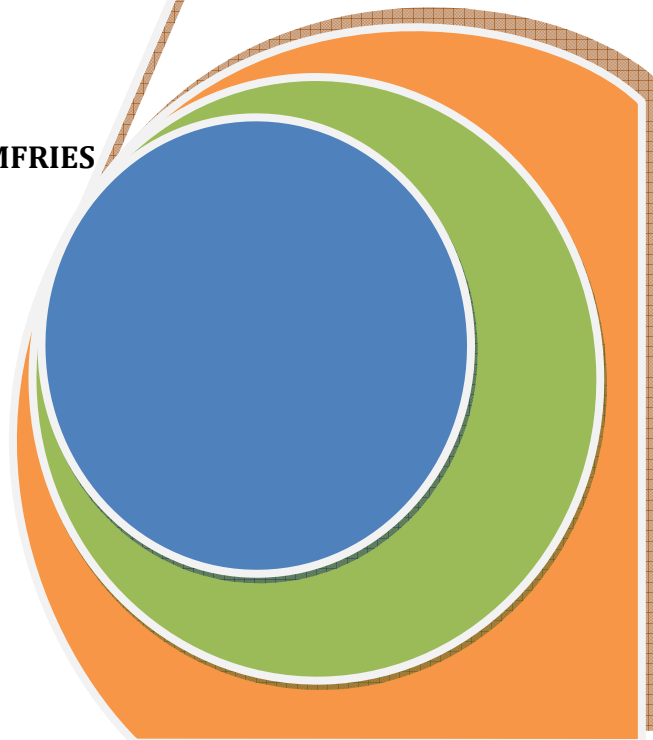


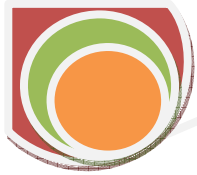
COMMUNITY TOOL KIT

DEVELOPING A DRUG ACTION PLAN

SOCIAL PLANNING COUNCIL OF CAMBRIDGE AND NORTH DUMFRIES

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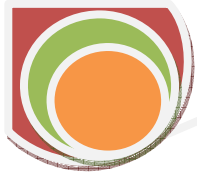
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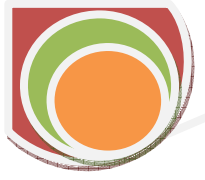
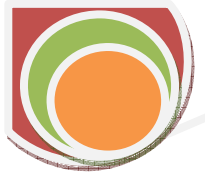


TABLE OF CONTENTS

INTRODUCTION	5
SECTION ONE: MODELS OF COMMUNITY ENGAGEMENT	6
MODEL ONE: COMMUNITY CAPACITY BUILDING	8
MODEL TWO: COMMUNITY READINESS APPROACH.....	9
MODEL THREE: ASSET BASED COMMUNITY DEVELOPMENT	12
MODEL FOUR: HEALTHY CITIES/ HEALTHY COMMUNITIES	13
MODEL FIVE: PARTICIPATORY ACTION RESEARCH	14
SECTION TWO: NEEDS AND RESOURCES ASSESSMENT TOOL	17
TOOL: FOCUS GROUP RESEARCH METHOD	18
TOOL: SURVEY RESEARCH METHOD	21
TOOL: PERSONAL INTERVIEW RESEARCH METHOD	22
EVALUATION	24
APPENDIX ONE: FOCUS GROUP QUESTION GUIDE.....	33
APPENDIX TWO: SURVEY QUESTION GUIDE.....	34
APPENDIX THREE: INTERVIEW QUESTION GUIDE.....	44
BIBLIOGRAPHY	45
Community Engagement Models	45
Needs Assessment:	47
Surveys:.....	47
Focus Groups:	47
Evaluation:	47

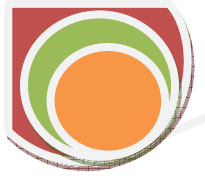


INTRODUCTION

Responding to illicit substance use in the community requires the collaboration and coordination of many different sectors and people groups. This report is designed to give communities practical theoretical knowledge and practice guidelines to develop a community action plan on illicit substance use. We highlight multiple models and theories of practice that can be applicable to your community. It is designed to give you the relevant tools that one can tailor to meet your specific needs.

This report is broken up into three sections: community engagement models, needs assessment tools, and evaluation process. The following topics will be discussed in detail:

- The purpose of community engagement models: Community Capacity Building, Community Readiness Approach, Asset Based Community Development, Healthy Cities/Healthy Communities
- How to conduct a needs assessment
- Three unique research tools defined: using focus groups to collect information, conducting a survey, and personal interviewing
- Evaluation of illicit substance use plan



SECTION ONE: MODELS OF COMMUNITY ENGAGEMENT

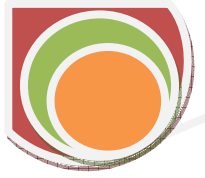
Health issues such as substance use and drug addiction impact not only users, but the community as well. The challenges that substance use issues present to communities are complex, requiring multi-level cooperative action that engages the whole community.

Community engagement is a planned process with the specific purpose of working with individuals and groups to address issues affecting people's well-being. This approach is frequently recommended as a strategy for bringing about positive changes in health behaviours. Its purpose with regard to substance use is to help increase understanding of drug related harms, and encourage the whole community's involvement in interventions that suit local needs.

Public health approaches emphasizing the importance of community engagement are grounded in the belief that the public has a right to participate in the development of policies and practices affecting community health. Research shows that long-term health improvements can result when people are involved in their community and work together to effect change. Community engagement is described as an effective way to change social behavioral and environmental factors that improve health and quality of life for the community (Centers for Disease Control and Prevention [CDC], 1997). Research suggests that the potential for positive change is increased when communities have more opportunities to participate in health decision making, and when community members are involved as an integral part of developing and implementing action plans. (CDC, 1997)

Before initiating any engagement effort, it is important to have a clear picture of the definition and dimensions of the community, i.e. what it is, where it is located, who is included (and excluded) in the community, and who represents the community.

