enhance most community solutions. Maple Ridge and Pitt Meadows, through its **Building Community Solutions** is harnessing its social capital through relationships between people (i.e. networks). We are no longer solely service dependant.

“Nothing splendid has ever been achieved except by those who dared believe that something inside them was superior to circumstance”

I. PREVENTION ACROSS THE LIFE COURSE



From Residents & Service Providers

What we would like to do next . . .

A young woman who is currently engaged in survival sex to support a drug habit, along with her boyfriend's addiction, shared a tragic story about her loss of a child. She recalled that when she found out that she was pregnant, she suddenly stopped using heroin. The rapid and medically unsupervised withdrawal resulted in a miscarriage. She was afraid to get help for fear of being ostracized as an unfit mother or someone who recklessly got pregnant. That happened three years ago. To this day, in March 2006, she still gets teary and grieves for her lost child.

- More positive media reports that include guest editorials from youth, parents and seniors
- More prenatal care and support for women who use substances – there is no universal prenatal support
- Earlier and proper diagnosis for mental health issues- more self screening and de-stigmatizing for depression and anxiety
- More credible reporting in the local media about drugs and alcohol
- Affordable housing for seniors that is accessible to the downtown to reduce isolation and loneliness
- More activities that match youth with seniors
- More culturally relevant prevention materials, and information for gay, bi-sexual and transgender residents
- A more consistent approach to prevention that embraces asset development and mobilization
- More accurate and up-to-date information about the effects of substance misuse, including prescription drugs
- prevention and support programs aimed at seniors who are misusing substances or are substance affected
- family support group for those who are substance affected, including children and siblings
- a targeted campaign to reduce impaired driving
- a targeted campaign for tobacco reduction, cessation and prevention

I. PREVENTION ACROSS THE LIFE COURSE

PRIORITY RECOMMENDATIONS

Geriatric Addictions Services

In speaking with our senior residents, factors such as, loneliness, loss, decline in physical capabilities and a host of other psychosocial factors contribute to their substance use/misuse. In B.C., it is estimated that 18% of hospitalized seniors are admitted because of alcohol use. Geriatric individuals are more likely to use prescription drugs than illicit drugs. It is estimated that 20% of Canadians 60 and over use painkillers.

1. develop a pre/post natal program for women using substances and parents substance affected
2. implement a Senior Awareness & Support Program that includes home detox, counseling and aftercare
3. organize a community-wide forum on prescription drugs
4. work together to develop a campaign to reduce impaired driving.
5. work towards a campaign to reduce tobacco use among young people, especially young girls
6. continue implementing their asset development approaches with a goal to share best practices and lessons learned
7. develop a local media advocacy strategy that heightens the profile of accurate substance use and related issues in the community by connecting media to prevention service providers, researchers and local citizens
8. partner with the BC Centre for Substance Use to develop and implement a local public education campaign based on best and accurate evidence to deepen awareness of the harm from substance misuse in our communities



Maple Ridge, Pitt Meadows and Katzie have a significantly higher proportion of preschool residents (11.2%) than the Greater Vancouver Regional District (8.5%). The preschool years are increasingly being viewed as the most important years of an individual's development.

BC stats predict major growth for our region. The population of the Maple Ridge local health area (in 1996 at 77,988) is expected to climb by 50.5% in 2025. These estimates are low when factoring the completion of the Golden Ears Bridge.

I. PREVENTION ACROSS THE LIFE COURSE



This programming creates opportunities for young people to have input in decisions that affect their lives!

Parks & Leisure Services uses a Benefits-based Approach to Delivering Services

INDIVIDUAL OR HUMAN CAPACITY BUILDING:

- ✓ Refers to the attributes and resources that individuals contribute to their own well being, as well as, to the community. These include: education, skills, time, health, values, leadership

Individual Benefits include:

Individual health;
Self esteem;
Sense of ownership;
Sense of belonging;
Feeling of connection;
Personal growth & development

SOCIAL OR COMMUNITY CAPACITY BUILDING:

- ✓ Refers to the relationships, networks, and norms that facilitate collective action to improve upon the quality of life and to ensure that such improvements are sustainable

Community Benefits include:

Civic competence;
Effectiveness of local associations;
Effectiveness of networks;
Interrelationships between public, private, and non-profit institutions;
Physical & economic resources for the community

ALL CHILDREN AND YOUTH SERVICES PROGRAMMING INCLUDE

- ✓ A sense of belonging
- ✓ A sense of being valued
- ✓ A sense of competence
- ✓ A sense of power

WORKSHEET #1

PREVENTION ACROSS
THE LIFE COURSE

LOCAL RESOURCES AND ASSETS TO MOBILIZE	OTHER NEEDS THAT YOU HAVE IDENTIFIED	REALISTIC ACTIONS
1		
2		
3		
4		
5		
6		
7		



II. YOUTH SPECIFIC PREVENTION



What the Evidence Says

All substance use meets some type of perceived need on the part of the user. While some needs may be met through a drug's effect (i.e. relief of pain, feeling of pleasure), others may be met through symbolism associated with use of a substance (i.e. feeling of belonging, sense of identity). In order to be credible with youth, any prevention program needs to be aware of the way young people view the benefits and the risks associated with substance use. This by far is the most important factor in creating prevention initiatives (Tobler et al, 2002)

The most commonly used substances among youth in Maple Ridge, Pitt Meadows and Katzie are alcohol, tobacco and cannabis. This is consistent with the rest of British Columbia. In fact, alcohol and cannabis use has increased sharply. The use of 'club drugs', such as ecstasy, methamphetamines, Rohypnol, GHB and Ketamine has also come to the attention of our youth. There is a hierarchical view towards these drugs among our youth with ecstasy regarded as a 'class experience' while crystal meth seen as a 'dirty drug'

Compared with student populations, the use of crack cocaine and injection drugs among out-of-stream youth is considerably higher. Street involved youth in Vancouver report 48% males and 32% females using crack and/or heroin (McCreary Centre, 2002). This writer heard anecdotal evidence to support this significant prevalence in our communities.

While there are conflicting opinions on whether general substance misuse among youth is increasing, heavier use and associated harm is rising among youth already engaging. Also, youth are starting earlier, especially alcohol, tobacco and cannabis, which are now seeing use among pre-teens (Grade 6 – 8). Early onset of tobacco and alcohol has been associated with later substance use problems and dependence.

One of the most identified problems with our local youth involves weekend binge drinking, especially at customary 'hot spots' such as specific home addresses or 'bush parties'. Routinely, it is estimated by local RCMP and emergency attendants that 1 in 10 of these young partiers drink to what is considered a hazardous level. (Smandych, 2006). Matrix Pilot project staff report that parents have called them for help in speaking to their children, and staff regularly offer safety planning for weekend partiers. The RCMP reports more calls associated with alcohol misuse than any other substance.

