

*Improving the*  
Health and Well-Being  
of English-Speaking  
Magdalen Islanders



**A NEEDS ASSESSMENT:**

Better understanding  
**SUBSTANCE USE**  
among youth

This needs assessment was requested by the Council for Anglophone Magdalen Islanders (CAMI) in preparation for the development of a strategy to address substance use among young people in Grosse-Île, a concern identified by community members.



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**Grosse Ile School**

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# Improving the Health and Well-Being of English-Speaking Magdalen Islanders

MAGDALEN ISLANDS, QUEBEC

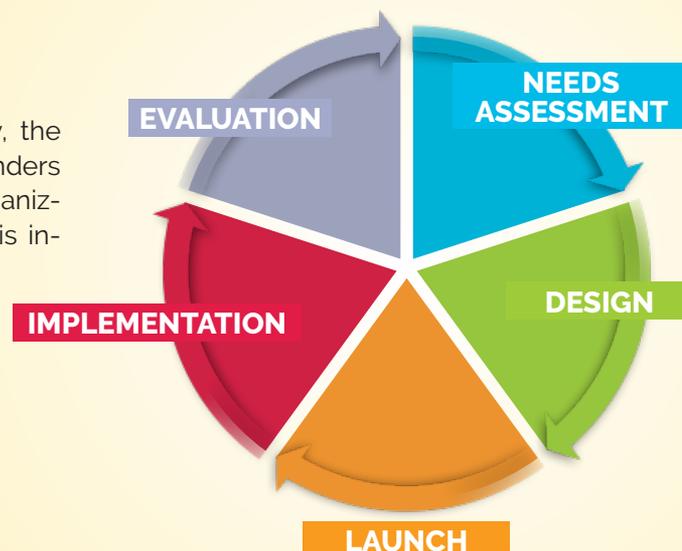
## INTRODUCTION

This needs assessment was conducted as part of a community development process in the English-speaking community of Grosse-Ile, on the Magdalen Islands, Quebec. It is part of the follow-up to a community portrait that was developed through a participatory process in early 2015. The process involved the mobilization and engagement of a number of local stakeholders

as well as community residents who expressed their views on a number of different themes. One of the issues that was highlighted by community members as a concern, even a priority, was that of drug and alcohol use among young people in the community. In the action plan developed out of the community portrait, this is the proposal as concerns substance use among youth:

SITUATION	NEEDS	VISION	PROPOSED ACTIONS
Youth exposed to drugs and alcohol with insufficient supervision and alternative activities	Positive influences and role models for young people, alternative social activities	A community free of drugs, alcohol and violence, with changed social norms and positive environment for teens	Form "youth committee" involving community members to work towards changing the social acceptability of alcohol and drug use through a community-wide proactive approach

With a view to taking action on this priority, the Council for Anglophone Magdalen Islanders (CAMI), in collaboration with other local organizations, requested a needs assessment. This is intended to provide information and direction to develop a strategy for addressing the situation, which is tailored to the local context. This report presents the findings of that assessment.



# METHODOLOGY

This needs assessment brings together several sources of information, including documentation on the issue of substance use among youth and approaches used to address the issue as well as the perspectives of several groups of stakeholders in the community (Magdalen Islands and Grosse-Ile specifically).

## *Overview of existing literature*

The written documentation focuses mainly on rates of drug and alcohol use among teens in Canada, in Quebec, in the Gaspésie Îles-de-la-Madeleine region and in the Magdalen Islands. When available, we also gathered documentation for English-speaking youth. We also gathered information on services available in the region and locally. Other themes documented in the literature are those of risk and protective factors, promising approaches, and programs implemented elsewhere to address similar issues; this theme will be the object of a more in-depth review during the strategy development phase. The purpose at this phase was to present an overview of the field and point towards the most promising approaches for the next phase.

## *Group discussions*

Secondly, we held group discussions with different categories of stakeholders: youth (a small group of grade 6 students), parents (from Grosse-Ile) and professionals (in the fields of addictions counseling and treatment, elementary and high school education and social development). Each group was met separately and the discussions lasted approximately two hours each. These discussions took the form of drawing a "rich picture" of the situation, as participants see it. "Rich picturing" is an activity whereby a group of people, selected for certain characteristics, draws a picture of the issue as they see it, showing the interrelationships between different people, things, resources, ideas and more. This technique allows for a collective understanding to emerge creatively and to evolve as the discussion does so. Participants discuss among themselves, with some guidance and questions from the researcher; as new elements emerge in

the discussion, individuals write or draw on a large sheet of paper and on sticky notes that are placed on the paper and can be moved as needed. Both images and text, arrows and other symbols are used in this exercise. The information gathered can be used to understand the stakeholders involved, their definition of what is at stake, their importance to the situation and how they frame the issue. This can be very helpful in developing what some authors call "wicked solutions" (appropriate responses) to complex problems with no easy fix (Williams and van't Hof 2014).

In the Magdalen Islands discussions, in the case of the parents and the professionals, the topic was explicitly alcohol and drug use among teens, whereas with the group of grade 6 students, the topic was presented as information gathering so that we can create a community that is safe, fun and stimulating for teenagers. This choice was made for several reasons. First, the group of students who agreed to participate were pre-teens and not using drugs or alcohol. Although they were aware of its availability and use by older teens, they were not yet involved. Secondly, we wanted to avoid a situation where the young people would simply echo what they think adults want to hear about substance use. By broadening the discussion beyond this specific issue, we aimed to get a more holistic view of the community from the youth's perspective and see whether they would raise the issue without prompting on the part of the researcher or facilitator. This also enabled us to focus on what would make the community a good place to spend one's teenage years, pointing to solutions for the development of a more global strategy that would address substance use but encompass a number of related but broader factors.

## *Limits*

The approach taken here is limited by several factors. Time and budget constraints, as well as the size of the community limited the amount of information gathering that could be done. This is especially true of the group discussion with young people; since they were all in grade 6 and therefore pre-teens, they were not the students most involved in substance use, and therefore could not

Speak directly to their experience with it (whether or not older students would have done so is an open question). On the other hand, since the community is so small and the students socialize with a broad range of age groups, they are exposed to older students and do know what they are doing.

As for the discussion with parents, six parents attended; presumably other discussions with other groups of parents may have revealed different information and perspectives. These are paths that could be pursued during the strategy development phase.