"Community" is most often defined in terms of physical location, i.e. groups of people who live in the same geographical area. In larger urban centres, communities are often defined in terms of particular neighborhoods. This type of community, with its clearly defined borders is simple to understand and communicate. However, communities are not always defined by strictly geographical or political boundaries. "Community" also denotes groups of people affiliated by similar situations or shared special interests, identity or cultural heritage, sometimes referred to as "communities of interest" (CDC, 1997).



There are also many communities existing within a community, such as youth, business, or educational, that impact community engagement efforts. Individuals usually belong to more than one community, including their neighborhood, religious groups, shared interests as well as shared identities of age, gender, and social position.

Communities are also defined by the relationships between people, i.e. how individuals interact, work together, and the way power is distributed and used. Those seeking to work with a community should strive to be aware of these complex associations when deciding which individuals to involve in the engagement effort (CDC, 1997).

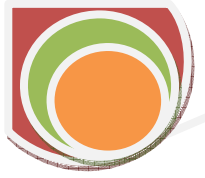
Community engagement can occur at a number of different levels of participation and empowerment. At the most basic level, engagement may be one-way communication with officials providing the community with information about programs. Consultation with a community affected by policies and programs is an increased level of engagement, but may still involve minimal input and decision making by community members. Collaborative approaches usually invite increased involvement from communities, and exist on a continuum of participation, ranging from predetermined processes to genuine partnerships. The highest level of engagement is considered attained when officials share their power to make decisions and implement change with the community. In these models, community members are seen as equal partners in the planning, implementation, managing and outcomes of public health efforts.

Community engagement includes a broad range of interactions and approaches; however it generally involves some commonly accepted components. Usually described as a way of working collaboratively with people in their communities, community engagement efforts often involve partnerships and coalitions that help mobilize networks and resources to change policies and solve community problems (CDC, 1997). Developing these collaborative approaches usually involves dialogue with key interests or “key informants” in the community.

Community engagement is an effort to increase equality and inclusivity in decision making, and should therefore recognize that communities have diverse histories, groups, perceptions, needs, and interests. Engaging these diversities means not only working through “formal” representatives but also with those who are most often excluded from public debate. This often means engaging those the people who are most directly affected by the issue under discussion. (Hashagen, 2002, p.4)

When applying the components of any model for community engagement or mobilization, it is important to be knowledgeable about the resources, history, demographics, socio-economic profile, and culture that make a community unique. As each community will have its own particular characteristics and dynamics it is important not to rely on prescriptive formulas for





engagement. What works in an urban neighborhood will not necessarily work in a small rural area. (Hashagen, 2002, p. 3)

Community engagement is a way to involve the community in policy generation and decision making, empower people to respond to problems, and to mobilize individuals, groups and resources for community action. Engagement may benefit planning because of the opportunity to hear a variety of views on issues that people care about. Policies that are developed may be improved by community input to being more practical and relevant to local needs. When communities identify priorities for themselves, it is expected that there will be more ownership for the success of solutions. Finally, as community engagement strengthens peoples' sense of belonging to the community, they gain increased confidence and capacity for tackling other issues and improving their quality of life.

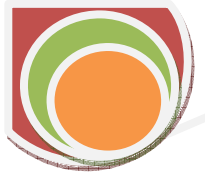
MODEL ONE: COMMUNITY CAPACITY BUILDING

The community capacity building model works to develop a community's potential and enhance quality of life by building on and increasing the skills, assets, and strengths that communities use to achieve their goals. The term "capacity" refers to the full range of resources available in a community: financial resources, technology, people, skills, networks of relationships, and values; and the community's ability to utilize those resources by working together. Capacity building is a strategy of providing training and technical assistance, and relates to the community engagement goal of helping people get better at addressing their own problems.

Lack of capacity can be a barrier to engagement and mobilization, such as when communities have few leaders, or low levels of civic involvement and social capital, or experience a sense of chronic disempowerment and helplessness. Designing initiatives to increase capacity, i.e. a youth leadership development program in a high school, are part of addressing community problems. The capacity building approach suggests that all community engagement efforts should result in enhanced capacities for individuals groups and organizations, so that the effort will not only improve the current situation, but increase the community's chance of success for issues that arise in the future.

Capacity building approaches usually start with an assessment of the group's ability to support each other and achieve their goals. Austen, (2003) and Goodman et al, (1998) identify ten indicators of capacity:

- Leadership
- Citizen Participation
- Skills



- Resources
- Social and Inter-organizational Networks
- Sense of Community
- Understanding of Community History
- Community Power
- Community Values
- Critical Reflection (Goodman et al, 1998)

Leadership is often considered a critical capacity as it is needed to bring key community players together and mobilize them to action (Austen 2003).

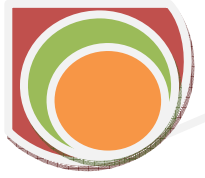
The definition of community in this model is not restricted to physical boundaries. Capacity building involves bringing together the many diverse elements and communities of interest that exist within communities, in order to uncover the expertise and abilities existent in the community and bring them to bear on the issues affecting everyone (Austen 2003). Forming strong partnerships is also a key strategy for capacity building. The scope of these partnerships is usually broad, involving youth, parents, business, police, service providers and others. Each partners role, and what they will bring to the table is clearly defined.

The benefit of the capacity approach is that it challenges the underlying assumption that only “professionals” are able to provide solutions to complex community problems. Community members are encouraged to get involved and share ownership of the issue. This approach taps into the natural leadership ability of those in the community, and places the emphasis on existing strengths rather than overwhelming problems and feelings of helplessness” (Frank & Smith, 1999).

Capacity building creates stronger community relationships and abilities for communication, goal setting, decision making and implementing action. (Austen, 2003) When people are able to understand issues, develop solutions and create improvements in their community, they are better able to work together effectively for a safer, healthier community.