Ridge Meadows RCMP officers tracked down the number of youth related incidents in the month of March 2006. During that period, 703 files were opened relating to a wide variety of incidents including everything from noise violations to vandalism. Among these incidents were 72 alcohol related issues; 21 drug related issues; 8 runaways; 80 violence related issues.

II. YOUTH SPECIFIC PREVENTION



We have a lot of community resources that reduce risk factors & increase protective factors. Here is a sampling. A complete inventory is included in the appendix

What we already have happening

Word to Live By
(a poem from a local youth)

If you're too open-minded,
your brains will fall out.

Don't worry what people
will think; they don't do it
very often.

Going to church doesn't
make you a Christian any
more than standing in a
garage makes you a car.

Experience is a wonderful
thing: it enables you to
recognize a mistake when
you make it again.

By the time you make the
ends meet, they move the
ends.

Someone who thinks
logically provides a nice
contrast to the real world

- ✓ **Greg Moore Youth Centre** that was designed and created with active participation of local youth. The centre continues meaningfully involve youth in decision-making through advisory groups, councils and direct programming; provides a range of recreational activities an serves as a co-location for youth specific services
- ✓ **Pitt Meadows Youth Centre** operates within the same philosophy as the Greg Moore Youth Centre
- ✓ **Social Responsibility Coordinator (SRC)** works for the School District in collaboratively creating curriculum and instructional designs for prevention education. Utilizing an appreciative inquiry approach, this position builds on the strengths of the students and employees.
- ✓ **Dry Grad** organized by Students' Councils and School District Support Staff
- ✓ **Developmental Asset Building** initiatives implemented by the School District, Parks & Leisure Services, Alouette Addictions, and the Matrix Pilot Project
- ✓ **Alouette Addictions School-Based Prevention Workers** in every secondary school who work collaboratively with the School District's SRC; also the newly created and innovative T2 program, a supportive diversion for students suspended from school for substance related use
- ✓ **Ministerial Youth Groups** among the numerous and diverse religious communities who offer youth-related activities in non-using environments
- ✓ **Iron Horse Youth Clinic** is a drop-in clinic for male and female youth on Tuesday and Thursdays between 4 and 8 pm that offers nurses, a physician, counselors and youth workers that address STDs, birth control, tobacco reduction & cessation; pregnancy testing, addiction services
- ✓ **Iron Horse Youth Safe House** for males and females 13 – 18 years of age who need safe place to stay; this project was created and designed with the meaningful involvement of street involved youth
- ✓ **Matrix Pilot Project** is a wrap-around detox, support and aftercare service for young people between the ages of 16 and 24 years old; also includes a part-time crystal meth outreach worker (Fraser Health)

- ✓ **Ministry for Children and Families** offers **youth agreements** between youth 16 to 18 who can't return to home for safety reasons or have no parental access to live independently with the guidance from a youth worker; parent-teen mediation; youth-in-care support
- ✓ **PLEA** offers integrated youth development; intensive support & supervision for youth sentenced in justice system; youth agreement support with MCFD; family counselling and parent-teen mediation; community work service
- ✓ **Ridge Meadows Youth & Justice Advocacy Association** offers a help for the first time youth offender (12 to 18 years old) to reduce crime recidivism through the provision of a trained and supported community volunteer
- ✓ **ASTRA** youth outreach services provided by PCRS
- ✓ **EMERGE program** run through First Generations
- ✓ **Onyx Program (PLEA)** outreach services for sexually exploited youth

We are all story tellers. We are all stories. Where do stories come from? Listeners have hundreds of hands and they pull them out of you
Noel Galt

II. YOUTH SPECIFIC PREVENTION



From Residents & Service Providers

What we would like to do next

- More youth mobile outreach program at neighbourhood levels
- Peer Education and Support Programs for Substance Misuse
- Secure funding for Iron Horse Youth Safe House & Matrix Pilot Project
- More youth representation on political and decision-making bodies including Social planning Advisory Committee and Substance Misuse Prevention Task Force
- Web based prevention programming that includes chat rooms & games
- More awareness of community resources
- Extended hours for support services for youth

We are all in the gutter, but some of us are looking at the stars
Oscar Wilde

Since the inception of T2 (Assessment and Choices Program) at Alouette Addictions on October 3rd, we have served over 80 youth and are continually being told that, "I came to this program thinking it would be lame but found out some things about me that I want to change. This is the best program that I have been to".

*Ron Lawrance, AAS
Executive Director*

- More positive stories about youth overcoming barriers and celebrating accomplishments, especially in the media
- Open-Ended day Treatment for Youth **Update- PCRS to deliver 2007*
- Alternatives for suspension at school for substance misuse/use **Update Alouette Addictions has had early success with their T2 program*
- Youth One-Stop Resource Centre designed by youth that is youth centred
- More utilization of arts (visual, music, and theatrical) in prevention campaigns that appeals to youth culture
- More support for youth who are substance affected, especially for youth whose parents are using
- Locally produced youth cable show and/or fanzine that includes prevention messaging
- Tobacco Reduction & Cessation Programs for young people

II. YOUTH SPECIFIC PREVENTION

PRIORITY RECOMMENDATIONS

9. reserve seats for active youth involvement on local committees and task forces and work to support young peoples' contributions to the decision-making process
10. work with local youth in designing a prevention campaign that involves artistic expression and produces public art
11. work with youth in creating a web based prevention campaign
12. advocate for the continued funding for the Iron Horse Safe House and the Matrix Pilot Project
13. relevant stake holding agencies work towards a cooperative learning exchange to implement a peer education and support project focused on preventing substance misuse
14. continue to work towards a Youth Resource Centre

15. create a joint publication presenting best practices for youth engagement
16. develop a tobacco reduction, cessation and prevention program, particularly aimed at young women



HOT OFF THE PRESSES . . .

→ *Alouette Addiction Services have created an alternative program suspended for substance use/misuse in partnership with SD #42. This structured day program offers multi-literate and interactive skills building, knowledge development and motivational exercises. The program is housed within the walls of a youth decorated space complete with inspirational graffiti art and floor to ceiling chalkboard.*



The most important principle for any youth prevention program, regardless of goal, is that substance information be scientifically accurate, objective, non-biased and presented without value judgment. Regardless of the age of the intended audience, participants must be provided with accurate information and strategies for developing skills, such as, communication, decision-making, problem solving and conflict resolution.

“Some lady came into our classroom and talked about how we would all become addicted to drugs from one hoot or one joint. That we would become homeless or end up with permanent brain damage that’s never happened to my friends or me. As soon as she said that I tuned right out- she doesn’t know what she is talking about”

Grade 11 student

Remember- as an adult, already your credibility with youth is tenuous, it can be lost completely with exaggerations, value judgments or scare tactics.



