



The County of Wellington



The City of Guelph

# The Wellington Guelph Drug Strategy Committee

## Prevention Inventory

January 2010

Prepared by:  
Raechelle Devereaux  
Wellington Guelph Drug Strategy Coordinator

# Wellington Guelph Drug Strategy Report Prevention Inventory

## TABLE OF CONTENTS

|  |        |
|--|--------|
| <i>INTRODUCTION</i> .....                    | 3      |
| A BRIEF SYNOPSIS OF YOUTH SUBSTANCE USE..... | 3      |
| <b>PART I</b>                                |        |
| EXISTING PREVENTION PROGRAMS.....            | 4 -13  |
| Values Influences and Peers (VIP).....       | 4-5    |
| D.A.R.E.....                                 | 5-9    |
| The New Mentality.....                       | 9      |
| Families and Schools Together.....           | 9-12   |
| Strengthening Families for the Future.....   | 12-15  |
| <b>PART II</b>                               |        |
| EVIDENCE-BASED PREVENTION PROGRAMMING.....   | 16 -18 |
| The Target Population.....                   | 16     |
| The Facilitator.....                         | 17     |
| Mode of Delivery .....                       | 17     |
| Program Content.....                         | 18     |
| RECOMMENDATIONS                              | 19     |
| WORKS CITED                                  | 20     |

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

### Introduction

In 2008, the Wellington Guelph Drug Strategy Committee completed a broad-reaching Environmental Scan/Needs Assessment. The findings pointed to several gaps in youth drug prevention initiatives, such as the need to enhance youth self-esteem through capacity-building and life-skill development. Additionally, the need for increased evidence-based prevention and education initiatives to support youth in making informed choices when contemplating substance use was identified. These findings led to the development of a strategy to engage in a sustainable, coordinated, multi-level approach to delivering alcohol and drug education and prevention programs in the City of Guelph and Wellington County. It is hoped that the following prevention inventory will serve as a starting place to support the implementation of this strategy.

According to the Canadian Standards for School-Based Substance Abuse Prevention, initiatives aimed at strengthening and/or enhancing youth substance misuse prevention should commence with a thorough examination of what is currently taking place in the community. This includes an assessment of the existing patterns of youth drug use, an examination of the current activities aimed at reducing these patterns, an evaluation of the relevant protective and risk factors that contribute to youth substance use, as well as a review of the available resources in the community that will support an enhanced prevention focus (Canadian Centre on Substance Abuse, 2009). Relying on these Standards, the Wellington Guelph Drug Strategy Committee has commenced the implementation of its prevention strategy by developing the following Prevention Inventory.

### **A Brief Synopsis of Youth Substance Use in Guelph and Wellington County**

In 2007, the Centre for Addiction and Mental Health (CAMH) completed a report assessing the epidemiological trends in student substance use across the province of Ontario. Of the 12 geographic regions that were examined, Waterloo Wellington high school students were reported to have the second highest rate of daily cigarette use in the province (21.9%), the second highest rate of binge-drinking (46.4%), and the fourth highest rate of cannabis use (40.3%). Additionally, Waterloo-Wellington youth ranked second highest in the province for LSD or PCP use (5.3%), had the second highest rate in using hallucinogens (14%) and engaged in the highest rate of stimulant use (9.6%) across the province. Overall, Waterloo Wellington secondary school students had the second highest level of illicit drug use in the province (21.2%). Additionally, Waterloo Wellington high school students ranked third in the province when assessing the number of youth who reported having an identified drug use problem (24.5%).

# Wellington Guelph Drug Strategy Report Prevention Inventory

## Part I

### Existing Prevention Programs: What is Currently Taking Place

#### **Values Influences and Peers**

##### ***Grade 6 Program***

Values Influences and Peers (VIP) is a universal prevention program, and is a joint project of the Ministry of Education and Training and the Ministry of the Solicitor General and Correctional Services. VIP programs and resources have been prepared and delivered in Ontario classrooms since 1984 by teachers working with the Ontario Provincial Police and municipal police services. The Guelph Police Services Community Relations Division is responsible for the coordination and delivery of the VIP program to the 39 elementary schools in the City of Guelph. This includes all the elementary schools having grades 6, 7 and 8 students in the Upper Grand District School Board, the Wellington Catholic District School Board, and the two Christian schools in the City of Guelph. The VIP Program is targeted towards the grade 6, 7 and 8 students Guelph, including youth ages 10- 13yrs old.

The core VIP curriculum is delivered to grade 6 students. The program includes a focus on drug prevention, however also looks at the broader issues of social influence, and includes the following lessons: Values and Rules, Decision Making, Peer Pressure, Healthy Friendships, Authority Figures, Youth Gambling Issues, Social Diversity, Youth and the Law, Drug Awareness and Bullying/Cyber-Bullying and Internet Safety. As part of the VIP program, each grade 6 student receives a VIP Student Workbook (updated and printed each year), a drug safety book with DVD included (purchased from Community Safety Net) and a Law of the Land book (purchased from Prevention Publications). Each grade 6 teacher also receives a VIP Teacher Workbook that includes suggestions for class discussions related to the VIP topics in the Student Workbooks, along with copies of all of the textbooks each student receives.