MODEL TWO: COMMUNITY READINESS APPROACH

The community readiness model was developed by a team of researchers from Colorado State University in 1995. Drawing from medical models about individuals’ psychological readiness for treatment, and observations from the field of Community Development, the community readiness model states that communities vary greatly in their willingness to try new strategies (Kelly et al., 2003). This willingness is described as a “stage (or level) of readiness” to engage for positive change.

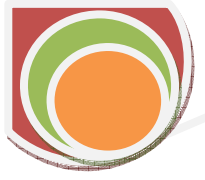


Community readiness is based on the premise that it is essential to know the community's stage of readiness prior to engaging with the community for change. Implementing strategies that the community is not ready for will lead to failure of the effort. When people are ready, they can understand the issue as reasonable and doable, and the community effort is more likely to succeed (Rabinowitz, 2007).

When the community's stage of readiness is determined, practitioners work to set goals appropriate for that stage, and to move the community ahead to the next stage. For example, at lower stages, where there is little awareness, or denial/resistance to dealing with the problem, appropriate goals would be to increase awareness that the community can and should do something about the issue. (Kelly et al., 2003. p. 417)

The Community Readiness model describes nine stages of readiness:

1. *Community Tolerance/no knowledge*. At this level, there is either no knowledge about the problem, or the behaviour is acceptable as a community norm.
2. *Denial*. At this level, although the behaviour is not approved by the community, there is little or no recognition that the problem affects the local community, or that the community should respond to it.
3. *Vague Awareness*. Although there is at this level a general belief that the issue exists in the local community, there is limited knowledge about how it affects the community, and little motivation to address the problem.
4. *Pre-planning*. At this level there is clear recognition that there is a local problem and that something should be done about it. However, ideas about the issue tend to be stereotyped. There may be some identifiable leaders on the issue, but little planning has been done.
5. *Preparation*. At this level, planning has begun. Leadership is now active. General information exists about the issue as a local problem, but formal assessment and data collection is lacking.
6. *Initiation*. At this level an intervention program has been started, probably on a trial basis. Staff are being trained, and there is some enthusiasm for the project, but information is still stereotyped and limited.
7. *Institutionalization/stabilization*. At this level, programs are running as a matter of routine. There is little impetus for change or expansion of the existing programs.



8. *Confirmation/Expansion*. At this stage of readiness, programs are seen as valuable, and expansion of the project has support from local authorities. Effective data collection on the prevalence of local problems is taking place.

9. *Professionalization*. At this stage of readiness, the community has detailed knowledge of the problem's prevalence and risk factors. Staff members are well trained, authorities are supportive, and community involvement is high. Programs are being evaluated for effectiveness and modified according to the evaluation results (Feathers).

A Community Readiness approach begins with identification of the issue, i.e. illicit substance use. Community readiness is issue specific: the community can be at a different stage of readiness depending on the specific issue,

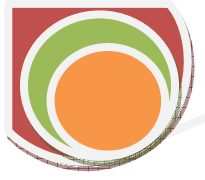
Once the issue has been determined, it is important to define the "community", whether according to geographical location or a community of interest. It may be necessary to determine the types of communities that exist within the community. Community readiness is a local characteristic, and readiness can vary across different segments of the community.

The third step is to assess the community's level of readiness through interviews with key respondents. This assessment is the key to this model. It is an analysis of the community based on semi-structured interviews with informants representing stakeholders and the community at large. The informants interviewed should reflect different segments of the community particularly those directly affected by the issue (Kelly et al., 2003, p. 414).

The interview process is based on open-ended questions, addressing six different dimensions of community readiness.

- *Existing Efforts*. What programs and actions are currently being done about the issue?
- *Community Knowledge of Efforts*. How well informed are community members about the work already being done about the issue?
- *Leadership*. How supportive are officials and influential community leaders of dealing with the issue?
- *Community Climate and Attitudes*. Is the attitude one of helplessness regarding the issue, or one of empowerment and responsibility?
- *Community Knowledge about the Issue*. How much do people know about the problem and how it impacts the community?





- *Resources.* What resources related to the issue are available in the community?

It is important to recognize that readiness can vary across these dimensions, i.e., a community can be more ready to address an issue in some ways than others. The fourth step is to score the interviews and determine levels of influence. A key concept of the model is that community readiness can be objectively measured. A number of standard scoring systems are available. The fifth step is to develop strategies for community change that are appropriate for the level of change and to design workshops or training to help increase the communities level of readiness. A key concept of the model is that community readiness can be increased successfully.

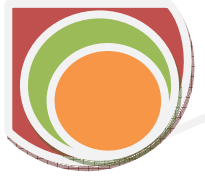
The major benefit of the community readiness model is that it is a community-directed approach that examines the stages and dimensions of readiness in a systematic way, to assess the level of development in regard to making positive changes, to assess community needs and to guide the development of appropriate goals for action, and strategies for strengthening the community's ability to indentify and address community issues.

MODEL THREE: ASSET BASED COMMUNITY DEVELOPMENT

Asset Based Community Development (ABCD) is a model developed by John Kretzmann and John McKnight in which work is focused on discovering and mobilizing a community's assets for community improvement. As described in Kretzmann and McKnight's 1993 book, "Building Communities from the Inside Out", ABCD emphasizes working with the strengths or "assets" that exist in each community, i.e. the talents of the local people, and their associations that form the foundation for effective communities (Kretzman & McKnight, 1993).

As an approach with its roots in the concepts of social capital and capacity building, ABCD is often contrasted with approaches that focus on identifying community needs and problems and the design of programs to meet those needs (Mathie &Cunningham, 2002, p. 2). ABCD critiques the needs-based approach for placing too much emphasis on what is wrong with a community, and on the need for outside experts or professional to provide solutions. Needs-based approaches are seen as perpetuating gaps in community capacity, and failing to recognize the inter-connected nature of community problems (Mathie &Cunningham, 2002, p. 2). ABCD supports the premise that recognizing a community's unique assets and utilizing the talents of its citizens are more likely to result in positive action for change.