REWIND

Alouette Addictions and award winning director, Mike Neitzel, have produced a prevention video that is accompanied by a facilitator's guide. *REWIND* is a journey into the lives of teenagers and what they are up to on a daily basis in our society today. This journey proves to be a real eye opener for anyone over the age of twenty-one and under the age thirteen. We have heard others say, or maybe even thought ourselves, "if I could only do it over again – knowing what I know now." But to hear a fourteen year old utter those words is completely devastating. Many parents have heard this from their youth and it is usually connected to some form of substance abuse. For more information, call (604) 467-5179



AVOID THESE STRATEGIES

Tactics that have been shown not to work with youth in school settings

- ❑ Programs based on external speakers or assemblies with little involvement of school staff and students. Youth learn and remember more by doing, especially activities that are relevant to them.
- ❑ Addressing crises, especially through preaching, lecturing or scare tactics. War stories have an inverse effect with young people. A large per cent age of young people respond with "that's not me – I can't relate" or "I bet I could do the same amount of dope and not have the same problems – I am smarter" it's either an invitation to do better or a turn-off.
- ❑ Little school/family/community involvement. Substance use doesn't happen in isolation. It takes a community to respond.
- ❑ Little or no investment in teacher training or provision of support services
- ❑ Focusing only on drug & alcohol information. Successful prevention efforts need to build protective factors and reduce risk factors

WORKSHEET #2

YOUTH SPECIFIC
PREVENTION

LOCAL RESOURCES AND ASSETS TO MOBILIZE	OTHER NEEDS THAT YOU HAVE IDENTIFIED	REALISTIC ACTIONS
1		
2		
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6		
7		



III. REDUCING HARM FROM SUBSTANCE USE AND/OR MISUSE



What the Evidence Says

The Ministry of Health describes harm reduction as a ‘pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.’ Harm reduction programs are perhaps the most controversial due to its maintaining a value neutral and humanistic view of drug use and the drug user. Interestingly, misinformation is the usual source of most disagreements, as people generally think harm reduction is directly opposite to abstinence – the truth being harm reduction is incorporated on the continuum leading to abstinence.

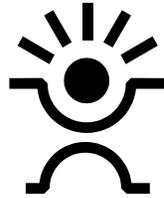
Harm reduction can move a person from a state of chaos to a state of control over their lives. For some people, abstinence is the most feasible way to reduce harm. Interventions that aim for abstinence and for safer drug use both have a place within harm reduction. (Ministry of Health, 2005)

Needle exchange programs (NEPs) and methadone maintenance treatment (MMT) are the two most successful harm reduction initiatives that have consistently saved lives. NEPs have scientifically demonstrated to reduce risks contracting HIV and Hepatitis C with studies indicating a decrease by as much as 50 to 80% (Gibson et al, 2002) Taking into consideration, the reported jump in injecting drugs in our community, the risk for HIV and Hepatitis C is at an all-time high.

Currently, Maple Ridge does not have a NEP. A time limited mobile outreach project ran from May 1 to August 18, 2000. Vehicles were staffed with two nurses traveling through various the Simon Fraser Health region communities. There were 240 contacts in Ridge Meadows with over 5600 syringes exchanged. The outreach nurses noted occasional findings of syringes in parks and alleys. Currently, businesses and residents report finding used syringes in alleys and parks.

MMT is the current gold standard for treating heroin dependence, and is an international best practice established by the College of Physicians and Surgeons. Here, in Maple Ridge, citizens do not have access to a MMT program. Anyone requiring this award winning service must travel to a clinic in New Westminster and pay between \$60 and \$90 a month to stay on the program (not including cost of methadone and its dispensing). If you are lucky, you can access a physician in Mission if his has room on his current caseload.

III. REDUCING HARM FROM SUBSTANCE USE AND/OR MISUSE



We have a lot of community resources that reduce risk factors & increase protective factors. Here is a sampling. A complete inventory is included in the appendix

What we already have happening

Richard's Story

Richard is 27 years old. He grew up in foster care and group homes. He started to use drugs in his early teens and had been injecting heroin daily for nine years, often living on the street. He had been through addiction treatment, and despite many attempts to quit, he always ended up back on drugs. Richard became sick, and tested positive for Hepatitis C. His doctor suggested he consider going on methadone to manage his addiction. This was two years ago. John is now stable, holding a job and plans on getting married next month. Methadone allowed Richard to function and maintain good health.

(actual case, names changed)

- ✓ **The Wellness Model at the Maple Ridge Treatment Centre** that utilizes a client-centred approach and encourages self-determination in building capacity for mental, social, occupational, physical and spiritual wellness. MRTC distinguished between slips, prolapse, relapse and active addiction and works to retain clients who are motivated for change. MRTC welcomes clients with concurrent disorders, on methadone and other psychotropic drugs
- ✓ **The Matrix Pilot Project** works where the client is at in their stage of change which includes drug management support, harm reduction counseling and practical support
- ✓ **The ASTRA program through PCRS** also works within a harm reduction framework when outreaching and counseling youth
- ✓ **Alouette Addictions** offers a wide range of addiction services from a first response to comprehensive relapse prevention. Harm reduction strategies are incorporated throughout their service provision. Future plans include increasing access to methadone maintenance
- ✓ **Caring Place** offers shelter, meals, clothing and practical support for people who are using and misusing substances
- ✓ **Crystal Meth Outreach Worker** is a Fraser Health part-time funded position that focuses on crisis intervention, practical support and motivational interviewing for residents using stimulants (part of Matrix Team)
- ✓ **Alouette Home Start Society Community Outreach** offers practical support for anyone in Ridge Meadows that is homeless or at risk for being homeless
- ✓ **Psychiatric Liaison at Ridge Meadows Hospital** offers mental health assessments and support at the Emergency department; also includes suicide assessment and intervention
- ✓ **Friends in Need Food Bank** offers emergency food supplies

III. REDUCING HARM FROM SUBSTANCE USE AND/OR MISUSE



From Residents & Service Providers

What we would like to do next

“Bill’s” Story

Bill and his wife have been seeing a counsellor for problems in their marriage. While in counselling, Bill stated that he uses cocaine by injecting occasionally on the week-ends. He insisted that he is only a ‘social user’ and he didn’t plan to stop. The counsellor gave Bill some information that explained the risk for Hepatitis C and HIV from sharing needles and also how to maintain a clean supply. During a later session, Bill mentioned that he had been unaware of the risks to himself and his wife. They both went in for HIV and hep C testing, and are negative. Bill worked from using clean needles (drove to Vancouver to get them) to snorting cocaine to quitting all together. This took approximately six months. Bill and his wife are still married and working on their relationship.

