

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



A STRATEGY

for the
healthy development
of **YOUTH**



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Grosse Ile School



The strategy outlined in this document is meant as a draft to be discussed with community members and other stakeholders, and to be adapted and refined as seen fit. It is based on current relevant literature, and a needs assessment carried out with input from local stakeholders. This strategy is part of an on-going community development process, which has included a community profile, community consultations, and a number of actions being carried out in the pursuit of the vision for "A dynamic, healthy community, free of drugs, alcohol and violence, with a supportive environment for all community members."




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INTRODUCTION

This draft strategy follows a needs assessment completed on substance use among youth in the Magdalen Islands, focusing specifically on English-speaking youth (CAMI, 2016). That needs assessment helped to identify the situation using available statistics as well as the perspectives of youth, parents, service providers, school and CLC staff and other stakeholders.

Community concerns

The main concerns expressed were:

- Lack of positive influences and role models for young people (peers and parents)
- Peer group belonging
- Family norms, models or behaviours favourable to substance use
- Parenting skills
- Lack of social and physical activities for youth
- Scarcity of resources and support for youth experiencing difficulties
- Drugs and alcohol accessibility
- Lack of police presence, child protection, respect for the law
- Lack of availability and adequacy of services at all levels
- Need for social cohesion regarding the issue

Based on a (partial) literature review, the following general principles for effective strategies were identified.

General principles for effective strategies

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,

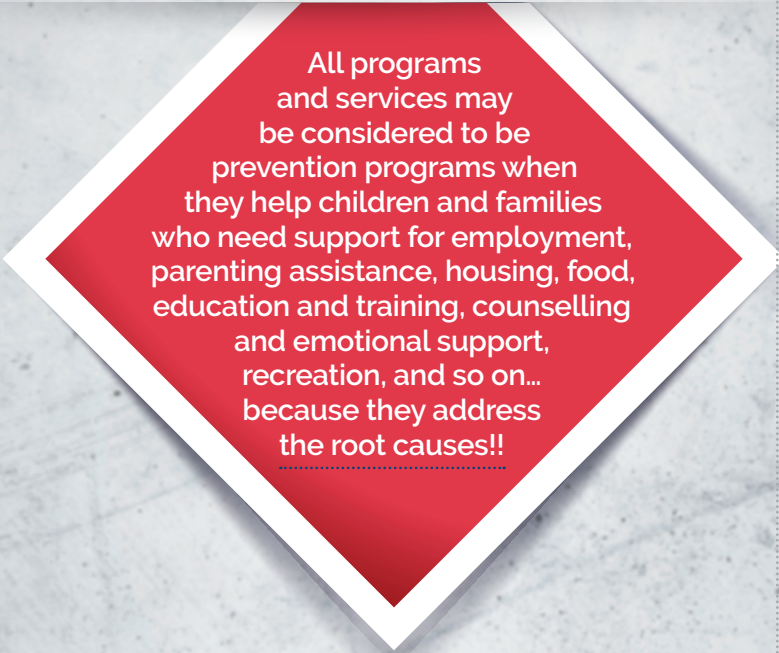
problem-solving, etc.), and supporting youth engagement in school, family and community.

- 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.

In what follows, these principles are put to use to the extent we consider possible and realistic. It is also important to note that:



All programs and services may be considered to be prevention programs when they help children and families who need support for employment, parenting assistance, housing, food, education and training, counselling and emotional support, recreation, and so on... because they address the root causes!!

Various authors note that simply providing information to young people is insufficient and ineffective in changing behaviour (see *Unis dans*

l'action). For this reason it is important to aim to improve personal skills as well as to create environments that support healthy lifestyles (including physical activity, good eating habits, non-smoking and more). Programs should address a wide variety of problems youth and families may experience and support success in general (i.e. not only target substance use). These measures can then be complemented by specific supports for families with difficulties. On a broader societal level, greater restrictions on access to legal substances (tobacco, alcohol) are part of an effective strategy.