An essential component of ABCD is extensive mapping of a community's assets: the capacities and abilities of individuals, groups, and local institutions. The model involves working to find ways for building on the capacities that communities, whether those are physical assets such as buildings, or less tangible such as local knowledge. A particular emphasis is placed on the social relationships that exist in community's informal networks and local associations (Mathie



&Cunningham, 2002, p. 3). The mapping process is based on gathering information from the community by a variety of means such as surveys, public forums and roundtable discussions, with an emphasis on how the community has successfully managed the challenges of the past.

The next step is to encourage new relationships that bring local assets together for addressing local issues and achieving mutually beneficial goals. A community vision and action plan is generated by bringing together a group that represents as many segments of the community as possible.

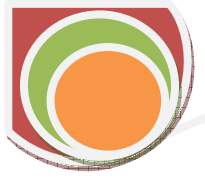
The chief advantage of the Asset Based approach is that it is a community-driven process that maximizes community control and benefit of the change effort in a way that results in sustainable development. As the community begins to discover and mobilize its own capacities, it will begin to see itself as competent and empowered to solve its own problems and create change from the “Inside Out”.

MODEL FOUR: HEALTHY CITIES/ HEALTHY COMMUNITIES

The Healthy Communities model is part of the Healthy Cities/Healthy Communities movement in Canada and in more than 80 other countries. Its goal is to expand and develop the ability of communities to deal with complex issues to improve health, well-being and human development (BC Healthy Communities, 2006). The model is based on the theory of social ecology that describes community in terms of the interactions that occur between individuals and groups and their social environment. The definition of health in this model is a positive concept, removed from the continuum of diseases, and one in which health is seen as a resource for every day life, and dependent on a variety of social determinants including cultural social, and economic factors (Baker & Goodman, 2002, p. 178).

Healthy Communities is part of the World Health Organization’s framework for developing solutions to complex community health concerns. The framework outlines the conditions for healthy living as: peace, shelter, education, food, income, stable eco-systems, sustainable resources, social justice and equity (Baker & Goodman, 2002, p. 178).

A guiding principle of Healthy Communities is that communities have the ability to solve their own problems and realize their potential by identifying and mobilizing the strengths and assets present in the community. This community engagement in Healthy Communities has the goal of ensuring that citizens are included in the decisions that affect them, and that everyone has access to the basics needed for health. The role of local government is an important feature of Healthy Communities. Healthy Communities projects solicit political and legislative support for their efforts, especially as government has responsibility for community services and the power to affect the social, physical, and economic determinants of health. Other stakeholders involved in Healthy Communities represent diverse groups and organizations such as citizen



groups, neighborhood associations, and the business community. Healthy communities are described as being those that are well integrated with multiple sectors contributing to solving problems and improving the quality of life (CDC, p.5). Healthy Communities initiatives are collaborative efforts that seek to coordinate resources and build collaborative coalitions of involving a wide spectrum of individuals and organizations from the private and public sectors to promote community health in the broadest sense (Baker & Goodman, 2002 p. 181-182).

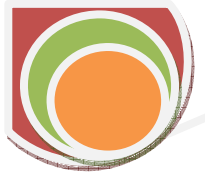
The process for a Healthy Communities initiative often begins with a local issue that brings the community together. The first step is to assemble a diverse and inclusive group. It is important to engage formal and informal community leaders and to encourage participation by all those most directly affected by the issue. Community self-determination is a basic value— meaning the right of community members to identify their own needs, set their own priorities, and to exert control over their own health, and participate in decisions about health in the public sphere.

The group then works together to generate a positive vision for what they want their community to be. The third step in the process is to assess the needs and resources in the community, and any barriers to achieving the vision. At this stage it is important to learn as much as possible about the community’s demographics, economic conditions, and political structures. A variety of quantitative and qualitative methods will be used to gather data from a wide spectrum of information sources. After the community has decided on a first priority issue for action, it will develop a comprehensive community wide action plan which is then implemented. It should have a focus on changing systems and building local capacity. A key principle of Healthy Communities is a continuous improvement cycle through monitoring and evaluation. Data gained from formal evaluation systems is used to adjust the plan going forward. As the project progresses, successes are celebrated, and systems established for ensuring sustainability (Rabinowitz, 2006).

Strengths of the Healthy Communities approach include its local community perspective. The social determinants that affect public health are addressed at the local level. Participatory planning and involvement helps ensure that the community has a sense of ownership. The Healthy Communities model addresses the multiple determinants of health. It fosters multi disciplinary partnerships and collaboration for influencing public health policies, and builds local capacity for creating a healthy community and improved quality of life for everyone.

MODEL FIVE: PARTICIPATORY ACTION RESEARCH

Participatory Action Research is a model of community engagement and change through research that actively involves community participants in the study of factors affecting community health and at the same time, translating that knowledge into action for positive change. Alternately labeled “Action Research” or “Community Based Participatory Research”,

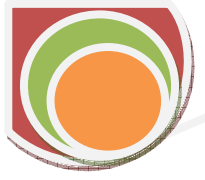


the model differs from traditional research methods, by adopting a collaborative approach in which the community under study is engaged as an active participant in the process (Lantz et al, 2005, p. 4). Rather than being “objects” of research, the community members share in all phases of the project; from defining the initial research question, to controlling the dissemination and application of the resulting knowledge. The research is undertaken with the goal of producing positive social change in the community (Lantz, et al, 2005, p. 2). In the field of public health, participatory action research seeks to empower people to identify and modify social determinants of health, to influence policies and practices affecting health, guide the development of interventions, and improve the well-being of community members (Lantz, et al, 2005, p. 4).

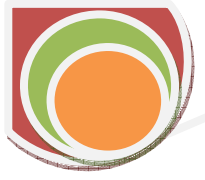
In participatory action research, the definition of “community” is shaped by identity and social relationships rather than of physical location. Participatory Action Research recognizes and builds on community assets and resources to address issues of local relevance. A key principle of the approach is to develop collaborative partnerships that are equitable, empowering, and that share control and decision making power throughout the research process. Participatory action research acknowledges the diverse skills, expertise and experiences that all partners bring to the project, and promotes increasing community capacity by sharing knowledge and skills among the partners (Lantz, et al, p. 4). People with lived experience of the issue are hired, trained, and supported to take an active role. Participatory Action Research maintains a commitment to project sustainability that involves a long-term engagement that usually extends beyond a single research project.