(actual case- names changed)

- Accessible **Methadone Maintenance** Program based in Maple Ridge Pitt Meadows
- **Needle Distribution and Exchange** preferable from a mobile unit
- **24 hour Drop-In Centre** for street involved residents
- **Affordable Housing** and **Supportive Housing** for people in early recovery and others who are still street involved
- **Hepatitis C Treatment Education & Prevention** aimed for people living and working in high risk environments; HCV Medical Treatment In-Service for physicians; support group for people living with HCV
- **HIV Treatment Education, Support & Prevention** aimed that people living and working in high risk environments; also HIV Medical Treatment In-Service for physicians; support group for people living with HIV
- **Alley, Park and Public Places Patrols with Needle Pick Up Service**
- **Bar Watch Program and Designated Driver Programs** to reduce impaired driving
- **Moderation Management Drinking Programs** for Problematic Use
- **More evidence-based harm reduction education** identifying best practices for reducing harm while using
- **User-Driven Support and Education Group**
- **Increased access to services for those who are still using** (currently a lot of services require a certain degree of abstinence)
- **More substance user involvement** in local decision-making bodies including SMPTF

III. REDUCING HARM FROM SUBSTANCE USE AND/OR MISUSE

PRIORITY RECOMMENDATIONS

“Sara’s” Story

Sara was raised in Webster’s Corner’s and married early at the age of 19 years. Her relationship ended abruptly, as her husband cheated on her routinely. She tried to find a job that could support her, but with little education, she struggled. She met another man who introduced her to sex work. She became dependent on him, and started using drugs to cope with her secret and shame. Eventually, she was forced to bring home a quota. Her drug use escalated to injecting cocaine, along with her ‘partner’. She always used condoms with her customers, but was never allowed to use them with her ‘partner’. She eventually tested positive for HIV. In her attempts to find clean needles, she started a relationship with a local public health nurse who helped her with condoms and needles. Through this relationship, she found the courage to leave her ‘partner’ the sex trade and drug use. Sara attributes the nurse’s non-judgmental manner as key to her turning point.

(actual case- names changed)

17. review the findings from the previous mobile needle exchange pilot and work towards developing a comprehensive city-wide syringe recovery system in order to minimize the number of discarded syringes in the cities’ streets, alleys and parks
18. partner with the Centre for Addictions research of BC, the police, health professionals, and local businesses to implement a Safer Bars Pilot Project in local bars and clubs
19. provide local access to methadone maintenance including affordable access to assessment, intake, counseling, and physician sessions
20. continue to support Ridge Meadows RCMP, environmental health and community stakeholders to address the on-going threat of clandestine labs in residential areas, including the remediation protocols to clean up and remove toxic materials
21. relevant addiction service agencies support the creation of a moderation management self help group for people concerned about their drinking
22. continue to support the Regional Homelessness Strategy and advocate for more affordable housing in partnership with local agencies
23. local addiction agencies that consistently utilize harm reduction approaches produce a best practices document for community education and professional development
24. develop peer support groups for persons living with HIV and Hep C and broaden community relevant prevention education
25. work towards for gay, lesbian, bi and transgender safe spaces and sensitivity training for service providers

III. REDUCING HARM FROM SUBSTANCE USE AND/OR MISUSE



LAW ENFORCEMENT POLICIES AND PROTOCOLS

Health agencies and law enforcement are both concerned with reducing drug-related harm. While the emphasis may differ, there is considerable overlap and joint benefit. “Police activities can influence health harms, such as overdose and spread of blood borne disease, and health activities can influence crime and public amenity.” (Spooner et al, 2002)

 The Canadian Harm Reduction Network was founded in 1999 by a group of Canadians working to reform policies and promotes harm reduction. Currently, the Network is 500 strong with an additional 12,000 subscribing to their e-list. Their contact information is 1-800-728-1293 or noharm@canadianharmreduction.com

**HARM
REDUCTION IS
ABOUT ENDING
SUFFERING &
SAVING LIVES**

Policing practices in some jurisdictions have changed significantly over the past 10 years. *Socially relevant policing* has become necessary in balancing protection and enforcement. Our RCMP officers are the only 24-hour 7-day a week street outreach service, and in most cases the only usual and consistent contact with many of our active street involved drug users. That contact can make a significant difference in the user seeking help and getting connected to services.

Harm reduction based approaches to law enforcement complement public health efforts by striving to reduce net harm by the user and the community. Specific examples include: greater use of discretion by police in attending overdoses; use of warnings or cautioning and referring to other outreach workers as alternatives to arrest and confiscation of injection drug using equipment; maintaining an adequate distance from street outreach, so as not to deter access.

Over the past two years, Vancouver has experienced more success in attending overdose incidents than previous years. This is a direct result of police and healthcare partnering to create an overdose attendance policy for police. Police are no longer attending routine overdose calls, and this has reduced the reluctance of drug users to call ambulances, resulting in fewer deaths. Working with survival sex workers, the VPD has also experienced success in arresting and getting convictions for violent predators. VPD partnered with survival sex workers in promoting personal safety while sex workers reduced their reluctance to provide intelligence and turn in evidence that usually has suspect DNA. This effective partnership resulted in the arrest and sentencing of over 20 violent offenders, many of whom had preyed on victims beyond the sex working sector. The Missing Women’s investigation and arrest of Robert Picton was the catalyst for this award winning violent crime prevention partnership.

WORKSHEET #3

REDUCING HARM FROM
SUBSTANCE USE/MISUSE

LOCAL RESOURCES AND ASSETS TO MOBILIZE	OTHER NEEDS THAT YOU HAVE IDENTIFIED	REALISTIC ACTIONS
1		
2		
3		
4		
5		
6		
7		



IV. BUILDING COMMUNITY CAPACITY TO SUPPORT PREVENTION COORDINATION



What the Evidence Says

We should think about what we can do now to prevent drug and alcohol problems. We always expect the government to do something or we wait for some magic funding to come through. Sometimes, money can make things worse. I worked on a committee that was doing amazing things to prevent vandalism. When we got a grant, most people felt useless because the person hired did all the work.

-community resident

There is overwhelming evidence that individual or *human capacity* and social or *community capacity* are the fundamental resources in our communities that are readily available to build sustainable prevention initiatives. In fact, mobilizing these two levels of resources creates overall social sustainability.

Human capacity refers to the attributes and resources that individuals contribute to their own and the community's wellbeing. These could include: education, skills, values and leadership. Community capacity includes networks, relationships, and norms that facilitate collective action to improve the quality of life and to ensure such improvements are sustainable. *Social Capital* has become the leading resource in marginalized communities – and mobilizing their social capital into micro enterprises has elevated their quality of life by improving their income.

Maple Ridge, Pitt Meadows and Katzie is rich in social capital. The **Child, Youth and Family Network** is one of the long running networks in the Lower Mainland with membership at an all-time high of over 43 agencies and residents. **Building Community Solutions** with neighbourhood-based action has become an exemplary model for other communities across British Columbia. The **Crystal Meth Task Force** has drawn national and international attention to the devastating effects of this emergent drug, and mobilized municipalities to urgently respond.