During the course of the school year, the grade 6 teachers and students work through the eleven lessons in the workbooks. Additionally, a police officer from the Guelph Police Services attends each of the 39 schools on four separate dates to partner in the instruction of the course, typically focusing on the topics of Drug Awareness, Bullying/Cyber-Bullying and Internet Safety. The officer also attends each school graduation ceremony.

##### ***Grade 7 & 8 Program***

Every grade 7 class in all City of Guelph schools receives police-delivered presentations on Drugs, Criminal Activities and Internet Safety. These

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

presentations incorporate a higher level of awareness than those discussions that occur on these topics within the core VIP program.

### A Look at the Literature

- No short-term or longitudinal evaluations specifically looking at the VIP program were found in the literature. However, research indicates that when prevention programs are delivered in the middle-years (i.e. sixth grade), using same-age peers in the course of program delivery, as well as implementing a “program booster” in subsequent years to review information previously delivered has been demonstrated to enhance program effectiveness (Thomas et al, 1999; Tweens to Teens, 2004).
- Guelph Police Services have engaged in their own independent evaluation of the VIP program, having completed the first phase of their “Youth Impact Study.” The objective of this evaluation is to assess the overall impact of police involvement with youth. Follow-up interviews with the same students will be completed in 2011 and 2014.
- Additionally, staff and student surveys have been administered to determine perceptions of the recent enhancement of the VIP program to include grade 7 and 8 level students. Data from teachers at seven schools and students at six schools was analyzed and the results provide a resounding endorsement of the program, which is perceived as being very beneficial and delivered in a highly effective way (Guelph Police Services, 2009).

### **D.A.R.E. (Drug Abuse Resistance Education)**

D.A.R.E. is a non-profit universal prevention program that originated in Los Angeles in 1983. This program is a cooperative effort between police, the school and the community, which aims to provide students with the skills they need to avoid involvement in drugs, gangs, and violence. Through the community policing model, the D.A.R.E. program also incorporates the following goals:

- **"Humanizing" police, to promote young people in beginning to relate to officers as people;**
- **Permitting students to see officers in a helping role, as opposed to simply in an enforcement role;**
- **Opening the lines of communication between law enforcement and youth;**
- **Opening dialogue between the school, police, and parents to deal with a variety of issues.**

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

D.A.R.E. has lessons for all students; however the County of Wellington O.P.P. currently implements the Grade 6 curriculum. The lessons are taught by trained police officers who receive two weeks of preparatory instruction at the Ontario Police College. Presently, there are three qualified D.A.R.E. instructors on the Wellington O.P.P. force. The program is ten weeks in duration, and focuses on the effects of marijuana, alcohol, tobacco, and inhalants. Students learn about refusal strategies, communication skills, friendships, peer pressure, decision making skills, and confidence.

In Wellington County, the D.A.R.E. program began in the Town of Erin in 2006 and is continually expanding in popularity. It is a collaborative effort between the County of Wellington Police Services Board, Wellington Catholic District School Board, the Upper Grand District School Board, the Ontario Provincial Police and many local service clubs.

The current D.A.R.E. Schools and their sponsors are;

- Aberfoyle P.S. - Puslinch Optimists
- Alma P.S. - Alma Optimists
- Arthur P.S. - Arthur Optimists
- Brisbane P.S. - Erin Optimists
- Elora P.S. - Elora Optimists
- Eramosa P.S. - Agricultural Adaptation Council
- Erin P.S. - Erin Optimists
- James McQueen P.S. - Centre Wellington Optimists
- JD Hogarth P.S. - Centre Wellington Optimists
- John Black P.S. - Centre Wellington Optimists
- Kenilworth P.S. - Arthur Optimists
- Minto-Clifford P.S. - Minto Optimists
- Moorefield P.S. - Moorefield Optimists
- Palmerston P.S. - Minto Optimists
- Rockwood Centennial P.S. - Agricultural Adaptation Council
- Ross R. MacKay P.S. - Erin Optimists
- St. Joseph Catholic School - Centre Wellington Optimists
- St. John Catholic School - Arthur Optimists
- St. John Brebeuf Catholic School - Erin Optimists
- St. Mary Catholic School - Elora Optimists
- St. Mary Catholic School - Mount Forest Optimists
- Victoria Cross P.S. - Mount Forest Optimists
- Victoria Terrace P.S. - Elora Optimists

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

### A Look at the Literature

The following analysis, including footnotes, was taken directly from Health Canada's "Preventing Substance Use among Young People - A Compendium of Best Practices," 2001.