Participatory Action Research projects usually begin by identifying the community. Partnerships created with the community including informal leadership and groups that are traditionally under-represented. A community assessment follows, with data accumulated on the community’s history, relationships, and interactions that represent community assets key to accomplish social change. Data is collected through observation, interviews and documents. The next step is to use surveys and key informant interviews to determine the partners’ priorities for research. A commitment must be made to take action that promotes community change on the areas of concern. Finally, a system of ongoing evaluation is put in place to monitor the quality of the collaborative process, as well as the achievement of the research and change goals. (Lantz, et al, p. 14)

Although Participatory Action Research does not attempt to adhere to traditional standards of objectivity in research, it provides benefits to the communities involved. Often, the participants in the research represent marginalized group who are excluded from public decision making. Involvement in the research projects increases confidence for community action by recognizing and valuing their local knowledge and lived experience. The projects bring



support to vulnerable community members, and increase empowerment and build capacity for self-determination and community mobilization.



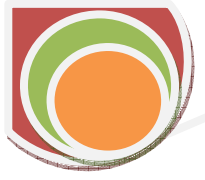
SECTION TWO: NEEDS AND RESOURCES ASSESSMENT TOOL

Successful strategies for action on illicit substance use are based on an accurate knowledge and understanding of how substance use affects the community. Each community has a unique set of contributing factors, problems and resources that will influence its priorities for action, and how to implement them. Often, although there is general understanding that a drug problem exists, people don't have a clear idea of the nature and scope of illicit substance use in the community. An assessment of the community needs, resources, and attitudes toward substance use is an important first step to developing a community action plan.

The value of a needs assessment is not only in the primary data that is collected. Conducting the needs assessment can help stimulate action based on that information. It can help garner community support, empower people with new knowledge, and help set the direction for groups to work together. Developing the action plan on accurate information will help ensure that efforts are focused on areas particular to the community and ensure that the money, time, and effort is used well and not wasted.

Conducting the assessment is essentially a matter of deciding three key things. The first step is determining who you will talk with to get the information. Next, discerning what type of questions you want to ask. Finally, in order to complete the assessment, decisions will be made about which methods and tools to use to gather the information.

Defining what is meant by the community will help determine who to approach for information. "Community" is often measured in terms of geographical boundaries, such as a city, town or neighbourhood. However, it can also mean a group of people who share something in common, such as the medical community, the education community, ethnic groups or groups of people with personal experience of drug use and addiction. The needs assessment should consider both types of community. Determining geographical boundaries helps set manageable limits on the size and scope of the assessment and ensures that strategies reflect local realities. Assessing communities of shared interest and relationship provides deeper data that is more meaningful and reflective of how people experience and feel about problems caused by substance use. An effective community assessment will try to include a diverse cross-section of the community. It will include people who know something about the issue, as well as people who are most affected by the problem, and those who may be able to help, or contribute resources. Identify the leaders of the communities you survey, and ask them what they think about substance use problems and how they affect their community.



When gathering information from people and groups in the community, ask questions that will provide information for planning action on substance use. What do people think the community's substance use problems are? Who is using drugs? What types? Where are they using them? Ask questions about how people feel substance use impacts themselves and their community. The assessment should also seek information about what people think should be done about substance use, and how their communities could become safer, better places to live. When gathering information for a needs assessment, it is important to remember that needs and problems are only one side of the issue. Resources, accomplishments, and strengths also exist in communities, and those are what will need to be mobilized as part of any action plan. Gathering information about the community's resources, and its abilities for working together helps empower people to work on reducing the problems caused by substance use.

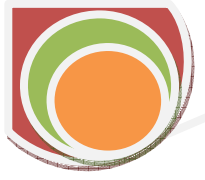
The third component of the assessment involves decisions about what methods will be used for gathering the data and information from the community. Different methods of data collection each have their own advantages and disadvantages. Using a variety of methods usually produces the best results; however the choices will also depend on the amount of time and resources available for the assessment, and will also depend on how the data is expected to be used.

Common methods for assessing community needs and attitudes about substance use include: meetings, community forums, field observation, surveys, focus groups, and personal interviews with key informants or stakeholders. Meeting with government officials, and leaders of community groups can provide a "big picture" view of the issue, as these people speak for the broader community. Inviting local residents and representatives of groups to community forums allows people to talk about the issue, and how they would like to see things improved. "Field" or direct observation can be as simple as taking a walk through the downtown area or a park at various times of day and night, and recording what you see by note taking or photographs. This method can help illustrate, or confirm information about patterns of substance use, and how it affects people locally.

TOOL: FOCUS GROUP RESEARCH METHOD

Focus groups are, as the name suggests, a small group of people gathered to discuss and answer questions about an issue. However, focus groups differ from other types of community meetings and discussion forums in a number of ways. The group meets to discuss a specific question or topic. A trained moderator or facilitator leads the group discussion, asking the questions, and helping it to stay on topic. The people in the group are usually specially recruited for the purpose and the location and agenda for the discussion are planned and structured to create an environment that encourages a free-flowing exchange of ideas.



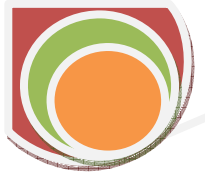


Focus groups are an effective means of gathering a large amount of information in a short time. They are often used when a new program or community initiative is being considered, and when in-depth answers on the questions of “how” and “why” are required. Another advantage of focus groups is their ability to provide in-depth, complex responses. Group members can interact and respond to each other, which often leads to new ideas. Focus groups can reflect more accurately what people are really thinking and feeling. Although some advance planning is necessary, focus groups are relatively inexpensive to run.

The disadvantage to using focus groups as an assessment tool is that they reach smaller numbers of people. An average size for a group 6-10 people and it is often necessary to run several groups to gather the amount and quality of information required. Another limitation is that the group may not be fully representative of the community as a random sample survey, and some opinions may not be heard in the discussion.