One way to build community capacity is to reinforce accurate information and knowledge through effective public education campaigns. Another way is to promote understanding between drug using and non-using groups through the sharing of stories and related experiences. Finding common ground is the first step to any fertile project development. “We should never estimate the power of dialogue. The important actions that changed the world didn't happen in a board room- it happened in a conversation.” (Martin Luther King Jr)

On-going networks and coordinated coalitions provide the foundation for sustainable action. Task forces are usually formed around a specific project (Substance Misuse Task Force) or respond to an emergent need (Crystal Meth Task Force). Both are necessary for effective community capacity building

IV. BUILDING COMMUNITY CAPACITY TO SUPPORT PREVENTION COORDINATION



THE MATRIX

The **Matrix Project** is a wrap-around, youth-centred addiction stabilization project designed from best practice evidence and customized for Maple Ridge-Pitt Meadows. This community based-project employs professional staff that is dispatched to youth (16 – 24 yrs) to provide *withdrawal management, clinical interventions, family support and aftercare* guided by comprehensive assessments and a commitment to treatment matching. A Fraser Health funded project led by the Maple Ridge Treatment Centre, the project receives guidance through a local 22 agency advisory committee and the internationally acclaimed Matrix Institute, affiliated with UCLA.

Local young people were either being over served or underserved for stabilization services.

Treatment matching and interventions that focused on the young person's relationship with substance use have been strong indicators for success

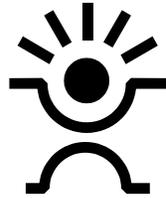
In late October 2005, about 20 diverse agencies from Maple Ridge-Pitt Meadows approached Fraser Health at a Substance Misuse Prevention Task Force (SMPTF) meeting to articulate their need for increased access to local detoxification programs for youth between the ages of 16 and 24 years. Ridge Meadows Hospital's Emergency Department had become the point of contact for most detox services, which had become costly and inefficient. Additionally, the newly opened youth safe house was routinely discharging youth for alcohol and drug use.

The SMPTF heard much disclosure from service providers and caregivers that local youth were either 'over treated' at medical detox facilities or 'under treated' at local existing agencies. The result: 85% of local youth left detox facilities before treatment ended and a revolving door was greeting them back in their community. While the youths' ill health effects were mounting, so too was their mistrust for the health system.

Fraser Health agreed to fund a pilot home detox project for Maple Ridge-Pitt Meadows under the leadership of Karen Turner. Following a series of community, consumer and agency consultations, a multi-systemic **Matrix Model** was developed that would include a continuum of stabilization and support services that included the contracting of a Family Support Specialist, a Youth Counsellor, a Psychiatric Nurse, and a Physician who were joined by FH's newly hired part-time youth outreach worker focusing on crystal methamphetamines in the local communities. Home detox, support and aftercare services started on April 21 and by Nov. 30, over 90 youth received services from the Matrix.

After four months of delivering services, the need for a stand-alone safe and confidential space for home detoxing became urgent. Only 10% of the young clients were in environments suitable for home detox and support services. In October of 2005, the City of Maple Ridge leased a home to FH that would facilitate safe, efficient and cost effective interventions.

IV. BUILDING COMMUNITY CAPACITY TO SUPPORT PREVENTION COORDINATION



We have a lot of community resources that reduce risk factors & increase protective factors. Here is a sampling. A complete inventory is included in the appendix

What we already have happening

Often groups form because of an existing problem or perhaps a crisis. While problems may be the initial catalysts in forming collaboration, defining the vision and desired outcomes begins to give shape and direction for future sustainability. The Substance Misuse Task Force is such an example. The group is now developing vision driven solutions that will have the ability to bring in diverse membership.

- ✓ **Building Community Solutions** that benefited from neighbourhood study circles to increase local ownership and build capacity towards a vibrant community
- ✓ **Social Planning Advisory Committee** comprised of appointed citizens and elected officials that focuses on the social well being and welfare of residents. For example, a series of Town hall meetings were coordinated to discuss property crime, drug abuse and homelessness. From these public participation activities, the SMPTF was created, along with, the Alouette Home Start Society
- ✓ **Child Youth & Family Network** is the longest running and largest network in our community spanning 14 years and involves 82 members & 52 agencies who collaboratively work towards building local capacity
- ✓ **Downtown Business Improvement Association** is a newly formed membership driven association that hops to improve the vibrancy, safety and appeal of the downtown core.
- ✓ **Teen Resource Network** meets monthly to review significant cases involving youth, share resources and information and support integrated case management. Member agencies include PCRS, Greg Moore Youth Centre, Matrix, PLEA, and Alouette Home Start
- ✓ **Gord and Mary Robson started Crystal Meth Task Force** in response to the emergent community issues resulting from increased crystal meth use. A comprehensive plan was developed that is now being used by several municipalities in British Columbia and beyond.
- ✓ **Substance Misuse Prevention Task Force** has been mandated by Social Planning Advisory Committee to create a municipal substance misuse prevention strategy. The task force is comprised of 22 agencies representing all sectors of our community.

IV. BUILDING COMMUNITY CAPACITY TO SUPPORT PREVENTION COORDINATION



From Residents & Service Providers

What we would like to do next

I moved to Maple Ridge because it is a caring and connected community. This is where we want to raise our children. We want our children to understand homelessness, addiction and poverty, and help those who need our help. We don't want our children to expect quick fixes, we want them to be mindful
Maple Ridge Parents

- it seems like a lot of activities that are currently being implemented have some prevention goals already imbedded in them, thus, we can meet on a regular basis to share what we are doing, what is working and monitor our progress with prevention efforts
- need a designated coordinating body for substance misuse prevention like the Substance Misuse Prevention Task Force
- be educated and develop skills to monitor and measure prevention activity outcomes
- meaningfully engage citizens that have been routinely excluded from the research, planning and implementation process
- advocate to local decision-makers the importance of a prevention strategy for our community
- search out and secure funding to enhance our mobilizing of current resources to meet our prevention needs
- encourage on-going agency and group participation in the implantation of this strategy
- keep the community informed about the action plan's progress
- liaise with other municipalities within our region
- connect with the BC Centre for Addiction research to share findings and gather recent evidence-based research for prevention
- promote SMPTF within networks and resource guides



National Addiction Awareness Week is the 3rd week in November

COMMUNITY CAPACITY TO SUPPORT PREVENTION COORDINATION

PRIORITY RECOMMENDATIONS

Karen Turner leads the Maple Ridge Treatment Centre, an intensive residential addictions treatment centre that treats over 600 men a year and has received global acclaim for its post modern treatment paradigm. When asked about her leadership style, she usually shares her favourite quote by Lao-tsu:

“When the best leaders work is done, the people say “We did it ourselves”.