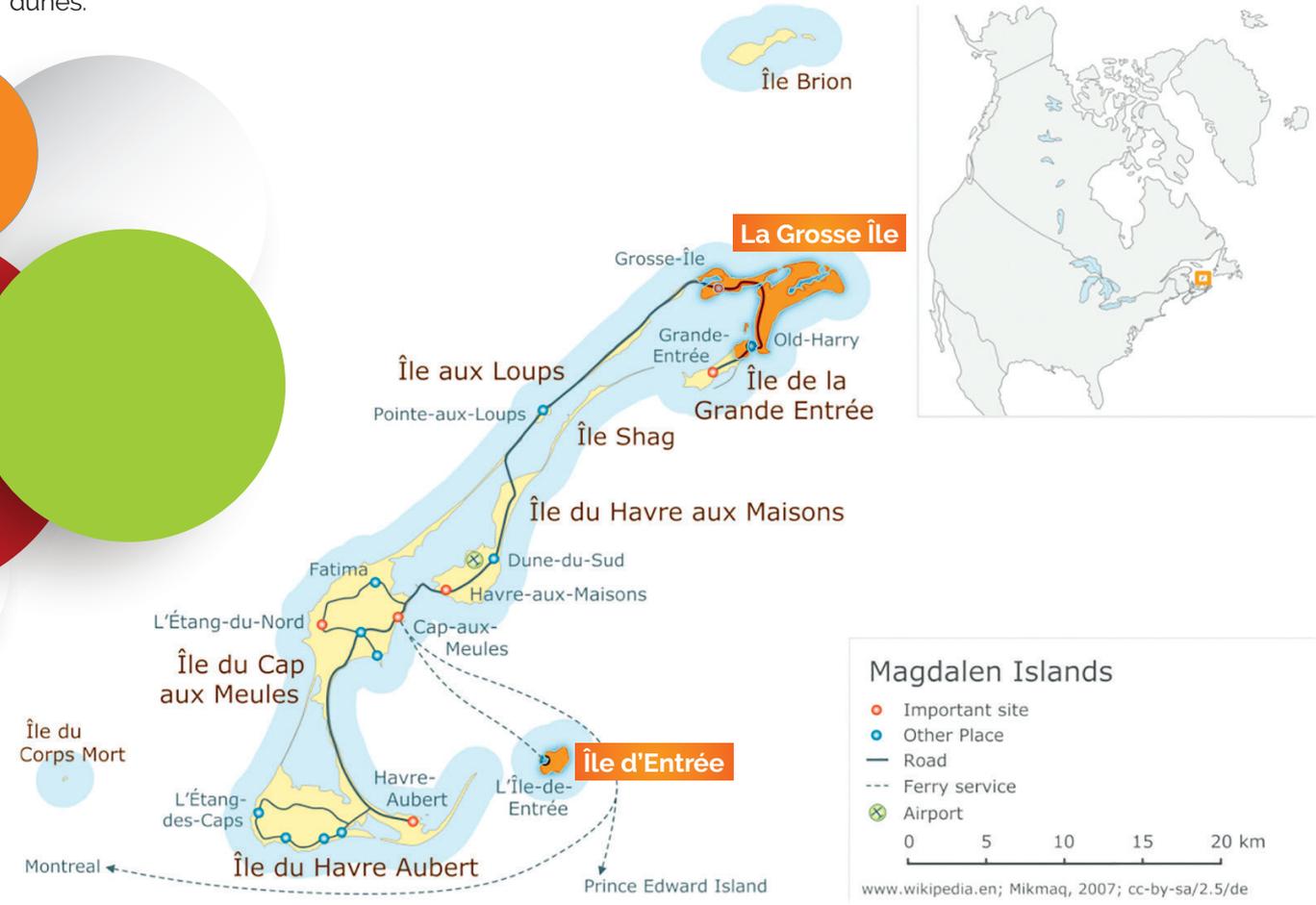
## COMMUNITY CONTEXT

We present a brief overview of some community characteristics for readers who are not familiar with the Magdalen Islands or Grosse-Île.

### *Geographic location*

The Magdalen Islands archipelago, with its characteristic fishhook-shape, is located in the middle of the Gulf of St. Lawrence, 215 km from the Gaspé Coast and 105 km north of Prince Edward Island. The archipelago consists of about a dozen islands, six of which are connected by long, thin sand dunes.

The archipelago's geographical location affords it a unique character, both in terms of physical isolation and vitality, culture and heritage. Two linguistic communities (French and English) have shared the archipelago right from its early settlement. The two communities where English is the main language spoken are Grosse-Île and Île d'Entrée. Grosse-Île is separated from the most populated islands to the south-west by a long, narrow spit of land.

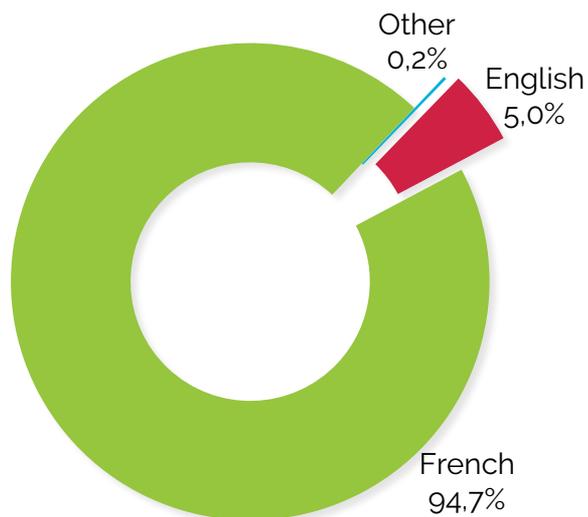


Source: [http://commons.wikimedia.org/wiki/File:Magdalen\\_Islands.png](http://commons.wikimedia.org/wiki/File:Magdalen_Islands.png)

## Socio-economic and linguistic characteristics

On the Magdalen Islands there are 710 English speakers, 490 of whom live on Grosse-Ile (in 2011). English speakers represent 5.6% of the local population.

**Population by Mother Tongue**  
Les Îles-de-la-Madeleine

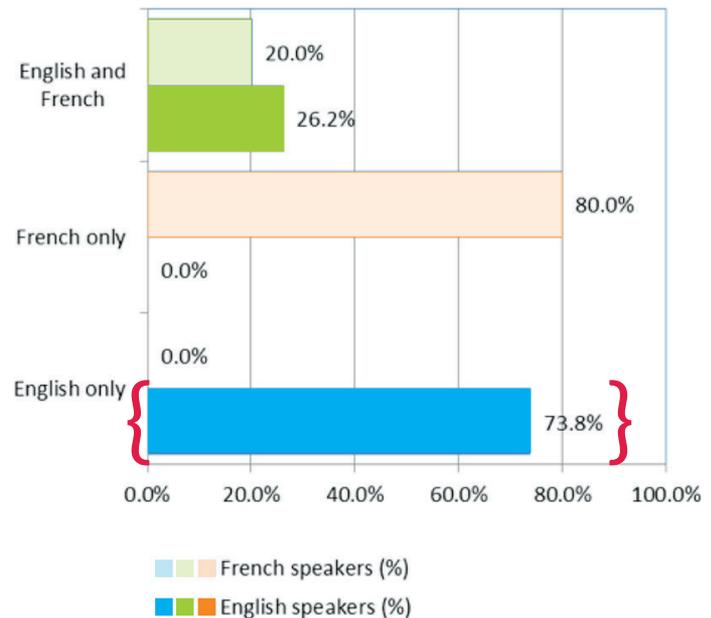


Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

Among English speakers in the Magdalen Islands, almost three-quarters (73.8%) speak only English, while about one-quarter speak both French and English. Among French speakers the situation is comparable: 80% speak French only and 20% speak both languages.

This is important because it means that communication with individuals from the other language group can be difficult, and one cannot rely on people's knowledge of the other official language. This has implications for service provision, employment, education, and more.

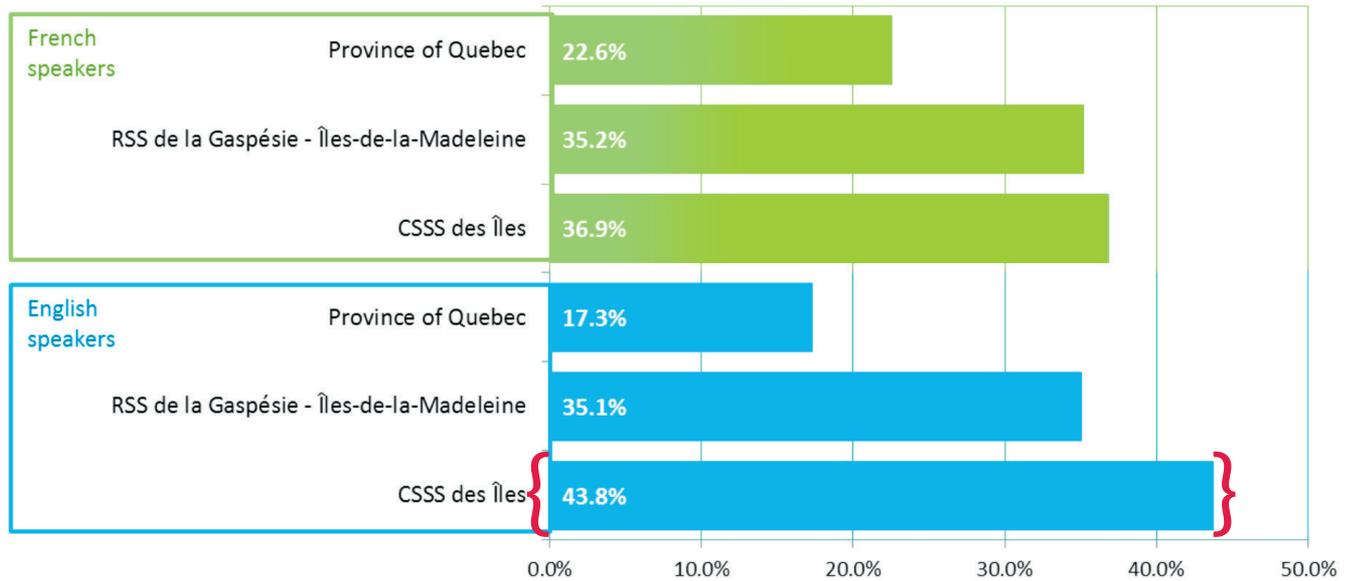
**Knowledge of Official Languages, by Language Group**  
Les Îles-de-la-Madeleine, 2011



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

Although English speakers in the Province of Quebec display a much lower tendency to have low levels of education compared to French speakers, this is not the case in the Gaspésie - Îles-de-la-Madeleine region: over 35% of both French and English speakers have low educational attainment (no high school certificate). In CSSS des Îles territory (Magdalen Islands), English speakers are more likely than French speakers to have low education levels (nearly 44% compared to about 37% among French speakers) (see below).