The basic steps for conducting focus groups involve planning, recruiting participants, moderating, and analyzing and reporting. Planning should emphasize the selection of a time, and a venue for the group that makes people feel welcome and comfortable and that facilitates conversation. Site location is important. Schools and church halls are suitable choices. People should be able to see and hear each other with a minimum of distraction or interruption. Tables and chairs need to be available for seating people in a circle or semi-circle, and also consider the ability to provide a meal or refreshments at the location. Along with the moderator, people should be available to welcome, register and give instructions to participants as they arrive. Each group should also have a recorder, whose does not participate, but who captures the data through observing and taking notes.

Participants of focus groups are usually specially selected and invited based on criteria developed to ensure that the group generates the type of information needed. These should be people who are representative of the communities under study and have knowledge about the issue, either from personal experience, or because they live in the affected neighbourhood. Recruitment should also consider the size of the groups. Groups are usually 6-10 people. Smaller groups are used when people are familiar with the topic or issue under discussion. Larger groups are used when the participants’ knowledge is less important or when “Brainstorming” is required. In all cases, you should plan to invite more people than you will need to account for last minute “no-shows”. An important principle of recruiting for focus groups is that the object is to get people talking in a free-flowing exchange of ideas– not a series of individual interviews. The participants’ level of compatibility with each other, i.e. background, age, and gender should be considered. Women may not feel comfortable sharing ideas with men, and youth are less likely to feel free to express their ideas if mixed with older people, parents or authority figures. It will often be necessary to conduct a number of groups

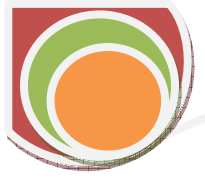


to ensure a good cross-section. When recruiting participants for focus groups, it is appropriate to offer some form of payment or incentive for their time and expense, and to recognize the value of their contribution.

Focus groups depend on a skilled moderator or facilitator to encourage interaction and guide the conversation. Whether a trained volunteer or someone hired for the purpose, the moderator should be experienced and capable at helping groups discuss issues. The moderator should have good communication skills, be friendly and personable, have a sense of humour, be a good listener, and display an interest in the topic under discussion. In order to be honest and open in their comments, participants must feel comfortable with the moderator, and not inhibited by factors such as gender, age, or perceived power imbalances. For many groups, the moderator should usually be someone who is perceived as a neutral third party. The moderator's role is not to participate, or give her ideas. The moderator is not present to judge people's opinions, but to support each participant in order to facilitate talking. The moderator will ask questions, summarize response, ask follow up questions and work with the group to ensure that everyone has a chance to speak and be heard.

Questions developed for focus groups should be limited to one topic, theme or concept. Questions should not be leading questions, or those that evoke a "yes" or "no" answer. Open-ended questions that ask participants to reflect, give examples, or evaluate choices help people get involved in the interactive process of the focus group. Questions should use every day, conversational language and tone, and promote an informal relaxed atmosphere. Questions that are clearly and logically connected to each other are asked in an ordered sequence, moving from general to more specific questions.

When planning questions for a focus group, consider that including time for getting started and wrapping up, a two hour group will have about 90 minutes for questions and discussion. It is important not to have too many questions, and to leave enough time to focus more discussion time on the most significant questions. This is usually less than 10 or 12 questions, with 5 to 15 minutes discussion on each. The different types of questions include an Opening Question, to engage people and get them talking, an Introductory Question that introduces the topic, Transition Questions that help the group move on to a new question, and Key Questions, which focus on the study topic and should have the most time devoted to them. Finally, each group should have an Ending Questions that asks group members to comment on the moderator's study, or to point out an area of discussion that hasn't be adequately covered. The moderator's use of Ending Questions allows people to get ideas out that have not been stated yet, or to clarify or confirm an earlier comment.



TOOL: SURVEY RESEARCH METHOD

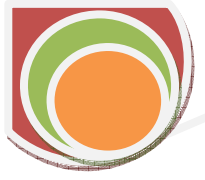
A survey is a way to get specific information from a group of people by asking them a set of questions, usually in the form of a specially-designed questionnaire. Surveys are one of the most effective means for gathering data from large groups of people. Questionnaires can be mailed relatively inexpensively, or even posted on-line via an internet survey hosting site. Using surveys can help assure confidentiality and privacy of the people completing the questionnaire. Survey results are also fairly easy to summarize. When surveys are distributed using effective sampling techniques, the results from a limited size group may produce findings that can be generalized to a much larger population.

There are also limitations or disadvantages to surveys. Return rates of written surveys may be very low, in the 20–50% range. Surveys may not reach certain groups of people, such as people who don't use the internet, or a telephone, or who don't have a residential address, or who don't speak the language used to write the survey. Respondents are required to complete surveys as individuals, and do not get to exchange ideas with others. Responses to surveys are usually not as in-depth as other methods of gathering information. When deciding to use surveys, it is important to consider the amount of resources required to develop questions, train people to administer the survey, and enter and analyze data. Because surveying takes up considerable time; from the design stage, to distributing questionnaires, to waiting for replies, surveys are less useful for urgent issues requiring immediate community input and action.

When designing a survey, the goal is to ensure that enough reliable data is gathered from enough people, that the information collected can be used to set priorities and guide action. The types and structure of questions on the survey form should be thoughtfully considered to achieve these goals. Questionnaires often use closed-ended questions that are focused on specific issues. Surveys usually result in quantitative, rather than qualitative data. Open-ended questions, such as asking for a person's comments, can reveal qualitative information about people's attitudes, but will be more difficult to compile and tabulate for the final report.

The common types of survey questions include general information questions, such as those asking for demographic information about the respondent, and closed-ended questions, that force people to give a "yes" or "no" response. A survey may elicit more detailed information by using multiple choice questions that ask the respondent to choose from a number of options. Likert scales ask people to give a rating or grade expressing their attitudes or preferences from a continuum of "strongly disagree", "mildly disagree", "agree" and "strongly disagree".