It is worth mentioning that recommendations for effective strategies also include a list of what **not** to do:

- Use fear, exaggerate risks, create anxiety.
- Provide information focused only on risks and not age-appropriate.
- Judgmental or intolerant attitude.
- Set unrealistic objectives, setting youth up for failure.
- Not take into account current trends and sub-cultures.
- Talk about risks that too long-term, removed from reality of teens.
- Make large-group presentations or personal accounts (witnessing).
- Base actions on ideology or moral positions.

Protective and risk factors for substance use

Research points to various factors to be taken into consideration. Although there is no one factor that is linked to substance use, the most influential factors are individual factors (personal and social skills, attitudes, beliefs and perceptions) as well as peer and family characteristics, school ties and community support for positive or negative behaviour. Any strategy should aim to strengthen protective factors and minimize or reduce risk factors. It is also important to note that the most important factors change with age. Among young teens, family problems seem to play the biggest role, while among older teens it is a lack of belonging to school and peer influence. Among young adults, emotional and behavioural problems seem to be most closely associated with problem use. This underlines the need for age appropriate actions.

ENVIRONMENT OR GROUP	PROTECTIVE FACTORS	RISK FACTORS
YOUTH	<p>Resilience and personal autonomy</p> <p>Positive orientation (optimistic, cheerful, sociable)</p> <p>Religious and moral norms</p> <p>Social interaction and coping skills*</p> <p>Protective bonds: strong connections to parents and other significant adults with supportive and prosocial values</p> <p>Social and family engagement* ●</p> <p>Rewards for prosocial involvement in family, school or community</p>	<p>Genetic predisposition</p> <p>Trauma, such as chronic maltreatment or neglect in early childhood, traumatic events</p> <p>Young age of initiation</p> <p>Perceptions and beliefs</p> <ul style="list-style-type: none"> • Perception of high availability and consumption in the community • Perception that behaviour is easy to adopt • Beliefs in benefits of use and approval by others • Low risk perception <p>Personal characteristics</p> <ul style="list-style-type: none"> • Low self-esteem • Low self-control • Psychological distress or other issues
PEERS	Interaction with prosocial peers: positive friendships*	Friends who engage in substance use or have a favourable attitude towards it
FAMILY	<p>Parental supervision ● and support</p> <p>Good family relations, good communications*</p> <p>Involvement of fathers in child-rearing*</p>	<p>Parents' attitudes: drug and alcohol (ab)use seen as normal</p> <p>Family history: parents use drugs and alcohol or have addictions</p> <p>Substances are available in the family environment</p> <p>Inconsistent parenting</p> <p>Family conflict</p> <p>Low parental attachment</p>
SCHOOL	<p>School engagement* ●</p> <p>School sense of belonging ●</p> <p>Opportunities for prosocial involvement</p> <p>School support ●</p>	<p>Academic problems</p> <p>Antisocial behaviour, other behaviour disorders</p> <p>Low school engagement or sense of belonging</p>
COMMUNITY	<p>Social activities</p> <p>Opportunities for prosocial involvement</p> <p>High taxes on alcohol and cigarettes, as well as bans on their use in various circumstances</p>	<p>Availability of substances in the community</p> <p>Social acceptance of substance use and of availability</p> <p>Lack of attention and control from authority figures regarding substances and substance use</p> <p>Geographic isolation and boredom = lack of or limited recreation facilities and opportunities</p> <p>Community disorganization</p>

* These factors help forge protective bonds.

Factors in bold with ● : identified in data for the Magdalen Islands as more problematic than for the province as a whole.

PROPOSED STRATEGY: OVERVIEW

Vision

A dynamic, healthy community, free of drugs, alcohol and violence, with a supportive environment for all community members

Strategic approach

Support healthy youth development and healthy and supportive environments (family, school, community) through a concerted, holistic approach grounded in community assets and needs with the mobilization and active participation of youth, parents and other community members

Principles

1. Build on individual and community strengths (assets)
2. Start from the interests and capacities of community members, specifically youth

3. Activities are culturally adapted and age appropriate
4. Integrate prevention activities as well as early intervention activities and services for people affected by substance use