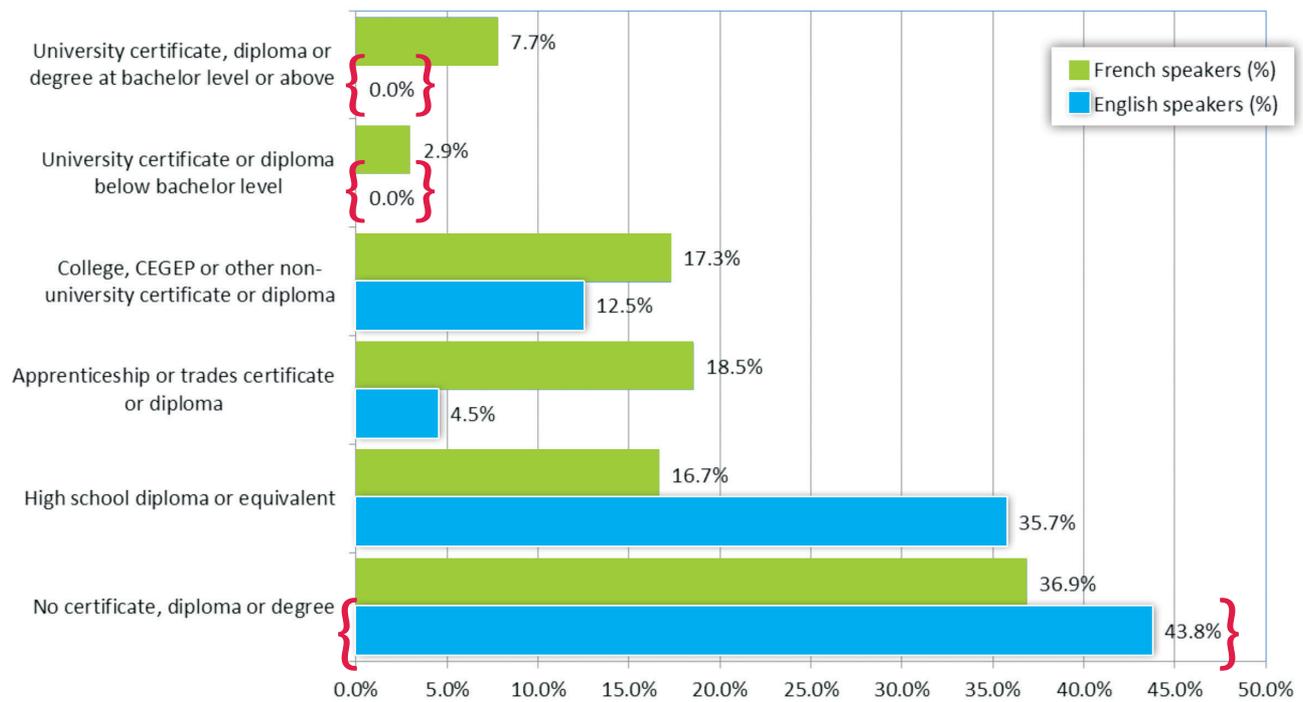
**Population without High School Certificate by Language Group in the Province of Quebec,**  
*RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011*



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

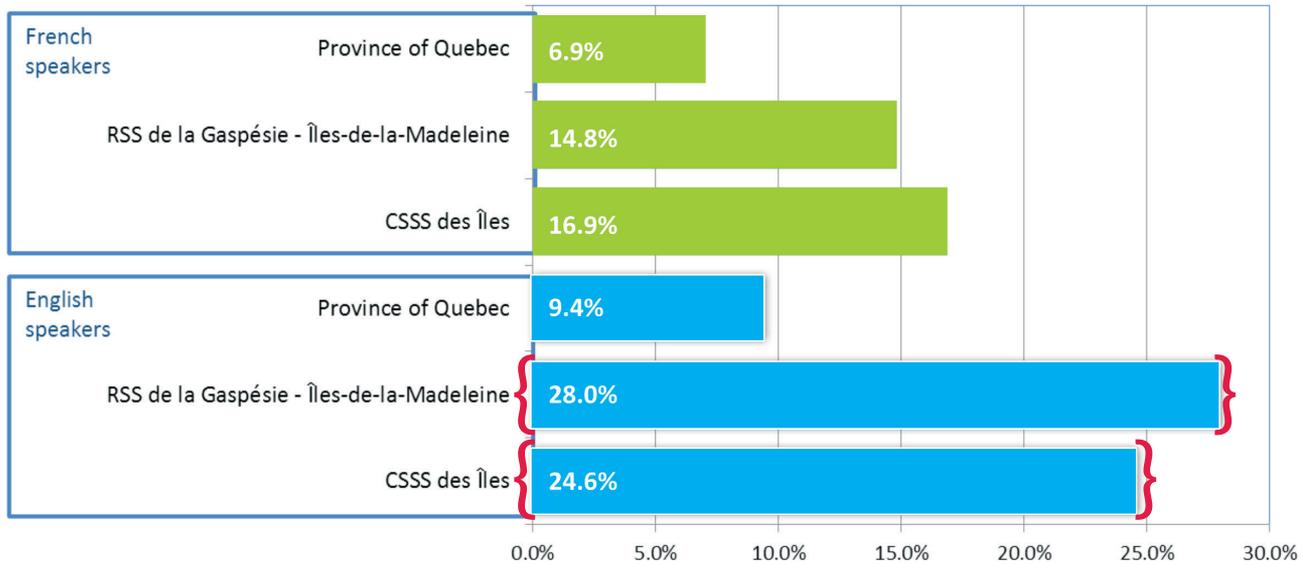
In addition, very few English speakers have post-secondary education and numbers for university education were too low to register.

**Educational Attainment, by Language Group**  
*Les Îles-de-la-Madeleine, 2011*



Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

**Population Who were Unemployed by Language Group in the Province of Quebec**  
*RSS de la Gaspésie - Îles-de-la-Madeleine and CSSS des Îles, 2011*