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

- “There have been many D.A.R.E. reviews and evaluations, but few rigorous scientific evaluations. While some evaluations show positive results,<sup>1</sup> studies published in peer reviewed journals, including a 5-year prospective study and a meta-analysis of D.A.R.E. outcome evaluations, have been consistent in showing that the program does not prevent or delay drug use, nor does it affect future intentions to use.<sup>2, 3,4,5,6,7,8</sup> On the positive side, it does seem to boost anti-drug attitudes, at least in the short-term, increase knowledge about drugs and foster positive police-community relations. Also, acceptance of the program is generally quite high among police presenters, students and their parents.<sup>9,10</sup>
- There are several possible explanations for the lack of effect on drug use. A primary difficulty may be in the method of instruction. An interactive life skills training approach appears to be most effective in late elementary and junior high years.<sup>11</sup> Yet just 9 of 17 lessons in the D.A.R.E. curriculum give attention to social competency development, and use of interactive teaching techniques is infrequent.<sup>12</sup> Interactive approaches that actively engage students in a variety of participatory activities require unique classroom management and facilitation skills. To be considered truly interactive, program activities and discussion need to be student-focused, and involve the leader in a less central way;<sup>13</sup> consequently, if the program places police officers in a prominent role in the sessions, effectiveness may be inhibited.
- It should be noted that many prevention programs have failed to show effect on behavioural outcomes and some of the evaluations hold D.A.R.E. to high standards. To their credit, D.A.R.E. sponsors have shown a willingness to evaluate and to attempt to improve the program over the years. The program was revised in 1995 to include more interactive delivery strategies, and other topics such as violence, however the effectiveness of the revised program is yet to be reported.
- While awaiting findings from evaluations of the revised program, it would make sense for sponsors to revisit the program approach to ensure sufficient interactivity among students. This means also reviewing the role of the police officer in delivering the program. Recruitment and training of D.A.R.E. presenters need to give attention to attributes and skills that lend themselves to effective facilitation of interactive lessons. A well-conceived approach that involved police officers co-leading with mental health professionals or students may enhance outcomes as well

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

(meta-analysis has suggested that mental health professionals and peer leaders tend to be effective with this approach).<sup>14</sup>

- It is also important that information on substances be accurate and balanced. Messages that exaggerate negative risks and contain moral undertones need to be avoided because they will not be viewed as credible. Programs that demonstrate - explicitly and implicitly - respect for the ability of young people to reason and to draw meaning and insight from their own experiences and that of others will be more effective. Other elements of good practice that may be worth considering are adding booster sessions and increasing the comprehensiveness of the program by collaborating with other prevention interests in the community. It is also important to bear in mind that youth are not a homogeneous population. Greater effectiveness is likely when programs tailor their approach and method to the characteristics (including risk level) of various sub-groups.
- Police officers represent a very significant resource for classroom drug education in this country and their efforts need to be supported. It is important that their potential as drug educators is maximized by a recruitment, training and curriculum development approach that is grounded in the available scientific evidence.”

<sup>1</sup> Donnermeyer, J., D.A.R.E. Evaluation: State of Ohio, Phase II Executive Summary. 1995.

<sup>2</sup> Becker, H. K., Agopian, M. W., and Yeh, S., Impact evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Journal of Drug Education*, Vol. 22, 283-291, 1992.

<sup>3</sup> Clayton, R. R., Cattarello, A. M., and Johnstone, B. M., The Effectiveness of Drug Abuse Resistance Education (Project D.A.R.E.): 5-year Follow-up Results. *Preventive Medicine*, Vol. 25, 307-318, 1996.

<sup>4</sup> Dukes, R. L., Ullman, J. B., and Stein, J. A., Three year follow-up of Drug Abuse Resistance Education (D.A.R.E.). *Evaluation Review*, 20, 49-66, 1996.

<sup>5</sup> Ennett, S. T., Tobler, N. S., Ringwalt, C. L., and Flewelling, R. L. How Effective is Drug Abuse Resistance Education? A Meta-analysis of Project D.A.R.E. Outcome Evaluations. *American Journal of Public Health*, Vol. 84, 1394-1401, 1994.

<sup>6</sup> Harmon, M. A., Reducing the Risk of Drug Involvement Among Early Adolescents: An Evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Evaluation Review*, Vol. 17, 221-239, 1993.

<sup>7</sup> Rosenbaum, D. P., Flewelling, R. L., Bailey, S. L., Ringwalt, C. L., and Wilkinson, D. L. Cops in the Classroom: A Longitudinal Evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Journal of Research in Crime and Delinquency*, Vol. 31, 3-31, 1994.

<sup>8</sup> Britt, M., and Jachym, N., Cigarette and Alcohol Use Among 4<sup>th</sup> and 5<sup>th</sup> Graders: Results of a New Survey. *Journal of Alcohol and Drug Education*. Vol 41, #3, 1996.

<sup>9</sup> Curtis, C.K., The Efficacy of the Drug Abuse Resistance Education Program in West Vancouver Schools. West Vancouver Police Department, 1999.

<sup>10</sup> Donnermeyer, J., Parents' Perceptions of a School-Drug Prevention Education Program. *Journal of Drug Education* Vol. 30, #3, 2000.