Priority protective and risk factors

- Individual attitudes and skills (resilience, self-control, stress management, relationships, well-being)
- Protective bonds : friends, family, school staff, significant adults
- School engagement, participation and sense of belonging
- Social and family engagement
- Accessibility of appropriate preventive resources and services
- Norms regarding access to and use of tobacco, alcohol and drugs



PROPOSED STRATEGY: DETAILS

ENVIRONMENTS, AND GROUPS TARGETED	GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	IDEAS FOR ACTIONS	EXAMPLES OF TARGETED FACTORS AND CONCERNS
PRELIMINARY STEP	Mobilize human and organisational resources within the community to implement the strategy	Identify key leaders and other people willing to be involved Identify a process allowing youth to be actively involved in designing and implementing activities	Conversations, workshops, events or other activities to brainstorm ideas and identify ways to work together (teens, parents, other adults) Hire an outreach worker	Social cohesion ● Individual skills and characteristics Protective bonds and youth engagement
YOUTH (individuals and peers) GROUP: Pre-teens and teenagers	Change youth attitudes, beliefs and perceptions favourable to substance use Foster youth empowerment	Increase knowledge of substance use Encourage reflection and question dominant perceptions and beliefs regarding substance use Enhance personal social and coping skills Strengthen social bonds Strengthen youth engagement in their community, family, school	Seniors cook with youth Mentoring program (big brother-type or father-son, etc.) with boat-building, traditional skills, knitting, cooking, etc. Sports, outdoor activities, trails, trips... Youth group (with adult) Activities to raise awareness (presentation, films, visits, etc.) Activities that allow for positive contact with police officers	Peer group belonging and social activities ● Positive influences and role models ● Psychological distress or disorders (some youth) ● High level of anxiety and risky or rebellious acts ● Decline in self-control in teenagers ● High-risk attitudes, perceptions, beliefs, and personal characteristics, individual skills Protective bonds: peer relations, parent support and supervision, family relations, etc.

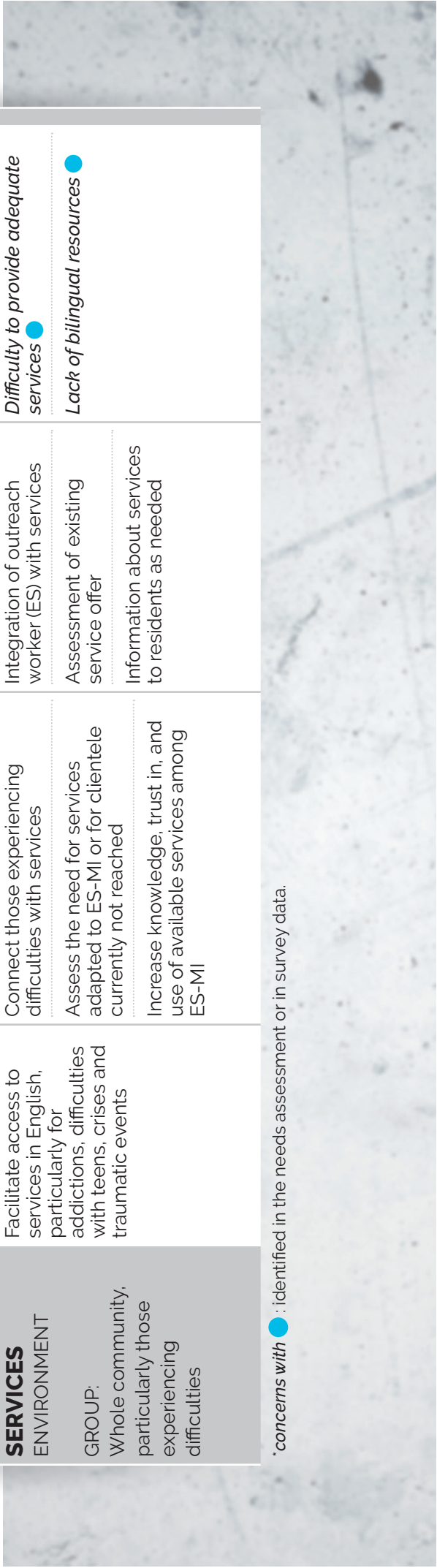
*concerns with ● : identified in the needs assessment or in survey data.