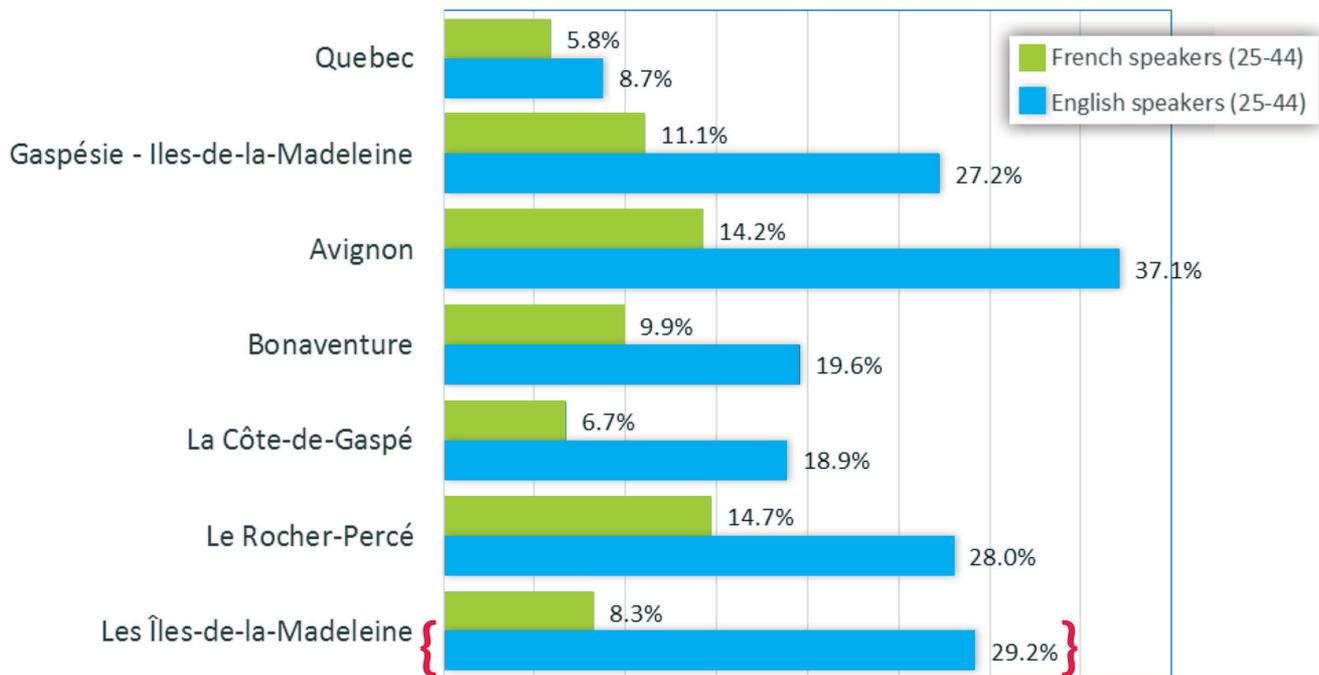
Source: Jpocock Research Consulting, based on data from 2011 Census of Canada, 100% sample

In the Province of Quebec, the tendency to be unemployed in 2011 was much higher among English speakers (9.4%) compared to French speakers (6.9%). In RSS de la Gaspésie - Îles-de-la-Madeleine, the levels of unemployment are also much higher among English speakers compared to their French-speaking neighbours (28% compared to about 15%). In CSSS des Îles, the levels of unemployment remain much higher among English speakers compared to their French-speaking neighbours (about 25% compared to 17%).

If we look at the population age 25-44, we get a better view of the situation in which many children may be living, since this is the age group most likely to be parenting young children and teens. Among Quebec's 25-44 age group, the proportion of unemployed English speakers is greater than the proportion of unemployed French speakers. Within the Îles-de-la-Madeleine territory, the proportion of unemployed English speakers (29.2%) in this age group greatly exceeds the proportion of unemployed French speakers (8.3%) (see below).



**Unemployment Rate Among English- and French-Speakers Aged 25-44**  
*Gaspésie - Îles-de-la-Madeleine and its Census Divisions, 2011*



Source: JPocock Research Consulting, based on data from 2011 National Household Survey, Statistics Canada. Language concept is First Official Language Spoken with multiple responses distributed equally.

These factors combine to create a situation of high socio-economic vulnerability. In fact, when all Official-language Minority Communities (OLMCs) across Canada are taken into consideration (Francophones outside Quebec and Anglophones in Quebec), Quebec's English speakers display the second highest level of all provinces when aspects such as low education levels, unemployment and labour force participation and low income tendencies are analyzed.

On a regional basis, the highest level of socio-economic vulnerability is observed in the English-speaking population of Gaspésie-Iles-de-la-Madeleine, among all OLMC regional commun-

ities. This is undoubtedly also true of the English-speaking population of the Magdalen Islands, since many of the tendencies are even less favourable than for the region as a whole.

*OLMC Populations with Low Socio-economic Status  
Canada, 2011*

Composite indicator for socio-economic status		Region	OLMC population
Quintile	Quintile		
1	2	Quebec (province)	1,058,250
1	1	Gaspésie - Iles-de-la-Madeleine (QC)	9,950
1	2	Nord-du-Québec (QC)	20,645
1	3	Abitibi - Témiscamingue (QC)	5,378
1	4	Côte-Nord (QC)	5,335
1	5	Cariboo (BC)	1,940
1	6	Estrie (QC)	23,440
1	7	Cape Breton (NS)	5,095
1	8	Campbellton - Miramichi (NB)	97,338
1	9	Interlake (MB)	1,430
1	10	Hamilton - Niagara Peninsula (ON)	33,143

*Source: Research Team, Official Languages Branch, Department of Canadian Heritage, based on data from the 2011 National Household Survey, Statistics Canada.*

*Notes: The composite measure weighs 8 scores which are based on the rankings of the 4 socio-economic variables (low education rates, low income rates, unemployment and out of the labour force rates ) as well as the minority-majority indices for each variable. The ranking and quintiles present the relative socio-economic status of Official-Language Minority Communities in the 76 economic regions across Canada (referred to as administrative regions in Quebec). For this analysis, only the 69 regions with at least 500 OLMC individuals are included so the rankings in the second column are based on 69 territories.*

# SUBSTANCE USE AMONG YOUNG PEOPLE

## *Drug, alcohol and tobacco use among youth*

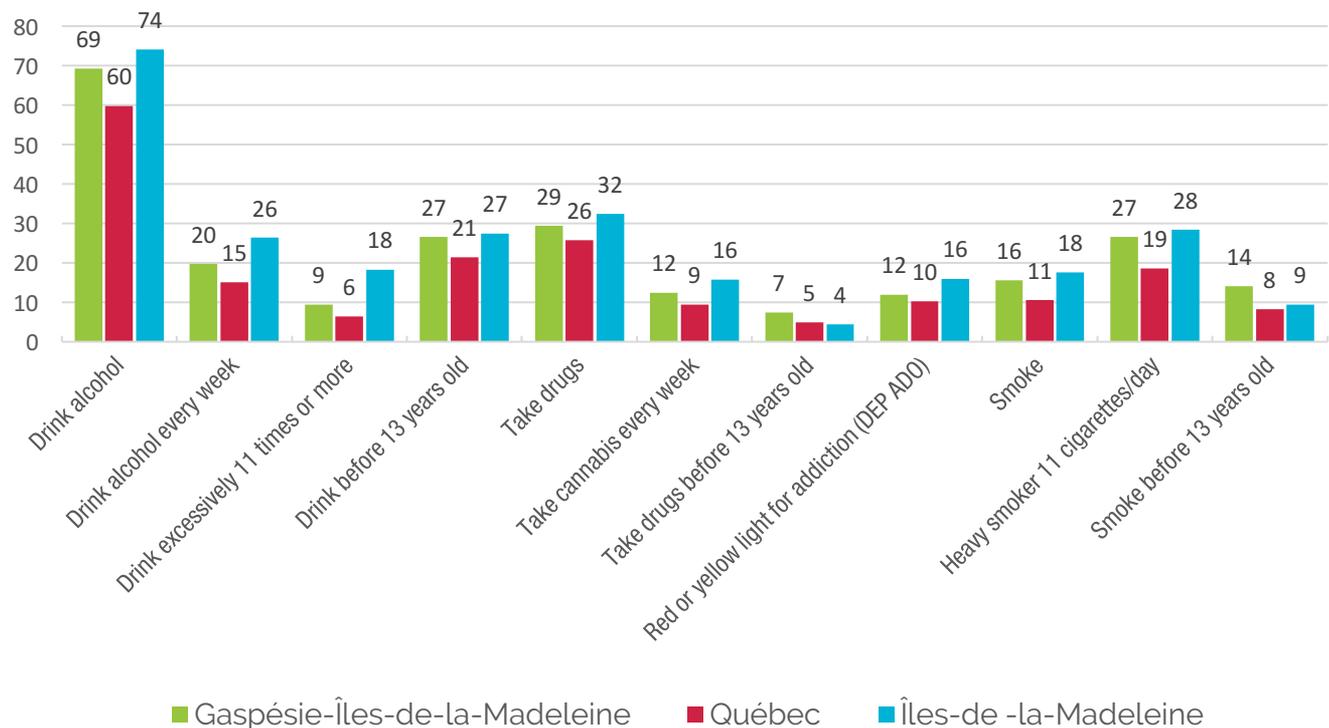
The Quebec survey on the health of high school youth <sup>1</sup> provides statistics on the topic of substance use, and makes it possible to compare the data from the Magdalen Islands with data for the region (GIM) and for Quebec as a whole (Dubé & Parent 2013a and 2013b). We will highlight some of the main findings of interest for this assessment. Note that these figures are for both French and English speakers.