Consideration should be given to the distribution of the survey questions, and how the responses will be collected. Surveys can be conducted face to face, by telephone, by mass mailings, and over email and the internet. Each method has distinct advantages and



disadvantages based on the ability to reach large numbers of people, the percentage of returns expected, and the cost in money, time and resources. Face to face interviews often yield more detailed information, and make it easier to ensure that surveys are completed and returned. However, there are additional costs in recruiting and training interviewers to conduct the survey, and it is harder to reach large groups of people using this method. Telephone surveys also require staff or volunteers to be trained, but have the advantage of reaching larger numbers of people, and usually have good completion and response rates. Mailed surveys are less labour intensive, and very large numbers of people can be reached by this method within a reasonable budget. However, mail-outs usually have the lowest response rates, and it may take more than one mailing to gain the desired amount of data.

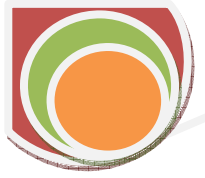
In recent years, internet survey hosting sites have become more popular, and a number of these feature impressive tools for question design, survey distribution and collection and analysis of responses. The cost per survey is usually very low, and as people's confidentiality and privacy is assured, respondents may be more willing to answer the questions. A disadvantage of on-line surveys is ensuring a representative sample when survey validity is required. Often the method for notifying people depends on an organization's email list, which may not be sufficient to find out what the general population thinks about an issue, to reach people who do not have internet access, or to attain results that can be generalized.

TOOL: PERSONAL INTERVIEW RESEARCH METHOD

The skill of interviewing has been described as an art form, rather than a science or a technical skill. Interviews are usually defined as a conversation between people with a specific purpose. They can be very helpful to gather in-depth information about assumptions and perceptions of certain topic areas from an "expert". The term "expert" does not necessarily have professional connotations. "Expert" can mean a community resident speaking about their lived experience in their neighbourhood. Learning how to master the art form of interviewing requires self reflection and self awareness. The interviewer is required to have a certain amount of knowledge of how their presence and style of communication impacts others around them.

Deciding to use interviewing as a tool of communication and research needs to be considered wisely. Not all research endeavors are well suited to interviewing as the best method of collecting information. However, interviewing is an excellent way to gather accurate and thorough knowledge from individuals. As a research tool, interviewing allows you have control of the question order, content and location of the interviews which can all contribute to the quality of information you collect.

There are a number of benefits to using interviews as a primary means of collecting data. The questions that are asked can be structured or unstructured, which provide the means of gathering in-depth information. In addition, you may benefit from the spontaneity of the



interview process. Interviewees don't always have the luxury of going away and thinking about their responses or, even to some degree, censoring their responses. You may find that interviewees will share things that they would never commit to on paper in a questionnaire.

Interviews are not the only way of gathering information and depending on the research project, they may not even be appropriate or efficient. For example, large-scale phone interviews can be time-consuming and expensive. Mailed questionnaires may be the best option in cases where you need information from a large number of people. Interviews aren't efficient when straight numeric data is needed. Asking respondents to fill out a form may be more appropriate. Outlined below as a list of benefits to face-to-face interviewing:

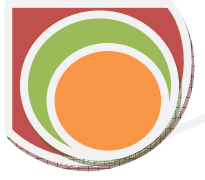
- Flexibility: interviewer can probe for more specific answers, repeat questions, and use discretion as to the particular questions asked.
- Ability to watch nonverbal behaviour.
- Control over the physical environment.
- Spontaneous answers can be recorded.
- Ability to know exactly who is answering.
- Ensures the interview is complete and all questions have been asked.
- A more complex question guide can be used.

Interviews will not be suitable if respondents are unwilling or unmotivated to cooperate. If your interviewees are engaged in the research project, they may not answer questions truthfully or honestly, which will negatively impact the information collected. For example, if the information you are collecting is regarding illicit substance use, the person may be more comfortable giving information in anonymous fashion. When people don't want to talk, setting up an interview is a waste of time and resources. If this occurs, the researcher should look for a less direct way of gathering the information needed.

Interviewing illicit substance users can be a very complicated and difficult task because of their vulnerability and marginalization in society. Substance users participating in research also face the additional challenge of being criminalized, and facing the possible pressure of being arrested. Therefore, extra consideration is needed when engaging with substance users.

When developing a community wide action plan on substance use, important groups to consider interviewing are:

- Key community stake holders (community residents, neighbourhood associations, sports associations, high school and middle school board officials, media, support/self help groups, etc.),



- Social service providers (all agencies providing service to substance users – counselling, treatment, public health, hospitals, family doctors, shelters, food banks etc.),
- Politicians and governmental officials (local, provincial, federal),
- Substance users (including diverse populations),
- Business community stakeholders (chamber of commerce, business associations, local business owners)

We have developed a generalized interview guide that could be an excellent reference when developing your own community’s key information questions.

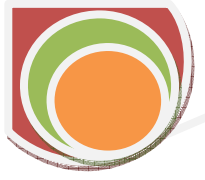
EVALUATION

To design an effective evaluation tool, the community organizers need to utilize the approach that best suits their chosen model(s) of community engagement and the information they intend to collect through their community needs assessment. Outlined in the Bibliography section below are some prepared resources that will assist in the development of an evaluation strategy. We have also highlighted and reviewed sources in the first document of this project: *Best Practice Research: Exploring Community Responses to Illicit Substance Use*, in regards to evaluation techniques and models. Please review those additional sources to help inform your understanding of an evaluation strategy for a community action plan.

Evaluating is a key function of the development and implementation of a comprehensive strategy for community based action on substance use. Evaluating is not only important at the conclusion of a project, but in order to be effective should be ongoing, and consideration of the evaluation framework should therefore be included in the initial planning.