ENVIRONMENTS, AND GROUPS TARGETED	GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	IDEAS FOR ACTIONS	EXAMPLES OF TARGETED FACTORS AND CONCERNS
FAMILY ENVIRONMENT GROUP: Parents and their children Grandparents and other significant adults	Enhance parent engagement Help families meet their needs	Provide opportunities for parents to learn about relevant issues (e.g., communication skills, substance use, child development, etc.) Provide opportunities to strengthen parent-child and youth bonds Raise awareness of the importance of fathers' involvement in family life Provide support to families to meet their needs	Parent group Mentoring program Campaign encouraging families to eat dinner together (CTC) Activities with men according to their interests Family events and activities	Family norms, parenting skills and attitudes, positive models (connected to early initiation) ● Low level of parental supervision (associated with decline in self-control in teenage) ● Youth participation in family and decline in perceived family support ● Family relations, father's involvement, protective bonds
SCHOOL ENVIRONMENT (daycare, primary, secondary) GROUP: Pre-school children School-age youth	Help increase sense of school belonging, school perseverance and engagement Support second language learning	Offer training and information to educational staff Integrate or emphasize school-based activities that help develop resilience and other coping skills among students Increase opportunities for school-based activities (sports, culture, etc.) Strengthen bonds between students and significant adults Increase availability and access to social services at school Expose youth to possibilities offered by education Provide information around substance use Collaborate with French schools	Assessment activity to identify information and training needs with school staff Seniors read with children Recreational activities organized by school School trips School-based projects aimed at awareness of substance use, involving the active participation of students (such as "Kids Bite Back") Organization of shared activities with French schools	Resources and support for youth ● School perseverance ● Low level of school engagement and school support and average sense of belonging in MI youth (all three decline during teenage years) ● Individual skills, high-risk personal characteristics Academic problems Antisocial behaviour, other behaviour disorders Protective bonds

*concerns with ● : identified in the needs assessment or in survey data.

ENVIRONMENTS, AND GROUPS TARGETED	GENERAL OBJECTIVES	SPECIFIC OBJECTIVES	IDEAS FOR ACTIONS	EXAMPLES OF TARGETED FACTORS AND CONCERNS
<p>COMMUNITY ENVIRONMENT</p> <p>GROUP: Whole community</p>	<p>Animate community life aiming at broad health and well-being goals</p> <p>Contribute to denormalize substance use and abuse, specifically early initiation to drugs and alcohol, underage drinking and binge drinking</p>	<p>Increase opportunities for physical activity, healthy eating, non-smoking, social connections, sense of belonging, etc.</p> <p>Raise awareness and identify community norms (tolerance, social acceptance) regarding substance use.</p> <p>Raise awareness of substance use among businesses, events organizers, and others places used by youth</p> <p>Set clear regulations to limit access and use in certain contexts and ensure compliance (e.g., underage drinking and drug use)</p> <p>Implement local policies to reduce tobacco, alcohol and drug availability, accessibility and exposure</p>	<p>Recreational activities organized by community</p> <p>Social events, such as dances, games night, movies, cards, campfires, etc. (alcohol and drug-free)</p> <p>Fitness centre activities</p> <p>Campaign with a shared message led by a wide range of organizations (march, rally, play, radio...)</p> <p>Information and/or training on substance use for businesses, events organizers, etc.</p>	<p><i>Social cohesion on the substance use issue</i> ●</p> <p><i>Accessibility and norms</i> ●</p> <p><i>High level of smoking and low level of physical activity</i> ●</p> <p>Lack of social and recreational activities and opportunities</p> <p>Youth engagement in community</p> <p>Availability of substances</p> <p>Social acceptance</p> <p>Lack of attention and control from authority figures</p> <p>Community disorganization</p>
<p>SERVICES ENVIRONMENT</p> <p>GROUP: Whole community, particularly those experiencing difficulties</p>	<p>Facilitate access to services in English, particularly for addictions, difficulties with teens, crises and traumatic events</p>	<p>Connect those experiencing difficulties with services</p> <p>Assess the need for services adapted to ES-MI or for clientele currently not reached</p> <p>Increase knowledge, trust in, and use of available services among ES-MI</p>	<p>Integration of outreach worker (ES) with services</p> <p>Assessment of existing service offer</p> <p>Information about services to residents as needed</p>	<p><i>Difficulty to provide adequate services</i> ●</p> <p><i>Lack of bilingual resources</i> ●</p>

*concerns with ● : identified in the needs assessment or in survey data.