1) L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011 (EQSJS).

### IN GENERAL

1. High school students in the Magdalen Islands use significantly more drugs and alcohol than students in the province as a whole, for all indicators (except taking drugs for the first time before 13 years of age).
2. Rates in the Magdalen Islands are as high or higher than in the Gaspésie-Îles-de-la-Madeleine region as a whole, which themselves are higher than for the province as a whole.
3. Teens in the Magdalen Islands tend to drink alcohol regularly and excessively (binge drinking), start at a young age and take drugs.

Substance use among high school students



## ALCOHOL USE

- Nearly three-quarters have drunk alcohol in the past 12 months. One-quarter drink regularly (at least once a week); this rises to 47% among grade 10 students (secondary 4).
- Over one-quarter of students age 13 and over has drunk alcohol before turning 13; among boys the rate is one-third.
- 25% of boys and 11% of girls binge drink\* compared to 8% and 5% for Québec as a whole (5 drinks or more at a single occasion and at least 11 times over a period of 12 months).

## DRUG USE

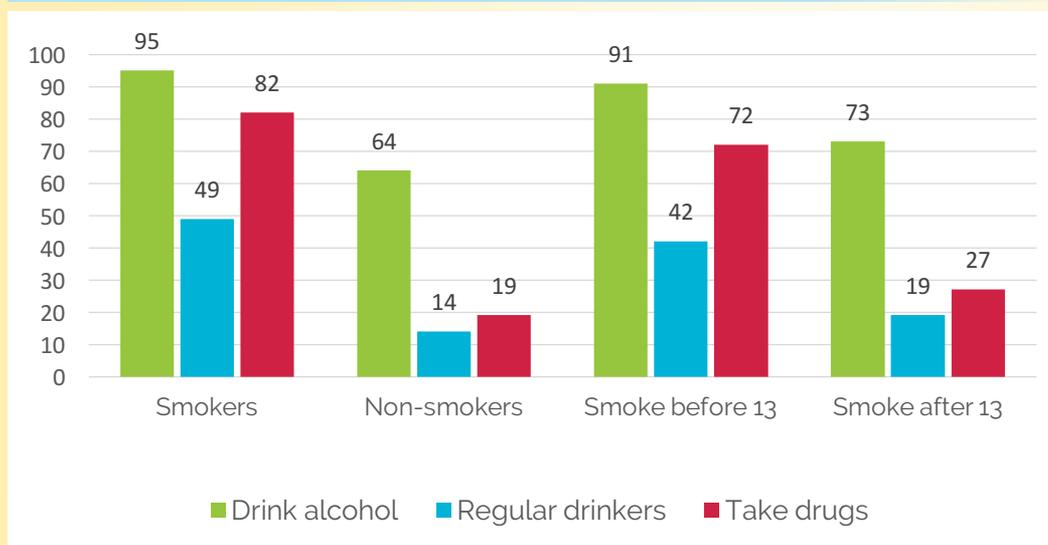
- One-third of teens had taken drugs over the past 12 months. The rate for boys is 38% and among students in grades 10-11 (secondary 4-5) it is more than half (56%).
- 4% of students age 13 and over took drugs before turning 13, a similar proportion to the rest of Québec.
- The drug most used is cannabis; 16% of young people use it regularly (at least once a week) compared to 9% in Québec as a whole.
- 4% to 8% had taken other drugs during the year (ecstasy, cocaine, amphetamines or hallucinogens) and under 2% take them regularly, which is similar to other Quebecers.

## COMBINING SEVERAL SUBSTANCES

- Smoking is associated with alcohol and drug use. As the chart below shows, smokers are more likely than non-smokers to drink alcohol, to drink regularly and to take drugs. In addition, young people who start smoking before the age of 13 are much more likely to drink regularly and to take drugs.
- At all grade levels, smokers are much more likely than non-smokers to drink every week and to have taken drugs in a 12-month period.
- Young people in the Magdalen Islands smoke a lot more than other Quebecers: 18% smoke and among that number 28% are heavy smokers (11 cigarettes a day or more).



*% of high school students who drink or take drugs, by tobacco use*



## Users

### Who are the heaviest users?

- **Boys:** 1/5 boys and 1/10 girls in the MI has a developing or obvious problem with addiction, according to the DEP ADO index (based on a number of questions). Boys in the MI are twice as likely as boys in the province as a whole to have a problem with addiction (21% compared to 10%).
- **Older teens:** as elsewhere in the province, the number of users increases with age.
- **Young people whose parents are less educated** (have less than a Cegep diploma) are more likely to use tobacco, alcohol and drugs, and to start using at a younger age than those whose parents have a higher level of education.

## English-speaking youth

The Quebec survey on the health of high school youth (EQSJS 2013) is not particularly helpful in shedding light on the specific situation among English speakers in the MI, since it did not gather data from them. However, for the GIM region as a whole, it does distinguish between youth from English-speaking and French-speaking schools. There were no notable differences between the

two, except for **higher levels of smoking among English speakers (23% compared to 15%) and starting smoking before age 13 (18% compared to 14%).**

A survey called *Tell Them From Me*<sup>2</sup> (TTFM) provides data specific to the students from Grosse-Ile school for 2013. Although the numbers are very small and reliability of the data is not guaranteed, it can provide a glimpse into the situation for English-speaking youth of the MI. These are some key findings:

- More than 80% of respondents had drunk alcohol in the last 12 months (compared to 74% in the MI, 60% in Quebec and 56% in Canada).
- 19% had smoked cannabis (compared to 13% in Canada)
- 11% had taken other drugs (ecstasy, cocaine, crystal meth, heroine) compared to 4% in MI, 8% in Quebec and 10% in Canada.

2) TTFM is an assessment system that measures a wide variety of indicators of student engagement and wellness, and classroom and school climate that are known to affect learning outcomes. The anonymous survey covers areas including: perceptions of testing, involvement in sports teams and clubs, attendance, hours spent watching TV, a sense of belonging, post-graduation goals, bullying, self-esteem, student anxiety and depression. The survey was designed by J. Douglass Willms and Patrick Flanagan and has been used by a large number of school districts in Canada.

## RISK AND PROTECTIVE FACTORS

Although alcohol and drug use is common among young people, not all those who try these substances will become regular users, nor will they necessarily develop addictions. The literature points to a number of individual and environmental factors that significantly influence alcohol and drug use among young people. Overall, these factors are related to:

- Individual characteristics (which may be present before any substance use)
- Family influence
- Peer influence
- School ties
- The community and society in general

The ways in which these factors work together in the daily lives of young people can determine whether they try these substances, how they use them and whether or not they develop problems (abuse, addiction). For example, the more their parents use drugs and alcohol, and the more they believe their friends do, the more positive the perception of substance use by young people (Gagnon & Rochefort, 2010).

## *Risk and protective factors in the Magdalen Islands and Grosse-île*

The Quebec survey on the health of high school students in the Magdalen Islands (EQSJS, 2015) as well as the *Tell Them From Me* survey (TTFM) present some of the individual and environmental factors that may influence the situation among Grosse-île youth.