<sup>11</sup> Tobler, N., Drug Prevention Programs Can Work: Research findings. *Journal of Addictive Diseases*, Vol. 11, #3, 1992.

<sup>12</sup> Evans, A., and Bosworth, K., Building Effective Drug Education Programs, Phi delta Kappa Center For Evaluation, Development And Research #19, Dec. 1997.

<sup>13</sup> Tobler, N, et al., School-based Adolescent Drug Prevention Programs: A1998 Meta-analysis.

# Wellington Guelph Drug Strategy Report Prevention Inventory

*Journal of Primary Prevention*, Vol. 20, #4, 2000.

<sup>14</sup> Tobler, N.; Stratton, H., Effectiveness Of School-Based Drug Prevention Programs: A meta-analysis of the Literature. *Journal of Primary Prevention*, Vol. 18, #1: 71-128, 1997.”

## **New Mentality**

The New Mentality is an indicated prevention program that involves partnership between Wyndham House, Trellis, and Women in Crisis. It is a youth-led prevention initiative that focuses on current issues from a youth perspective. Using a youth-adult partnership model, the New Mentality’s overall mission is to establish a network of youth who would play a meaningful, ongoing, and sustainable role in promoting issues that youth feel are important. Additionally, youth will also play a role in both informing and advocating for a system that better meets their needs.

One of the New Mentality’s core projects is the publication of a youth-created “zine,” a magazine targeting youth who may be struggling with mental health and/or addiction issues. In their October/November publication, the feature article detailed self-medication in a youth-centred manner, encouraging young people to recognize the issue and to get support.

## **A Look at the Literature**

- According to a literature review that looked at effective health-promotion strategies for working with Toronto Youth, peers/youth must be included as key partners in any approach that is geared at responding to their needs. The key finding of this report indicated that families, caregivers and peers have the most influence on a youth’s decision-making (Tweens to Teens, 2004).

## **Families & Schools Together**

Families and Schools Together (F&ST) is a universal, selective and indicated prevention-based program which has been running in Guelph and Wellington County since 2002. The program is designed for elementary school children and their families, with a goal to reduce factors associated with school failure, juvenile delinquency and substance use in later adolescence. There are three different curriculums designed to target children at different age ranges, including an Early Years Program (children ages 3-5), an Elementary Program (children ages 5-8) and a Middle Years Program (children ages 9-12). The program brings whole families together for 8-11 sessions to participate in specific research-based activities aimed at enhancing family functioning and decreasing child problem behaviours that impact school performance. Specifically, the identified goals for F&ST are to:

## Wellington Guelph Drug Strategy Report Prevention Inventory

- **Enhance family functioning** by strengthening the parent-child relationship and empowering parents to become primary prevention agents for their children;
- **Prevent school failure** by improving the child's behaviour, empowering parents in their role as partners in the educational process and strengthening the child and family's affiliation with the school;
- **Prevent alcohol and other drug abuse in the family** by increasing the family's awareness and knowledge of substance abuse and its impact on child development and linking the family with appropriate assessment and treatment as needed;
- **Reduce the stress that families experience in daily life** by developing an ongoing support group for parents and at-risk pre-teens, linking the family with appropriate community resources and building the self-esteem of each family member.

The program begins with outreach, whereby parent and professional dyads visit isolated and stressed families, inviting them to participate in the F&ST program. The school plays a key role in suggesting of vulnerable families. The sessions themselves bring 10-15 families together for 8 or 10 weekly meetings of carefully planned social activities. These include: creating a family flag, sharing a family meal, singing together, playing communication and/or feelings identification games, engaging in peer self-esteem building activities, one-to-one time with children, and parent networking. In the one-to-one time component, parents are coached in non-judgmental, non-directive play therapy or communication with their children. By continuing this activity daily at home, parents reinforce their role and relationship with the child.

When families graduate from the sessions, they join an ongoing, collective of inter-dependent families who meet monthly for two years, in a program called F&STWORKS. These F&STWORKS groups are led by families who have graduated from the program, with the support from a collaborative team of parents and professionals. One F&ST parent graduate is a paid partner of the team who plans and leads activities that strengthen the children's bonds to their family, school and community.

A number of partners collaborate in the implementation F&ST program including schools, not-for-profit mental health agencies, assessment agencies for substance abuse, and families. In Guelph and Wellington County, partners include Family Counselling and Support Services, Trellis Mental Health and Developmental Services, Family and Children's Services, Guelph Police Services, Wellington County Day Care Services and the Upper Grand District School Board. The Early Years, Elementary Program and Middle Years Program are currently being administrated and have run in the following centres/schools:

# Wellington Guelph Drug Strategy Report Prevention Inventory

## EARLY YEARS PROGRAM (Ages 3 - 5)

Willowdale Day Care  
Mount Forest Day Care

## ELEMENTARY PROGRAM

Tytler P.S.  
Waverly Drive P.S.