IMPLEMENTING THE STRATEGY

Strategy implementation must take into account several elements.

Involving stakeholders

First, there are local resources. The human resources present in the Magdalen Islands that could play an important role in this strategy include:



LEADERS	COLLABORATIONS	SUPPORT
Outreach worker Community Learning Centre CAMI	Maison des jeunes School Municipality Fraser recovery CISSS	Social development team School and CISSS-based social worker L'Escale (2 nd line service) L'Accalmie (as needed) DPJ (youth protection) Police Businesses Table Toxico

Next steps

Second, this proposal is meant to be discussed and refined with local partners and stakeholders and as such is not considered final or definitive. Then, concrete activities and a work plan can be developed. We therefore suggest the following.

1. Partners and interested stakeholders receive a copy of the draft strategy
2. We hold a meeting (1/2 day or full day) to discuss and clarify the strategy:
 - a. Discuss the different elements proposed and make adjustments
 - b. Develop a Theory of change
 - c. Vision, Mission, Objectives, Strategies, and Actions: can we get to specific objectives and expected results?
3. CAMI and partners develop activities and a work plan

The work plan should take into account the specific context of Grosse-Île and Entry Island (small population, limited resources, etc.) aiming to identify actions that reach several objectives at the same time, for example:

- Activities bringing adults, seniors and children/youth together, according to interest
 - Mentoring program (big brother-type or father-son, etc.)
 - Boat-building and other traditional skills
 - Activities involving seniors: cooking, reading, etc.
- Activities that support school perseverance and healthy development
 - Recreational activities and programs offered by school, school trips
 - Special projects that raise awareness, harness youth passion for change, while encouraging creativity and other skills (Kids Bite Back, etc.)
- Activities that reach broad health and well-being goals: physical activity, healthy eating, social connections, sense of belonging, etc.
 - Recreational activities and programs offered by the community/municipality
 - Social events, such as dances, games night, movies, cards, campfires, etc. (alcohol and drug-free)

A central role for an outreach worker

A third point is that the idea of hiring an outreach worker or counsellor (*travailleur de rue, intervenant jeunesse*) is currently essential to this strategy, as that individual is seen as playing a central role with the other stakeholders. He or she would interface with these groups, playing a role in developing and organizing activities not only for youth but also possibly for their parents and other community members; referring them to existing services; being present and involved in the school where relevant; and developing meaningful, trust-based relationships with young people. In a study carried out with youth in BC, youth emphasized the importance that counsellors and social workers have relevant life experience and stay in the community for at least a couple years to ensure

effectiveness. In addition, they said they wanted someone who understands them and listens to them, who does not judge them, and who they can trust.



CONCLUSION

The strategy outlined in this document is meant as a draft to be discussed with community members and other stakeholders, and to be adapted and refined as seen fit. It is based on current relevant literature, including research, evaluations of existing programs, promising approaches, guidelines and other material produced in Quebec, Canada and the USA. It is also based on a needs assessment carried out with input from local stakeholders, including youth, parents, school staff, service providers and

other people with in-depth knowledge of the community. Moreover, this strategy is part of an on-going community development process, which has included a community profile, community consultations, and a number of actions being carried out in the community, some of which may complement this strategy in the pursuit of the vision for "A dynamic, healthy community, free of drugs, alcohol and violence, with a supportive environment for all community members."

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 ¹.