### Individual

- **Self-control**<sup>3</sup>: according to the EQSJS, this individual competency notably declines between grades 7 and 11 among young Magdalen Islanders.
- **Anxiety**: according to the TTFM, 23% of girls and 14% of boys in high school report a moderate or high level of anxiety<sup>4</sup> (a higher level than among Quebecers as a whole, which is 20% and 12%). The highest proportion for Grosse-île students was in grades 7 and 9 (20%).
- **Perception of risk**: only 15% or less of young Magdalen Islanders viewed their use of drugs or alcohol as having negative consequences. These consequences were the high cost (15%), harmful effects on their health and relationships (10%), psychological or school-related difficulties and delinquent behaviour (less than 8%); and nearly one-third answered that the same quantity of alcohol or drugs had less effect.

### Family

- **Parental supervision**: Only 3 out of 10 Magdalen Islanders (1 out of 5 among boys) says that their parents often know where they are and with whom (a much lower result than young Quebecers as a whole).
- **Family support**: 3 out of 4 say they have a good level of support (an adult at home who takes an interest in them and their life).
- **Participation in family life**: 5 out of 10 rated this aspect moderate, and 4 out of 10, high.

3) Self-control refers to the ability to control one's impulses, avoid undesirable behaviour, follow rules and reach goals. A high level of self-control is associated with better marks in school and more positive interpersonal relationships, and with better self-esteem and mental health (Dubé & Parent, 2015 p.19)

4) Anxiety is defined as an intense feeling of fear, anxiousness or worry about specific events or social situations.

### School

- **Sense of belonging**: the majority of MI students rated their sense of belonging to their school as moderate. Only 1 out of 3 girls and 1 out of 5 boys rated this aspect high.
- **School support**: only 35% of students reports a good level of school support (adults who encourage them, believe in them, listen to them, etc.); the majority (60%) says they have moderate school support.
- **Participation in school life**: only 1 out of 6 students participates actively in school life (takes an interest in and actively contributes to school life). According to the TTFM, just over half of Grosse-île students are involved in extra-curricular activities (sports, arts, committees, clubs), a similar proportion to the province as a whole.
- **School engagement**: only 13% of students and 5% of boys have a high level of school engagement (like school, value school success, want to pursue studies). This rate is much lower than for young Quebecers as a whole (22% and 19% for boys). Magdalen Islanders are significantly less engaged in school and therefore more likely to fall behind or drop out of school than other Quebecers.

### Community

- **Accessibility**: According to information from the community, there is an increase in the number of drug dealers in the MI, and in access to synthetic drugs (Ecstasy, amphetamines, etc.). Also of concern were the sale of alcohol to minors and unlimited access to community events where alcohol is served.
- **Services**: In a survey conducted by CAMI (Burke 2010), many people responded that services or activities for those suffering from drug or alcohol addictions (assistance, referrals, information, awareness) and health services in general were inadequate and unavailable in English.

## *The special role of family and school*

The portrait presented above highlights the presence of influential factors connected to the quality of the social environment among young Magdalen Islanders. This environment tends to decline as youth get older, particularly between grades 7 and 8, according to the EQSJS. The TTFM survey points to a decline between grades 7 and 11 in school belonging, participation in extracurricular activities, school engagement, and the support of peers, family, the school and the community.

Family roles, such as parental supervision, family support and the father's involvement in education, as well as the student's engagement in school and sense of belonging to school are considered to be very important factors (Dubé & Parent 2015, Gagnon & Rochefort 2010, Institut de la statistique 2013, Peterson 2014, Stockburger et al 2005).

The EQSJS for the Îles-de-la-Madeleine shows that:

- A low or moderate level of family support doubles the risk of **psychological distress** and **dropping out**, two factors that are associated with problem use of drugs and alcohol.

- A low or moderate level of parental supervision doubles or triples the likelihood of aggressive, risky, rebellious or delinquent behaviour. Over the past 12 months, 4 out of 10 young Magdalen Islanders committed **risky or rebellious acts** (higher rate than among Quebec youth as a whole).
- Part of the **decline in self-control** seems to be related to the decline in parental supervision as teenagers grow older (Dubé & Parent, 2015).
- Young people with a low or moderate sense of school belonging are more likely to engage in aggressive or delinquent behaviour, to experience psychological distress or to drop out of school.

## *Peer influence*

This factor does not appear in the data from the EQSJS, nor the TTFM. However, it is worth mentioning that peer influence is a very important predictive factor in alcohol and drug use. Young people are mainly influenced by having friends who use drugs or alcohol, or who have a positive attitude towards such use, and by the need to belong to and be accepted by their peer group (Paluly 2010, Stockburger 2005, Community Toolbox).

## STAKEHOLDER PERSPECTIVES

In March 2016, three structured group discussions were held in the Magdalen Islands with students, parents and professionals (the latter were from health and social services, and community organizations). In addition, informal conversations were also held with two school employees and two addictions counsellors to gather their observations and perspectives on the situation in Grosse-Ile.

### *Context: elements highlighted in discussions*

In addition to the context described above using statistics, some other elements were highlighted in the discussions in March 2016. One of the main points made was that the use of alcohol and drugs

among teens is viewed as normal and many parents do not tend to set boundaries that would limit their children's use (punishment, consequences, limitations). In addition, some parents themselves are users, which serves as a model for their children. Another main point was that drugs and alcohol are easily available in the community, including pills with unknown ingredients and therefore potentially harmful effects. Parties in cabins make substance use easy for teens and part of their social life. A lack of police presence in Grosse-Ile as well as a lack of services in English for victims of violence and for addicts means that there are few options for people who are experiencing some of the more extreme effects of substance use and abuse.

## Stakeholders

Stakeholders are individuals or groups who affect or may be affected by a situation or by the actions taken to address it. They can influence the situation and they may have the capacity to intervene. It is important to understand their perspectives as well as the interrelationships between them in order to identify possible solutions. We will briefly describe the different stakeholders involved in this situation as well as their perspectives, based on conversations with them.

### YOUTH

The young people themselves are the most affected by the situation, since this is the time in their lives when they will adopt lifestyles and habits that may stay with them throughout their lives. As mentioned above, the youth we were able to meet with were all in Grade 6 and not directly involved in substance use. This does mean they are not affected by it, or do not have a relevant perspective on it. Given the small size of the community, they are in close contact with youth of all ages and are well aware of what others are doing. These young people attend the Maison des Jeunes, they play games (cards, X-box, etc.), some are enrolled in extra-curricular activities, they drive their all-terrain vehicles around, they go skating on the rink or on a local pond, some go hunting or fishing, and they use the school gymnasium for activities. They know of other teens who use alcohol and drugs, sometimes with serious consequences. They say they do not think they will use them when they are older. They have seen pictures of the effects on the body and they also said that although people think it looks cool, in reality is just looks stupid.

### PARENTS

Parents are an extremely important stakeholder as they are responsible for their children, have a lot of influence over them, and can both affect and be affected by the situation in a very direct and emotional way. The parents who participated in our conversation are concerned about the situation for teens. They say there is very little to do for youth 14-18 years of age. They feel that youth are torn between social acceptance and social isolation. Pre-teens and younger teens are exposed to what older teens are doing and are being influenced by them, not always in positive ways. As regards substance use, these parents recognize that kids will experiment, but want them to learn positive

lessons and avoid negative consequences. The parents recognize that they do not all know how to identify the signs of drug and alcohol use, and some parents are even considered to enable their children by turning a blind eye, providing them with alcohol, or protecting them from legal problems.

The parents pointed to several factors that they believe exacerbate the situation for certain teens. First, young people are very connected to technology, making them less active. Second, kids have a lot of pressure, from school, parents, peers and others. Third, some young people have specific problems such as ADHD or learning difficulties with very few resources to help them cope (tutors, specialists). Fourth, many young people do not have a positive mentor, particularly a male one. Finally, mental health issues can be connected to substance use, whether as a coping mechanism for dealing with depression, grief or other difficult emotions, or as a result of drug use which may trigger mental health problems. It is important to note that the parents did not know where to turn in a crisis or what to ask for.