## MIDDLE YEARS PROGRAM (Grades 6 - 8)

Westwood P.S.  
Waverley Drive P.S.  
Priory Park P.S.  
Brant Avenue P.S.

## A Look at the Literature

- Research completed in the United States documented that participants in the F&ST program experienced increased family friendships, enhanced community involvement and improved parent self-sufficiency. These studies were completed 2 to 4 years after program completion, and suggests an enduring nature to the changes noted in the family system (McDonald, Billington, Conrad, Morgan, Nina & Payton, 1997).
- Assessments of Winnipeg, Manitoba parents and children, conducted 6 months and one year upon completion of the Elementary F&ST program showed statistically significant improvement in children's school and home behaviours, family closeness, parental involvement in school and a reduction in social isolation (Dubik, 2000).
- Canadian aggregate data for the period 1996-2004 on over 200 families nationwide indicates that F&ST is highly effective in reducing behaviour disorders, increasing family functioning, and reducing social isolation. Participation in the 2-year follow-up F&STWORKS component further improves these results (Family Service Canada, 2004).
- In Canada, the F&ST program has been named a *Best Practice in Preventing Substance Use Problems among Young People* (Health Canada, 2001).

In 2006, the Barrington Research Group completed a study of 2005 F&ST national data, with the following findings:

- "The identified goals of F&ST include improving family relationships and building stronger family bonds, promoting children's success in school, reducing the stress that parents and children experience in daily life, and increasing parent involvement in their children's school and in their community.
- The achievement of these four goals was assessed by the various instruments that were used to evaluate the program. Support for improving family relationships and building stronger family bonds was provided by the results of the BERS, where it was found that there was a statistically significant 7% increase in the mean score on children's level

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

- of family involvement, as reported by parents. In addition, there was a significant increase in family cohesiveness, as measured by the FACES III instrument. Finally, there were a number of comments on the Program Evaluation forms that indicated that the F&ST program had brought families closer together, allowed them to spend more time as a family, and improved communication within the family.
- Evidence for achieving the goal of promoting children's success in school came primarily from the BERS. There was a statistically significant 8% increase in the mean score on the School Functioning subscale of the BERS, as rated by teachers, with 55% of children showing an increase in score in this area and 26% showing a decrease. In addition, parents also perceived an improvement in their children's school functioning, though not as strongly as teachers, with a 5% increase in the mean score on the School Functioning subscale. Finally, on the Witte survey, parents reported a significant increase in the frequency with which they worked on arithmetic or math with their children.
  - With regard to assessing achievement of the goal of reducing the stress that parents and children experience in daily life, there was indirect support from several areas. First, there was a significant increase in score on the isolation subscale of the Parental Stress Index, indicating increased social support. Second, there were many comments on the Program Evaluation form that indicated that parents had been successful in making more connections with other parents. In addition, the increase in children's inter and intrapersonal strengths that was noted on the BERS (as rated by both parents and teachers) should help them both in reducing and in coping with the stresses in their lives.
  - Finally, the goal of increasing parent involvement in their children's school and the community was assessed through responses on the Witte survey and the Program Evaluation form. The Witte survey found that there had been a statistically significant increase in the number of parents who had belonged to or taken part in a parent-teacher organization, while about three-quarters of parents commented on the Program Evaluation survey that they were more familiar or comfortable with school staff (Family Service Canada, 2004).

### **Strengthening Families for the Future**

Strengthening Families for the Future program (SFF) is a universal, indicated and selective prevention program for families with children between the ages of 7 and 11 who may be at risk for substance use problems, depression, violence, delinquency and school failure. SFF is modeled on a successful program, developed in 1988 by Dr. Karol Kumpfer of the University of Utah. The program involves the whole family, with overarching goals to:

## Wellington Guelph Drug Strategy Report Prevention Inventory

- Reduce children's or adolescent's intention to use alcohol or other drugs, and to reduce other behaviour problems;
- Increase children's resilience and life skills, including communicating, resisting peer pressure, recognizing their feelings and solving problems;
- Increase positive and effective parenting skills;
- Improve family communication.

The SFF program is presented in 14 consecutive weekly sessions. Additionally, a "booster" session has been developed, which is intended to be offered several months after the program ends. Sessions last about three hours, incorporating a communal meal, a parent program, a child program, and a family program. In the first hour, one life-skills course is given to parents while another is presented to children. For the second hour, the entire family participates together in a family skills course, which allows parents and children to put into action what they have just learned. During these sessions, parents are coached on best practices for interacting with their children, emphasizing good behaviour, and dealing with negative behavior. The session concludes with a family meal.

In Guelph and Wellington County, Family and Children's Services of Guelph and Wellington County (F&CS) is currently the sole provider of the SFF program. F&CS began running the program in March of 2009, and are about to commence their third program session.