26. convene an annual prevention summit that invites local agencies, individuals, drug users, funders, researchers, members of the public, and other levels of government to evaluate this strategies progress, celebrate accomplishments and plan for future directions for Maple Ridge-Pitt Meadows to prevent substance misuse
27. The Substance Misuse Prevention Task Force reconvene as an on-going committee to provide on-going advisement and support to this strategies recommendations
28. The Substance Misuse Prevention Task Force create a document that identifies best practices for diverse community engagement and capacity building
29. The Substance Misuse Prevention Task Force seeks endorsement for this strategy from the Social Planning Advisory committee and Maple Ridge City Council.
30. The Substance Misuse Prevention Task Force create a sustainability plan and seek funding sources to implement priority recommendations as determined by the Task Force member
31. The Substance Misuse Prevention Task Force coordinate a living art mosaic to encourage community participation for this prevention strategy
32. The Substance Misuse Prevention Task Force (SMPTF) provide regular and on-going reporting to SPAC
33. Support the Child, Youth & Family Network in the development of a neighbourhood-based “Hub” and satellite service model that includes MCFD, Fraser Health & the School District #42



There is substantiated evidence among health researchers that poverty, unemployment, poor working conditions and gender inequalities have a profound influence on patterns of illness and health. However, recent published reports suggest that “social determinants of health approach must go beyond class inequalities, to account for the health impacts of being shut out of the social, economic, political and cultural systems that determine access to society’s resources, and by extension, health status.” (Kawachi, Wilkinson and Kennedy, 1999; 2000; Raphael, 1999; 2001; Galabuzi, 2002). In fact, Shelley Phipps, in her June 2003 report to Health Canada’s Canadian Population Health Initiative (CPHI), stated that, “it may be helpful to investigate the health implications of alternative approaches to understanding poverty, including broader concepts such as social exclusion.” Further, Dr. Vivienne Walters in 2005 address to the United Nation’s Women and Global Health Summit insisted that women’s capacities to engage in social justice through education is a key to their mental, physical, emotional and spiritual health. She continued by saying that throughout history, women’s access to education resulted in healthier communities worldwide.

Checklist for Meaningful Public Participation:

1. Does meeting time fit into hectic lives of the most marginal groups?
2. Is the meeting space accessible by public transit and are bus tickets provided- if not is transportation provided?
3. Is there child-care provided?
4. Is there food and beverages, so that people living in poverty can contribute without being hungry
5. Are you using language in your documents and in your meetings that is understandable for most people?
6. Are you providing some form of honouraria for those attending that do not have paying jobs

COMMUNITY CATALYSTS

What fuels assets to be mobilized can rest within an individual, a group (network) and in a community. Here are some common motivations (fuel) for ‘gettin’ goin’. . . You probably know many others. Try not to judge the motivation- its fuel !

Intrinsic Motivation-

- Sense of Purpose**
- Sense of Belonging**
- Contributing - ‘Giving Back’**
- “Right a Wrong”**
- Meaning from a Difficult Situation**
- Just plain citizenship**
- Altruism**

More External

- Peer Pressure**
- Professional Responsibility**
- Dare or Challenge**
- Gain Experience & Skills**
- Increase Knowledge**
- Incentive - \$, favours, other necessities**
- “Following Orders or Directives”**

Other Catalysts

- Someone with Time and Abundant Energy**
- Someone with a Calling Grounded in Experience**
- Someone with Great People Skills - Likeable!**
- Someone who is Creative and Fun**
- Someone who is a respected and proven leader**

I commend the Substance Misuse Prevention Task Force in approaching substance misuse from a community perspective that doesn't solely pathologize the individual. My best advice is to keep offering meaningful opportunities for young people to express themselves and stay connected. Great work.

Dr. Alan Marlatt
University of Washington

Think of a project that you worked on that was a success – what motivated the participants? What were some stumbling blocks and the lessons learned? What do you think will motivate this strategy?

FOOD for THOUGHT – If we are preventing something (substance misuse)- what are we promoting?

* _____

* _____

* _____

WORKSHEET #4

BUILDING COMMUNITY
CAPACITY TO SUPPORT
PREVENTION

LOCAL RESOURCES AND ASSETS TO MOBILIZE	OTHER NEEDS THAT YOU HAVE IDENTIFIED	REALISTIC ACTIONS
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A FRAMEWORK FOR PREVENTION