### SCHOOL AND COMMUNITY LEARNING CENTRE

School staff are involved in teaching students from elementary through high school, while the CLC partners with local organizations to enhance access to recreational, educational, social, and cultural opportunities for youth, families, and the English-speaking community at large. In Grosse-Ile both the school and the CLC are involved in some drug and alcohol awareness and prevention activities, and they provide some extra-curricular activities and opportunities for students. Their reality is currently affected by cuts in budgets, and therefore in staff, compounded by declining enrollment in Grosse-Ile School. As we will see, they are also affected by the scarcity of resources and support available locally in English (social worker, psychologist and other therapists).

## CAMI

As a community development organization, CAMI is focused on fostering community vitality in all aspects of community life. With regards to youth, CAMI is involved in programs to encourage a healthy community and school environment, healthy lifestyles, school perseverance, and more. CAMI is also an important interlocutor with other regional organizations and tables de concertation, as well as with provincial and federal organizations. As such, its role is central to any actions undertaken to address the situation.

CAMI views this issue as a source of division within the community, as some parents are more permissive while others are stricter, and many are reticent to having other individuals or groups tell them how to raise their children. Yet in the current context, an organization like CAMI finds it difficult to create a healthy environment for young people and to encourage school perseverance.

## SOCIAL DEVELOPMENT TEAM

The social development team for Les Îles-de-la-Madeleine is involved in many of the same activities as CAMI and acts in collaboration with many other organizations to foster healthy communities and a positive social environment.

## HEALTH CARE WORKERS AND DRUG AND ALCOHOL-RELATED SERVICES

Health care workers may be part of the CISSS or other health care structure. Drug and alcohol services may be provided at these establishments or they may be provided by a community-based organization (such as L'Escale). There is also a women's shelter (L'Accalmie) for victims of violence. For these stakeholders, one of their concerns regarding the situation in Grosse-Ile is their difficulty in providing adequate services to the community, because of the lack of bilingual resources. Relatively few staff are fluent enough to provide the kind of help needed in English.

## POLICE AND YOUTH PROTECTION

Although we did not talk directly with either police or DPJ staff, the other participants were able to give us a sense of their perspective, which is that drug and alcohol use can be connected to violence, to criminality and to problem behaviour among young people, such as conflict with parents, truancy and quitting school, running away from home, sexual violence, and more.

## Stakes

Stakes are what drive stakeholders to do what they do. They include motivations, values, beliefs, roles, cultural norms and aspirations. The stakes are different for different groups, as seen below:

### For youth:

- having fun (not being bored)
- fitting in with their peer group

### For parents:

- finding a balance between discipline and freedom; how to let teens be teens (experiment, push boundaries, etc.) without either letting them run wild or become socially isolated
- understanding substance use better (the signs, appropriate reactions, and more)
- supporting their children in making good choices and succeeding
- changing the community context where drugs are readily available

### For the school

- providing a positive school environment and learning experience
- providing drug and alcohol awareness and prevention information
- creating opportunities for activities
- supporting students experiencing learning difficulties or mental health issues

### For CAMI:

- fostering community vitality and creating a healthy community, where young people develop to their full potential
- ensuring social cohesion

### For the social development team:

- fostering social development for the islands and encouraging healthy lifestyles

### For health care workers and drug and alcohol-related services:

- public health, disease prevention
- adequate service provision (for all levels of treatment, emergency, short-term, long-term)

### For police and youth protection:

- child protection, safety, complying with the law

## *Framings*

A framing is a way of seeing or understanding. The main framings of the situation of substance use in Grosse-Ile that emerged out of the discussions are:

Social activity  
for fun and inclusion

Parenting issue

Social and community  
development issue

Public health issue

Criminality + violence

Service  
provision

## *Ideas for creating change*

Throughout the discussions, many ideas were shared for creating change around substance use among young people. With the students, the discussion did not focus on substance use, but rather on what young people like to do in Grosse-Ile and how their teenage years could be the best possible. For the other participants, the discussions focused on the specific issue of drug and alcohol use.

### **IDEAS FROM STUDENTS**

Activities we would like to have:

- Skete shooting
- Workshop to build robots
- Trip: we would fundraise
- Workshops on different topics such as crafts and making things (food, soap, pop, etc.)
- More bike trails
- Shopping opportunities

### **IDEAS FROM PARENTS**

- Parent support group
- Get parents involved: Potluck, cooking activity, get-togethers
- Education and awareness for parents
- Parents need to learn to talk to kids
- Teens and parents could do research on addiction
- Education and awareness for teachers regarding positive ways of dealing with kids with ADHD, learning difficulties, etc.
- Facebook campaign
- More activities for kids age 14 and over, plus alternative activities that are alcohol- and drug-free
- Mentoring program or a sort of Big Brother or Fathers & Sons activities

### **IDEAS FROM SCHOOL**

- More prevention and awareness activities in school
- Help to develop resilience
- Ideally, the school needs a social worker who is available on a regular basis and the students can develop a relationship with; not just crisis intervention
- Sharing the high school in Cap-aux-Meules with Francophones (share some resources, costs, classes, sports teams, etc.) and sharing elementary with Grande Entrée



## IDEAS FROM CAMI AND PARTNERS

- Hire an outreach worker: an experienced, young professional with the right personality who can get to know the community, build trust, create good connections with kids over the long-term
  - This person can help organize trips, student exchanges and alternative activities, on an on-going basis that attract kids
  - Raise awareness, warn of dangers and create healthy alternatives
- Possibility of peer-to-peer support by skype with ES parents in Quebec City
  - Offer prevention, harm reduction, recovery services and link clients to existing resources
  - Part of a team with a network in Cap-aux-Meules
  - Free of paperwork, flexible time

*Existing resources for prevention, treatment and follow-up*

IN THE MAGDALEN ISLANDS				
RESOURCE	TYPE OF PROGRAM	WHERE AVAILABLE	AVAILABLE IN ENGLISH?	GAP
Frontline HSS (1e ligne)	Emergency and other services at CISSS (psychosocial, addictions counselling)	CISSS Cap-aux-Meules	Partially	Lacking 
Second line services (2e ligne)	L'Escale, follow-up services for people dealing with addictions	Cap-aux-Meules	Yes	Good but doesn't specialize in youth addictions, no local treatment centre available 
School board and CISSS	School-based outreach programs	At French high school, Cap-aux-Meules	No	Lacking 
DPJ	Youth protection in case of drop-out or parents' request for help	Cap-aux-Meules	Yes	Negative perception by parents 
Fraser Recovery program	Addictions recovery for youth	Based in Quebec City, but can travel to MI	Yes	Good but far away 
L'Accalmie	Women's shelter	Cap-aux-Meules	Yes	Good 
Psychologist	Counselling	New Carlisle, Gaspésie, but can go to Grosse-Ile	Yes	Good but far away 

# RECOMMENDATIONS FOR DEVELOPING A STRATEGY

## *General principles for designing effective strategies*

It is generally recommended that substance abuse programs for young people focus on four main elements:

- prevention
- early detection and intervention
- treatment and rehabilitation
- research

Various recommendations<sup>5</sup> have been made for effective strategy development, which we will develop further in the next phase. In summary, effective strategies are overarching (holistic), have targeted actions and are both evidence-based and long-term in their design.

### **HOLISTIC APPROACH**

- Combine actions aimed at all groups (e.g., all youth, all families) with actions targeting specific groups in need.
- Address problems of substance use in connection with all aspects of the context (not in isolation).
- Take action on all forms of substance abuse (alcohol, drugs, tobacco), alone or in combination.
- Take action simultaneously with youth, families, schools and the community.
- Intervene adequately at all stages of development, including the pre-teen years and the transition from primary to secondary school.
- Foster community development to get at the roots of the problem.
- Use a common, coherent message that is neither moralizing nor fear-based.
- Use a culturally adapted strategy.

### **TARGETED ACTIONS**

- Enhance protective factors and reverse or reduce risk factors in the community.
- Address pre-existing elements before problems with substance use arise.
- Encourage the active participation of youth (their perspectives, their involvement...).
- Improve personal and social skills among youth, according to their stage of development, such as correcting false perceptions, improving skills (affirmation, resistance, emotions, stress, problem-solving, etc.), and supporting youth engagement in school, family and community.
- Assist families in general and help meet drug and alcohol-related needs.
- Integrate addictions interventions with actions in the areas of education, health and healthy lifestyles in school programs.
- Create an environment that encourages healthy lifestyles and youth health, well-being and development.
- Help to reduce the availability of and accessibility to alcohol and drugs.
- Improve services to those developing or living with addictions.