In the spring of 2009, in accordance with its strategy to implement a prevention-based parenting program, the Wellington Guelph Drug Strategy Committee supported F&CS in applying for grant-funding through the Ontario Association of the Chiefs of Police, Substance Abuse Grant Program. The proposal was successful in obtaining \$1000 towards the program implementation. In September 2009, a follow-up meeting took place between the Wellington Guelph Drug Strategy Committee and F&CS, with the purpose of exploring potential partnering opportunities to expand program accessibility. F&CS indicated a strong interest in partnership to expand access to the program to both increase the number of programs that are run throughout the year, and to open up access beyond child welfare-involved families.

In October 2009, the Wellington Guelph Drug Strategy hosted a meeting together with F&CS, inviting six additional community organizations to attend and discuss their capacity to partner together to deliver the SFF program. These agencies included the Community Resource Centre, Guelph Community Health Centre, Ontario Works, Homewood Community Addiction Services, Trellis Mental Health and Developmental Services and Wellington Dufferin Guelph Public Health. These organizations are currently reviewing the program

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

material to measure its synchronicity with their respective mandates. A follow up meeting to continue partnership discussions will be scheduled in early 2010. It is hoped that this initiative will enable increased availability and accessibility of Guelph sessions, as well as an introduction of the program to rural communities in Wellington County.

### A Look at the Literature

- The original Strengthening Families for the Future program has been evaluated extensively in the United States as well as in Sweden, the Netherlands, Britain and Australia.
- SFF has been cited as one of the best interventions of its kind by many notable organizations including the Cochrane Collaboration, the US National Institute on Drug Abuse, the Office of Juvenile Justice and Delinquency Prevention, and the Substance Abuse and Mental Health Services Administration (Sabet, 2008).
- The original program was updated for a Canadian context and underwent extensive evaluation starting in 2000 with a National Institute on Alcohol Abuse and Alcoholism (NIAAA) grant. A five-year multi-site randomized control trial was completed by Parents on Action and Drugs, in partnership with the Centre for Addiction and Mental Health. In the study, 674 families struggling with an alcohol problem were randomly assigned to either SFF or a control group. Approximately half of the families were in Ontario and half in Buffalo NY. SFF participants attended a 14-week program, once a week and also attended a 2-hour booster session. The control group was provided with material on family life skills, effective parenting and how to talk to their children about drugs and alcohol. Assessments were administered at pre-test, post-test (4-month) and 8 and 16 month follow-up.
- Using a variety of techniques for analyzing change, positive SFF effects were found for several family and child psychosocial outcomes. Effects were both immediate and sustained over time and included:
  - Improved family functioning (role performance, control, affective involvement, affective expression (appropriate expression and communication of feelings), values and norms);
  - More effective parenting techniques (consistent parenting, parent monitoring of child's whereabouts, parental support and warmth, less use of punitive measures);
  - Reduced parental hostility and aggression;
  - Reduced symptoms of parent depression;
  - Reductions in children's externalizing behaviour problems (conduct and oppositional-defiant symptoms);
  - Better child social skills (self-control, cooperation, responsibility, assertiveness);
  - Better child coping skills (assistance seeking);

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

- SFF children also displayed a 37% reduction in alcohol sipping relative to their counterparts in the control group. (Sabet, 2008).
- The SFF program began to receive widespread acclaim in 2003 when the prestigious Cochrane Collaboration Reviews in Medicine and Public Health undertook a systematic review of alcohol prevention programs for youth. Their review concluded that the SFF program was the most promising alcohol abuse prevention program available for a general youth population (Foxcroft, Ireland, Lister-Sharp, Lowe and Breen, 2003).
- The Cochrane team examined more than 600 program evaluation reports and found only 56 worthy of review, based on their criteria of having at least two years of follow-up data and reasonably sound research methods. Of these 56 programs, SFF was the sole program found to have long-lasting impacts for the reduction of alcohol use among 10- 14-year-olds in low-risk, general/universal population families. From their findings, Foxcroft and his colleagues estimated that for every nine children who participate in SFF, one would abstain from drinking, from drinking to get drunk, or from drinking without permission. These findings were more than twice as strong as those from other similar programs. The next-best program, *Preparing for the Drug Free Years*, had an outcome of one out of 18 people that would abstain from drinking or drink in a less risky manner (Sabet, 2008).
- The success of the SFF 10-14 encouraged wider implementation of the SFF for other age groups. In 2004, Kumpfer and colleagues adapted SFF 6-11 for at-risk teens ages 12-16 and in 2006 for at-risk children aged 3-5. Additionally, SFP has experienced rapid expansion worldwide, with implementation in 17 countries (Sabet, 2008).
- In addition to the positive Cochrane evaluation and inclusion in Health Canada's Best Practices registry, the SFF program is listed as one of only 10 programs in the authoritative NIDA "Red Book," one of seven Exemplary Level I programs recommended by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), one of eight programs recommended by the Department of Education, and a "Model Program" noted by the Substance Abuse and Mental Health Services Administration. These accomplishments are the culmination of more than 20 years of research, implementation, cultural and age adaptation, and evaluation (Sabet, 2008).