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



SOCIAL NORMS

SOME ELEMENTS ON THE INFLUENCE OF SOCIAL NORMS

Several surveys show a diversity of public opinion among Quebecers on the use of alcohol and drugs, ranging from trivialization to dramatization.²

Examples of social norms linked to the trivialization of risks for both young consumers and the general population:

- Binge drinking, or even regular abuse, is not a problem as long as you do not drive when under the influence.
- The representations surrounding the use of alcohol and other psychoactive substances associated with a festive context are sometimes tainted with a form of risk trivialization. For example substance abuse, even at a very early age, is seen as being without any problem when it takes place in a festive context.³

Examples of norms related to the tolerance of alcohol and drug use as demonstrated in increased accessibility of these substances include:

- Accessibility and promotion of alcohol in the form of "premix" and "ready to drink" beverages that are readily available on the shelves of grocery stores and convenience stores;
- Increased accessibility of illicit drugs, particularly cannabis, which has the effect of creating a tolerance towards its use, without, however, offering guidelines that can regulate it.

2) Reference 18 from the document *United in Action*.
3) Reference 22 of the document *United in Action*

The following factors contribute to the promotion of a social acceptance norm favorable to the use of alcohol and drugs among young people, leading to a greater use of these substances among young people:

- **The legal age to obtain alcohol:** the higher it is, the less likely it is for young people to consume alcohol.
- **The price of alcohol:** the higher it is, the fewer young people consume it, and this less frequently and less excessively.
- **Multiple exposures:** they promote positive attitudes towards alcohol use.
- **Alcohol marketing:** it has effects on the initiation to substance use and the amount of alcohol consumed (marketing includes advertising in the media, presence of alcohol in films, videos and television, promotion of alcohol by volume discounts, coupons, special price announcements and promotional items, etc.)
- **Accessibility:** for example, the accessibility of the drug is one of the variables used to predict the occasional use of cannabis.
- **Lack of concern and leadership on the part of the authority figures** with regard to the accessibility and use of alcohol and drugs.⁴
- **A lack of concern and direction from authority figures** regarding substances and substance use in the community

4) REF: Youth Voices on the Prevention and Intervention of Youth Substance Abuse 2005 p.26

INFLUENCE OF INDIVIDUAL NORMS⁵

The **subjective social norm**, the **normative beliefs** and especially the descriptive norm are associated with the intent to start using alcohol and cannabis.

The descriptive norm is also important in explaining the intention of young people to use LSD, amphetamines and ecstasy.

- The **subjective norm** corresponds to the perception of the individual as to the pressure of the persons or groups of persons important to the adoption of the behavior.
- **Normative beliefs** refer to the approval of close friends or other important people.
- The **descriptive norm** refers to the perceived prevalence of substance use in those around him (the belief that many of them use it).

Examples of influential individual norms among secondary school youth reported in various studies:

- **the more parents use substances** and the more young people believe that their peers use substances, the more they perceive positive consequences related to substance use (allows to have more friends, allows to relax, etc.);
- **the fact that the father used substances or had already used substances** and the positive expectations or beliefs about the benefits of taking cannabis are factors associated with the use of this drug;

- young people **who overestimate the prevalence of alcohol** and other substances in their surroundings are more at risk of engaging in this behavior;
- the **perception of cannabis use** among friends (descriptive norm) is a **more important variable than the feeling of approval of others among** young students. The perception of alcohol use among peers is associated with initiation to alcohol use and the perception of alcohol and cannabis use in peers is associated with initiation to cannabis;
- the relationship between the perceived descriptive norm and personal substance use is stronger among youth **who also perceive peer approval**, but only among students who use substances for social reasons such as feeling more sociable and social situations being more fun;
- **believing that our close friends and siblings would approve** of starting to use substances, and the **belief that many people around us use substances these substances** are factors associated with a higher intention to start using substances;
- **the approval of some important people** (normative beliefs) is an important determining factor of the intention of young Americans to start using alcohol and cannabis.
- **the importance of the approval of close friends** as a factor associated with the use of cannabis and ecstasy among young Americans. This variable would be **more important than the perception of the risk associated with the use** of these substances.

5) REF: The Use of Psychoactive Substances in Young Quebecers CONSEQUENCES AND ASSOCIATED FACTORS, INSPQ, Individual and Community Development Branch, July 2010



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