### **EVIDENCE-BASED, LONG-TERM PERSPECTIVE**

- Retain core elements of the research-based interventions even when adapted to the community's specific needs.
- Is long-term, is intensive (with repeated interventions) and ensures sustainability.
- Is evaluated on an on-going basis.

5) These are summarized based on: Ministère de la Santé et des Services sociaux 2006, Peterson 2010, Leyton et Stewart 2014 a-b, Stockburger 2005, National Institute on Drug Abuse 2003.

## Promising approaches

Based on a brief overview of interventions that have been tried and documented, we have identified three types of approaches. They all include interventions targeting alcohol and drug use among youth and could therefore serve as inspiration for a strategy for the Magdalen Islands. These approaches are considered promising in that they were designed with youth in mind and the results seem encouraging.

### COMMUNITY-BASED APPROACHES

- The intervention strategy is based on a shared agenda focusing on risk and protective factors, and on community-identified actions and solutions.
- The **Communities that care** model is an example of this<sup>6</sup>. Its features include:
  - Call for broad community participation and training of key community leaders;
  - Positive approach of adolescent health and growth focused on building the advantages that young people need in order to develop into healthy, successful adults;
  - Risk and protective factors significantly impacted by the program such as early initiation of drug use and of antisocial behavior, favorable attitudes towards drug use and antisocial behavior, substance use, poor family management.

### SCHOOL-BASED APPROACHES

- The school is a key player in developing school-based actions which also extend to the family and the community through mobilization and partnership.
- The strategy is based on effective prevention practices which contribute to the success, health and well-being of youth in schools, including practices specifically targeting alcohol and drug use.
- The Healthy schools approach is an example of this<sup>7</sup>. Its features include:
  - Multi-tiered actions (teaching, physical layout, services for youth, parenting, healthy and safe environments)
  - Emphasis on youth empowerment and skill-building
  - Collaboration between youth-school-family-community
  - Recommended practices are evidence-based

### YOUTH-TO-YOUTH APPROACHES<sup>8</sup>

- The intervention strategy is initiated, designed, implemented and evaluated by youth, based on their opinions and needs regarding substance use. Adults may be integrated into the structure in an advisory role.
- Effectiveness is rooted in a vision and objectives defined by youth, and a communications approach that fosters trust, sharing, and a search for solutions that are practical, acceptable and adapted to local realities.
- The approach itself has a positive impact on some risk factors such as personal and social skills, social engagement and peer recognition.
- Some examples of projects and actions based on a youth-to- youth approach:
  - Interactive web site
  - Kiosks in chill-out zones at dance clubs
  - Dance events without alcohol or drugs
  - Newsletters and webzines that mix pop culture, such as fashion and music, with drug prevention topics
  - Travelling school-based awareness campaign
  - Action research conducted by and for youth

6) See the Community Toolbox, <http://ctb.ku.edu/en>

7) See Palluy 2010 (a-b)

8) See Poole 2005 and Stockburger 2005.

## CONCLUSION AND NEXT STEPS

In conclusion, the specific context of the Magdalen Islands, and the English-speaking community of Grosse-Ile, calls for a tailored strategy that fits well into this context, which is characterized by a high level of socio-economic disadvantage and community devitalization. Since the population is small, with numbers of youth declining each year, human resources are limited. In addition, its status as a linguistic minority locally, regionally and provincially poses certain challenges to the availability of resources in English. This highlights the importance of collaboration and partnerships with the majority community and its resources, aligning actions when appropriate.

The rates of substance use (alcohol, drugs and tobacco) have been found to be higher in the region than in the province as a whole, and often even higher on the territory of the Magdalen Islands, particularly among boys and older teens. This underlines the urgency of finding approaches

that are effective in acting at the individual, family, school and community levels. An understanding of what is at stake, according to the perspectives of different stakeholders, will be helpful in designing a strategy that addresses these concerns, while taking into account the interests, influence and capacities of each stakeholder group.

A brief review of some key literature points to three promising approaches that could help in the design phase: community-based, school-based and youth-to-youth approaches. Various examples of projects or programs could be examined to assess their fit with community needs, strengths and capacities.

The following steps are proposed for developing a strategy that is adapted to the local context of Grosse-Ile and the English-speaking community:

	STEP	ACTIVITY
<b>PHASE I: Documentation</b>	<i>Background research</i>	Review of promising practices and approaches Evidence-based approaches (general) Approaches used in comparable contexts
	<i>Identify approaches for the strategy</i>	Develop a draft proposal for a comprehensive, integrated, holistic strategy that is adapted to the context of Grosse-Ile. This will give us a basis to work with partners on developing a final strategy.
<b>PHASE II: Strategy development</b>	<i>Develop strategy</i>	Meet with core group of partners in MI to refine the strategy and develop a Theory of Change (half-day workshop): planning, meeting, summarizing content.
	<i>Develop evaluation framework</i>	Identify evaluation questions, indicators, measurements, timeline, and some basic data collection tools, on the basis of the ToC.
	<i>Develop operational plan and action plan</i>	With CAMI
<b>PHASE III: Report</b>	<i>Produce report</i>	Write a document presenting the strategy and evaluation plan

# Annex A

## ACTION FRAMEWORK FOR QUEBEC ENGLISH SCHOOLS AND THEIR PARTNERS

### Supporting the Well-Being of Minority English-Language Youth, Schools and Communities

This framework integrates the challenges, strengths and aspirations of English-speaking youth to support the well-being of youth, schools and communities across Quebec. It also builds upon specific research and evidence-based activities linking health, educational outcomes and student perseverance. It is developed as a school and community-based approach, which in essence, provides ideas and strategies to support English

schools and their partners in their continued efforts to have a positive impact on the well-being of English-speaking youth, families, schools and communities. This approach is conducive to the English-community minority situation in Quebec as it aims to strengthen the visibility and vitality of the school and the English-speaking community served by the school<sup>9</sup>.

9) Partnering for the Well-Being of Minority English-Language Youth, Schools & Communities

ACTION FRAMEWORK Supporting the Well-Being of Minority English-Language Youth, Schools and Communities				
What do we want to achieve? outcomes	Youth Well-Being	School Well-Being	Community Well-Being	
How do we do it? building blocks	<b>1 1</b> increasing Awareness of resources to English-speaking youth	<b>2 2</b> promoting Healthy lifestyles	<b>3 3</b> offering Whole school & community initiatives	<b>4 4</b> encouraging English-speaking youth to persevere
What is the best approach? lessons learned	Understand their specific health related needs and challenges Transfer available information and resources in English to them Encourage youth to seek professional support and resources Communicate youth's needs to professionals (nurses, social workers)	Consider activities that achieve health and education outcomes Support the school in achieving its school success plan Education and experiences to enhance youth's emotional well-being and resiliency Enhance and promote the schools' physical and social environments	Enhance relationships between students, teachers and families Recruit English-speaking parents and volunteers to support Comprehensive activities that extend beyond the classroom Support teachers involvement in extracurricular activities	Motivate youth to become bilingual and develop a sense of belonging Support youth in increasing their social and linguistic connections Encourage youth to take pride in their distinct identity Help youth in realizing a future in Quebec (education, careers)
How can we ensure success? being strategic	<b>Build</b> Caring and trusting relationships with youth	<b>Engage</b> Youth in the design and delivery	<b>Transfer</b> Anglophone culture and heritage	<b>Expose</b> Youth to opportunity
Guiding Principle - School and Community-Based Partnerships				
Model developed by <b>learn</b>	<b>CHSSN</b> Centre de santé et de services sociaux de la région de la Capitale-Nationale	<b>CLC</b> Community Learning Centre initiative	Financial contribution by Health Canada <b>Health Canada / Santé Canada</b>	

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