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

### Part II

#### Evidence-Based Prevention Programming

According to the Canadian Standards for School-Based Substance Abuse Prevention, drug prevention programs generally aim to increase knowledge, change attitudes and build life skills relevant to preventing substance misuse. As such, the determinant of whether a program is effective is whether or not it leads to a change in substance use-related behaviour. In the development, implementation and evaluation of prevention programs, it is essential that an evidence-based focus be maintained on the program's ability to change substance use patterns or behaviours, or affect factors known to influence substance use (Canadian Centre for Substance Abuse, 2009). The following section reviews what the literature indicates to be the essential components of effective prevention programming.

#### The Target Population

- Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure and school drop out. Prevention programs for middle or junior high and high school students should increase academic and social competence (National Institute on Drug Abuse, 2003).
- Alcohol prevention initiatives are most effective when delivered immediately prior to initial experimentation and during the period when most students are experiencing initial exposure to substances (Vancouver Coastal Health, 2006).
- For young children already exhibiting serious risk factors, delaying intervention until adolescence will likely make it more difficult to overcome risks. By adolescence, children's attitudes and behaviours are well established and not easily changed. Additionally, children with poor academic performance and inappropriate social behaviour at ages 7 to 9 are more likely to be involved with substance use by age 14 or 15 (National Institute on Drug Abuse, 2003).
- Family-based prevention programs should enhance family bonding and relationships and include parenting skills, practice in developing, discussing and enforcing family policies on substance use, and training in drug education and information (National Institute on Drug Abuse, 2003).
- A balance needs to be struck between interventions which are targeted at high risk groups and avoidance of labeling (Hammond, 2004). According to Dr. Marvin Krank (2009), providing uniform prevention

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

programming to both low and high risk youth can lead to the opposite outcome than is being sought. The universal provision of statistical data and myths were examples demonstrated in Dr. Krank's research.

### The Facilitator

- Programs that are facilitated by a community partner rather than a teacher have been shown to be more effective. This is believed to be as a result of the specific training that community partners are often equipped with, providing them with the necessary skills to effectively conduct interactive groups. Additionally, youth must view the prevention-based information as credible, and there have been research-based indications that youth are more likely to believe information that is provided to them by an individual with lived experience as opposed to a teacher or school administrator (Waller, Beasley and Beirness, 1999).
- The training and background of the facilitator, combined with the fidelity of the presentation can impact program effectiveness to a greater degree than the content of the prevention material itself (Hansen, 1992).

### Mode of Delivery

- Programs should be long-term with repeated interventions, such as booster programs, as research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school (National Institute on Drug Abuse, 2003; Waller et. al., 2009).
- Programs should exceed 10 sessions (Vancouver Coastal Health, 2006), though are most effective when they are 14 or more sessions in length (Waller et. al, 2009).
- Programs that utilize interactive methods have been found to be more effective than their didactic counterparts (Thomas, Siracusa, Ross, Beath, Hanna, Michaud, Moore, Partington, Tober, Voorberg & Brunton, 1999; Waller et. al. 2009). In fact, didactic knowledge-based programs have been found to have no impact on an adolescent's risk-taking behaviour (Thomas et. al, 1999).
- With didactic, knowledge transfer-based programs, youth can view the harms that are presented as "far off" and thus not readily apparent or applicable to them. Alternatively, social influence models help youth to see the impact that substance use can have on their daily lives and relationships (Waller et. al., 2009).

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

- The provision of incentives, such as free meals, transportation and child care help to attract and retain participants in community-based prevention programs (National Institute on Drug Abuse, 2003).

### Program Content

- Program fidelity, meaning that the program and its content are delivered as designed in its entirety and as intended, is an important component in determining the effectiveness of a program, specifically in achieving the outcomes that the program sets out to accomplish (Waller et al, 1999).
- Interactive programs based on social learning theory, including developmental, social norms and social reinforcement, are most effective (Thomas et al, 1999).
- The most successful programs address both the specific health issues associated with substance use, as well as the social and economic conditions that create the risk environment. Examples include programs that recognize the importance of caring/nurturing relationships in a teen's life, or address effective parenting practices/mentoring programs (Dubois, 2002; Lemstra, Nannapaneni, Bennett, Warren, Neudorf, Kershaw, Kunst & Scott, 2008).
- Prevention programs must pay attention to a strength-based perspective, and rely upon the resiliency and strengths of children, youth and their families. Partnering with youth and their families to identify and use their own strengths and resources to overcome obstacles and live empowered lives is essential (Hammond, 2004).
- Programs that recognize the reality of adolescent substance use, and focus on reducing the potential for related harm are more likely to be successful than those focusing on abstinence or those that only speak to the risks and consequences of using drugs (Centre for Addiction and Mental Health, 2009; Alexander, 2008).
- Programs should acknowledge the reasons that people use drugs in a meaningful way, and should present both the dangers and benefits of using and not using drugs. Only focusing on the negative aspects may lead to significant contradiction in the youth's own personal experience, and could lead to their impression of adult exaggeration and hysteria (Centre for Addiction and Mental Health; Alexander, 2008).