Coordinated Response

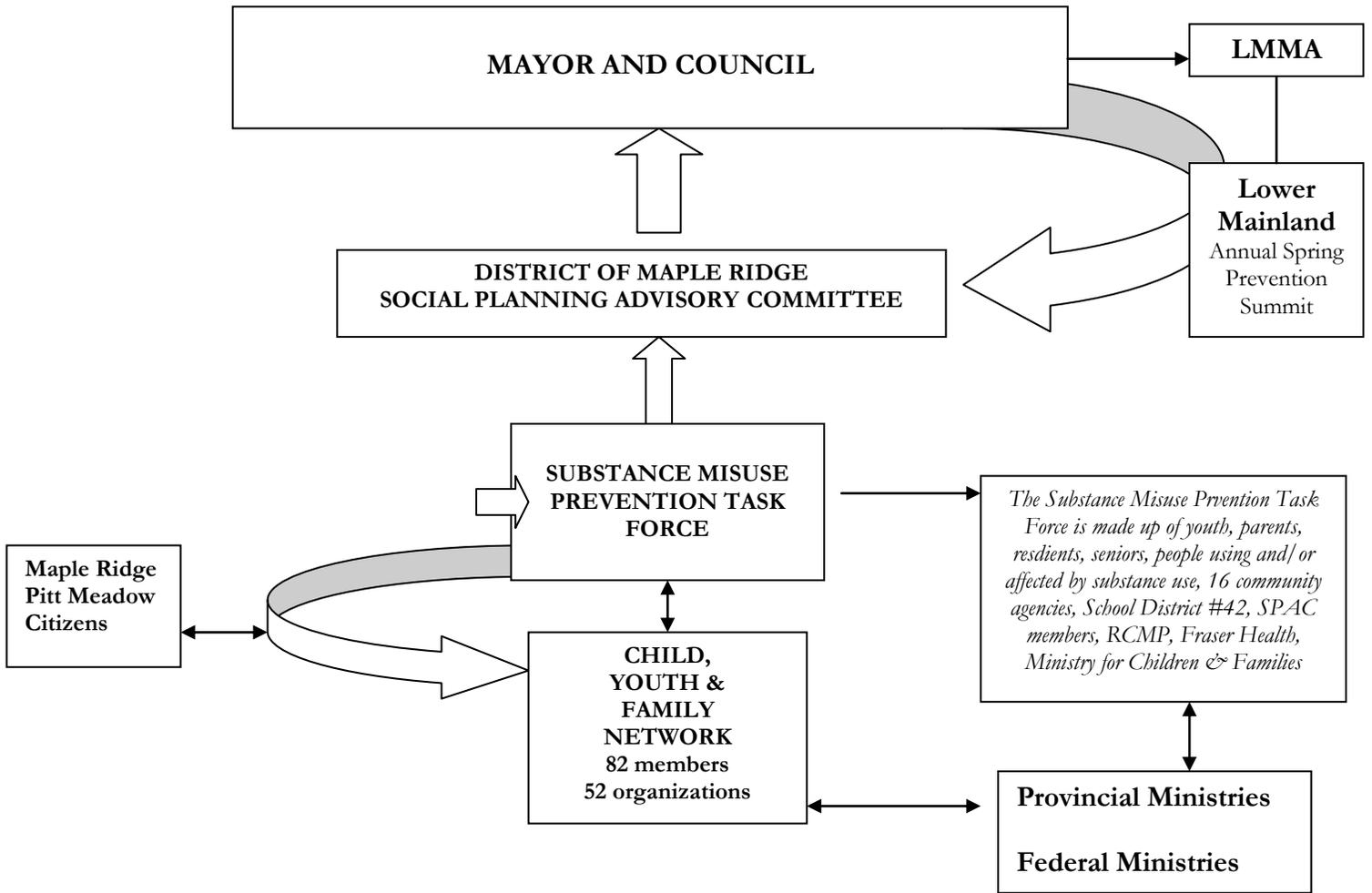
Action Plan

Evaluation & Sustainability

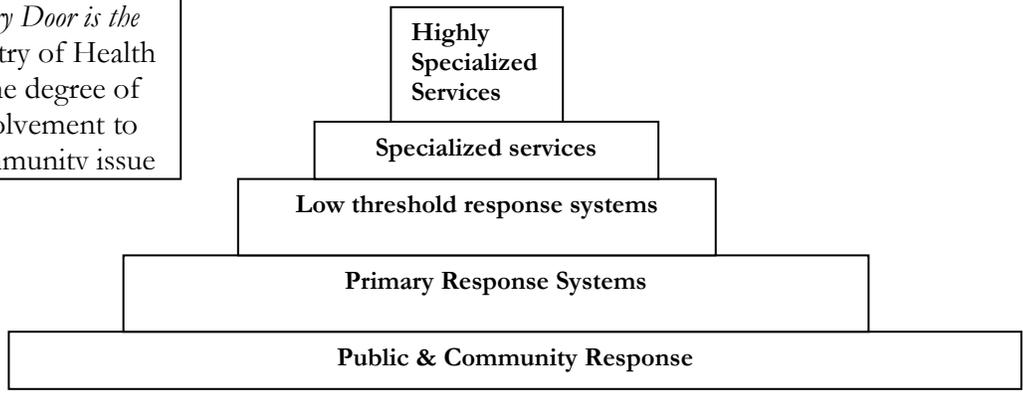
**Addiction Services Continuum in Maple Ridge &
Pitt Meadows**

COORDINATED RESPONSE

Several municipalities in the Lower Mainland have developed a substance use strategy. Vancouver has its Four Pillars; the North Shore has its North Shore Substance Abuse Strategy. Maple Ridge started with prevention.



Taken from "Every Door is the Right Door" Ministry of Health and illustrates the degree of community involvement to respond to a community issue





ACTION PLAN

This action represents the first 12 critical months of implementing this strategy

ACTION	TIMELINE	LEAD	ANITCIPATED OUTCOME
SMPTF meets with Health Canada & other sources to discuss possible funding options	mid-February	SMPTF Steering Committee	Funding to support hiring of contracted coordinator
SMPTF meets to re-structure from a task force to an on-going coordination committee	Early March	SMPTF Chair	Increased efficiency of members' time, energy, knowledge and skills
SMPTF creates a sub committee to review membership and encourage more diverse participation	March & April	SMPTF members	More diverse and increased community engagement, especially with socially excluded groups most at risk for substance misuse
SMPTF conducts community workshop to prioritize recommendations and develop action for priorities	mid April	SMPTF members & local volunteer facilitators	Increased community ownership and participation in prevention efforts
SMPTF seeks funding, local resources and community support for identified priority recommendations; seeks to hire contracted coordinator	March to May	SMPTF members	Increased resources to implement and sustain prevention activities
SMPTF coordinates implementation of identified priority recommendations in partnership wit local resources	June 2007 to March 2008	Contracted Coordinator	Decreased incidence of substance misuse in community & increased promotion of wellness
SMPTF holds annual prevention summit	April 2008	Contracted Coordinator	Increased effectiveness of efforts & celebration

EVALUATION & SUSTAINABILITY



To the question of life, you are the answer. To the problems of your life, you are the solution.
Joe Cordare

The evaluation of a comprehensive community-based prevention strategy needs to be situated within a Transtheoretical change model that describes how and why the initiatives may work and on what basis. The need for sound evaluation theory arose out of emerging awareness that existing evaluation research designs were not able to adequately address large-scale community-based initiatives, in part because these often have many strands of activities and multiple influences.

The theory of change can be described as a ‘systemic and cumulative study of links between activities, outcomes and contexts of the initiative.’ (Cornell & Kubisch, 1998). It represents more of an approach than a model. As such, it does not prescribe a set of rules or methods, Rather, it relies on a variety of methodologies to generate credible evidence of the impact of an initiative, along with insight and understanding as to the reasons for the impact. Qualitative and quantitative data, process and outcome information, and traditional and non-traditional methods can be applied to the gathering and analysis of project related materials.

Thus, a comprehensive evaluation framework for this strategy will need to be created once priority recommendations have been identified and resourced. Putting value on this valuable evaluative information requires a sound dissemination and peer review process. A feedback loop into constantly improving prevention initiatives will sustain and enhance our communities’ wellness.

Centre for Health Evaluation & Outcome Sciences

The Centre for Health Evaluation & Outcome Science (CHEOS) is an interdisciplinary research collective founded to pursue excellence through the evaluation, interpretation and communication of health outcome research. CHEOS provides bi-weekly works in progress seminars, help with grant preparation, mentoring program, communications program and statistical and data services. They are funded in a bi-lateral partnership between the University of British Columbia and the Ministry of Health. Go to www.cheos.ubc.ca

RESOURCES AVAILABLE

Bulletins

The Reporter, a newsletter from “*The International Commission for the Prevention of Alcoholism and Drug Dependency*” (ICPA) FREE EMAIL The_IPCA@hotmail.com or write to ICPA, 12501 Old Columbia Pike, Silver Spring, MD, USA 20904

Visions, BC Partners for Mental Health & Addictions Information, available by emailing bcpartners@heretohelp.bc.ca or write to Visions Editor 1200-1111 Melville St., Vancouver, BC V6E 3V6

Manuals

Harm Reduction: A British Columbia Community Guide available on PDF format on the British Columbia Ministry of Health Services website:
www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf

Every Door is the Right Door, A British Columbia Planning Framework to Address Problematic Substance Use and Addiction available on Ministry of Health website www.health.gov.bc.ca

Best Practices for Treatment & Rehabilitation for Seniors with Substance Use Problems available from Health Canada on line at www.hc-sc.gc.ca/cds or writing Health Canada at Publications, Health Canada, Ottawa, Ontario, K1A 0K9

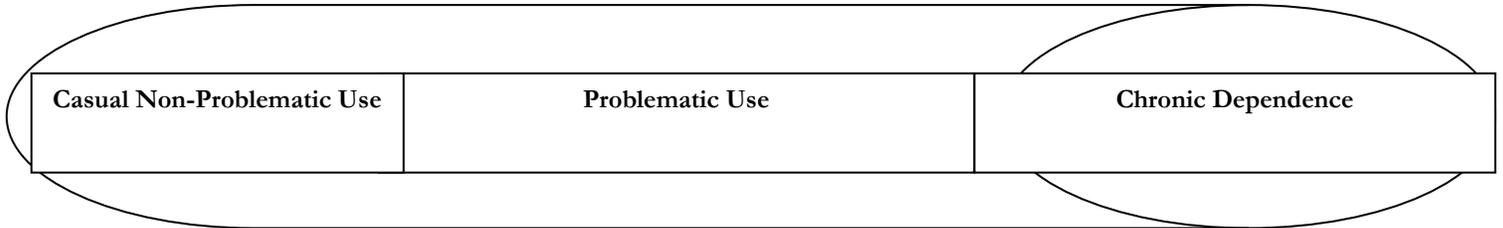
Also from **Health Canada**

- Best Practices Methadone Maintenance Treatment
- Best Practices Treatment & Rehabilitation for Youth
- Best Practices for Treatment & Rehabilitation for Women
- Best Practices for Fetal Alcohol Syndrome/ Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy

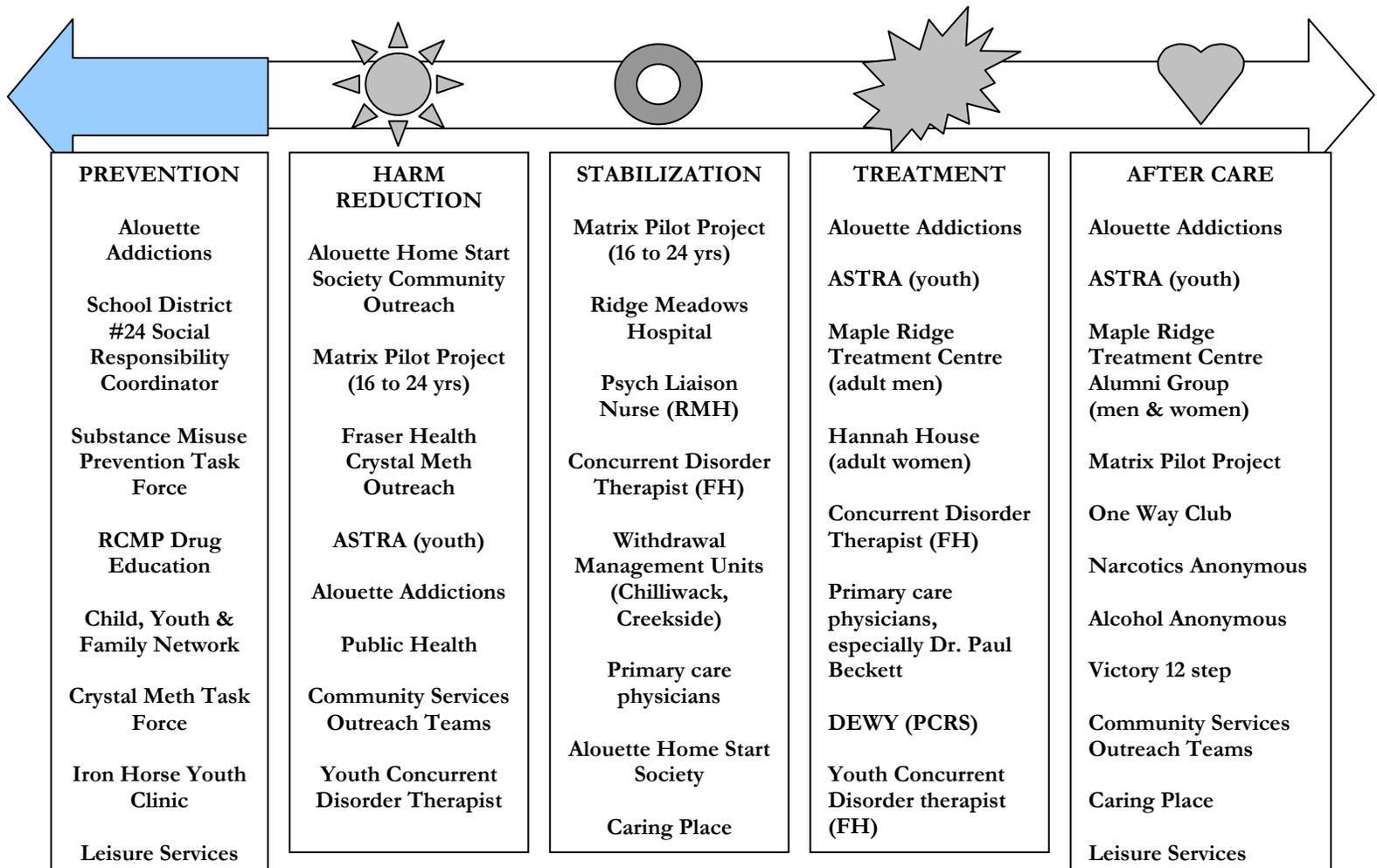
A Community Guide: Strategies & Interventions for Dealing with Crystal methamphetamines and other Emerging Drug Trends available on Fraser Health website at www.fraserhealth.ca

ADDICTION SERVICE CONTINUUM IN MAPLE RIDGE- PITT MEADOWS

Spectrum of Substance Use / Misuse



Continuum of Addiction Specific Services





CONCLUSION

GLOSSARY

REFERENCES

APPENDIX

GLOSSARY

REFERENCES

APPENDIX

Feedback Form for Reviewing Document

Please complete the following form and fax to Marika Sandrelli
604-467-8833
or complete the emailed version in your message box and send to
Marika.Sandrelli@telus.net

A few quick questions:

1. Is the document easy to read & understandable? __ Yes __ No
2. Is the document what you expected? __ Yes __ No, if no, why?

3. Does the document include what you wanted? __Yes __ No,
if no, what is missing _____

4. Do you feel that this document will be useful in preventing
substance misuse?

_____not at all _____somewhat _____definitely

5. Please add any other comments or additions to document