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

### Recommendations

- 1) In response to the remarkably high rates of drug use among Waterloo-Wellington high school students, in combination with the limited evidence-based prevention initiatives that are currently taking place in our community, it is evident that a need exists for effective prevention program development, enhancement, coordination and expansion.
- 2) In terms of the development or implementation of new prevention initiatives, attention must be paid to the components of effective programming.
- 3) Short-term and longitudinal evaluation of existing and newly developed programs is essential to ensure that the objectives that the program is setting out achieve are being met.
- 4) The involvement of youth program development is strongly recommended, as they invariably have meaningful input to offer.
- 5) The literature is clear in its acclamation of the merits of Families and Schools Together and Strengthening Families for the Future, the two family-strengthening programs that are currently running in the community. Therefore, expanding the accessibility of these programs remains a priority of the Wellington Guelph Drug Strategy Committee. In order do so, funding will be required, and thus efforts are underway to explore and access all possible avenues to support this expansion initiative.
- 6) Finally, although much of the literature speaks to school-based or family-focused prevention, there are many youth who remain disconnected from family and mainstream supports and who would benefit from drug prevention efforts. In 2009, the Wellington Guelph Drug Strategy Committee spear-headed a Health Canada funding proposal aimed at providing outreach prevention services to this population, though the outcome of this competition is not yet known. Should funding not be attained to support program development for marginalized youth, immediate focus must be to this vulnerable population.

# Wellington Guelph Drug Strategy Report Prevention Inventory

## Works Cited

Alexander, Bruce (2009). *The Globalisation of Addiction*. Oxford University Press.

Canadian Centre for Substance Abuse, National Prevention Standards (2009). [http://www.ccsa.ca/2009%20CCSA%20Documents/ccsa0117812009\\_e.pdf](http://www.ccsa.ca/2009%20CCSA%20Documents/ccsa0117812009_e.pdf). Accessed on December 17, 2009.

Centre for Addiction and Mental Health (1999). *Alcohol and Drug Prevention Programs for Youth: What Works?*

Dubois, Nancy (2002). *Review of Effective Health Promotion Initiatives for Youth Health Lifestyles*. Toronto Public Health, Final Report.”

Family Service Canada (2004). *Families and Schools Together: Canadian National Evaluation of Outcomes 1996-2004*.

Foxcroft, D.R, Ireland, D., Lister-Sharp, D.J., Lowe, G. and Breen, R. (2003). *Longer-term primary prevention for alcohol misuse in young people: A systematic review*. *Addiction*, 98, 397-411.

Guelph Police Services (2009). *Enhanced VIP Teacher and Student Survey Report*.

Hammond, W., (2004). *Enhancing Resiliency-Based Prevention*.

Health Canada and the Canadian Centre on Substance Abuse (2001). *Preventing Substance Use Among Young People - A Compendium of Best Practices*. <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/prevent/index-eng.php>. Accessed on December 17, 2009.

Krank, Marvin. (2009) *Concurrent Session Report at the Issues of Substance Conference, Halifax*.

Lemstra, M Nannapaneni, U., Bennett, N., Warren L., Neudorf, C., Kershaw, T., Kunst, A., Scott, C. (2008). *A Meta-Analysis of Marijuana and Alcohol Use by Socio-Economic Status in Adolescents Ages 10-15 Years*. *Journal of Canadian Public Health*, May-June 2008.

McDonald, L., Billingham, S., Conrad, P., Morgan, A., Nina, O., & Payton, E. *Families and Schools Together (FAST): Integrating community development with clinical strategy*. *Families in Society*, 78(2), 140-155.

# Wellington Guelph Drug Strategy Report

## Prevention Inventory

National Institute on Drug Abuse. (2003). *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders*.

Sabet, Kevin (2008). *A Model Program: Highlights from the Strengthening Families Program and Concise Recommendations for the National Advisory Group on Youth Substance Abuse*. Canadian Centre on Substance Abuse.

Thomas, H., Siracusa, L., Ross, G., Beath, L., Hanna, L., Michaud, M., Moore, P., Partington, B., Tober, J., Voorberg, N., Brunton, G. (1999). *Effectiveness of School-Based Interventions in Reducing Adolescent Risk Behaviour: A Systematic Review of Reviews*. Effective Public Health Practice Project.

Tweens to Teens (2004). *A Literature Review on Effective Health Promotion Strategies for Working with Toronto Youth, Ages 11-14, at Risk for Alcohol and Other Drug Use Because of Social and Environmental Determinants of Health*.

Waller, A., Beasley, E., and Beirness, D. (2009). *A Meta-Analytic Review of School-Based Prevention for Cannabis Use*. Canadian Centre on Substance Abuse, Ottawa, Ontario.

### Notes

In several of the “A Look at the Literature” areas, information has been taken directly from the cited program evaluations.

In 2009, The Toronto Drug Secretariat completed a valuable Literature Review chart looking at trends in youth drug use and effective prevention programming. Where relevant, this report was utilized in Part II of this Prevention Inventory Report.