Evaluations serve to illustrate the extent to which the plan is achieving its intended results. The data the evaluation provides will allow the stakeholders to monitor progress and make improvements or changes as indicated. The results of the evaluation also help to clarify the plan’s purpose and goals, to inform the community about what is happening, and as evidence for obtaining additional public and governmental support (Thiessen, p.1, INNOVA Learning, p. 4).

The purpose of an evaluation is to learn how well the actions attempted as part of the plan have produced the desired results. Evaluation results depend on what those working on the plan intended to accomplish. Just as the strategy is designed by first defining the goals and objectives of the strategy, and then developing actions specifically to achieve those goals, the evaluation looks at the actions and their outcomes to determine the extent to which the desired results were obtained, and the objectives met. Therefore, the evaluation framework is linked to and reflective of the initial plan (Thiessen, p. 3).



Because specific objectives and activities have not yet been written into communities' action plans, the evaluation framework demonstrated in this toolkit is primarily a suggested template, focused on activities related to early stages of a project, and their short-term results. Objectives and activities for longer-term goals will need to be written as communities develop their plans.

The connections between the desired results of a plan, its goals and the activities proposed to achieve them are often described by means of a "logic model" chart. Logic Models are used for planning and evaluating outcomes in a number of medical, social service and community programs, and many formats for these models exist. However most of them share some basic similarities, and all of them demonstrate the logical relationship and progression of the components:

- Activities:** Are the specific actions attempted as part of the action plan. Descriptions of activities are written with verbs denoting action, such as "develop", "provide", "investigate", "establish", etc.

- Short-term results:** Are the immediate results of the activities.

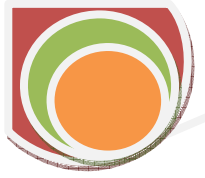
- Medium-term results:** Are the results which take place a short while after the activity.

- Long-term results:** Are broad community changes that only become apparent much later after the activities are initiated— perhaps even three to five years later. Short, medium and long-term goals are written with words describing a change in conditions, such as "increase", "decrease", "greater", "reduce" and "improve".

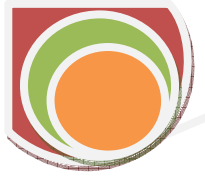
- Indicators:** Are the variables that have the potential to show the change from the intervention or activity. In order for indicators to be used for the evaluation, they must be identified before actions are taken. It is necessary to have data about the indicators prior to the planned activities, so that the state of affairs before can be compared to what things look like after the action.

- Data Sources:** Are the sources from where data on the indicators will be gathered. The data can be quantitative or qualitative, and can be found in documents, surveys, statistical reports, and anecdotal reports from stakeholders, service users and the public.

- Methods:** Are the methods used to gather and tabulate the data on the indicators. A variety of methods will be used, depending on the nature of the indicators, and the data to be collected. These include: document content analysis, surveys, and personal interviews with key informants. (Thiessen, p. 3)



Community based action plans should not only evaluate the outcomes of the planned activities, but also the processes underlying the implementation. While outcome factors deal with activities and their results, process factors deal with those qualities which contribute to the effort's success and sustainability (Thiessen p.2). Whereas outcomes are concerned with the "what" of the effort, process factors are concerned about the "how". For example, the level of cooperation in planning and implementation among the various stakeholders and partners involved with the strategy; cooperation among the different levels of government, i.e. support for funding and policy change, and the level of involvement in the plan by people most directly affected by the issues of substance use, including substance users (Thiessen p. 14; Innova Learning, p. 9). Process evaluation differs from outcome evaluation in that specific activities are not designed for the outcomes, as the activity is actually the development and implementation of the action plan. Data sources for process are usually qualitative in nature, and gathered through methodologies such as stakeholder surveys, and key informant interviews.

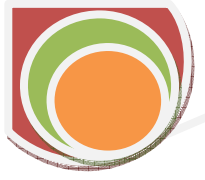


1. Prevention

Goal: To reduce the use of drugs and the rate of drug addiction in area schools.

Objective: To develop more effective methods for preventing and dealing with drug use in schools.

Long Term Results	Medium Term Results	Short Term Results	Activities	Indicators	Data Sources	Methodology
<p>Decrease in rate of progression to harder drugs and serious addiction among students.</p> <p>Decrease in drug use, drug availability, and drug related incidents in all area schools.</p>	<p>Decrease in drug availability in schools.</p>	<p>Students have more knowledge about drugs, drug use dangers, and help available.</p>	<p>Develop an age appropriate drug-related curriculum for students in school grades K-12.</p>	<p>Curriculum developed and being used in all grade levels.</p> <p>Changes in general drop-out rate and drop out rate of those involved in drugs.</p> <p>Data on drug availability and rates of drug use in schools.</p>	<p>School records.</p> <p>Guidance counsellors</p> <p>Police records</p> <p>Sample of students</p> <p>Sample of teachers and school staff.</p>	<p>Content analysis of documents.</p> <p>Interviews with students, teachers, staff and board officials.</p> <p>Surveys.</p>

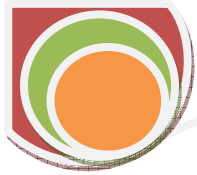


2. Harm Reduction

Goal: To improve community health and decrease personal and social harms related to illicit substance use.

Objective: To provide health supports for substance addicted people.

Long Term Results	Medium Term Results	Short Term Results	Activities	Indicators	Data Sources	Methodology
Decrease in death and serious illness resulting from substance use.	Increase in healthier practices among substance addicted people.	Decrease in number of overdose cases presenting at E.R.	Provide overdose education. Provide clean needle and pipe kits through outreach worker services.	People receiving overdose education. People receiving clean kits. Number of outreach contacts Hospital overdose cases.	Hospital records Records of substance use agencies. Police records.	Document review Interviews with representatives of agencies, and people who use substances.

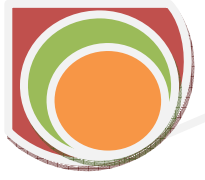


3. Treatment

Goal: To decrease the rate of substance use addiction and substance use related problems in the community.

Objective: Provide accessible, appropriate treatment options for substance use within a healing continuum.

Long Term Results	Medium Term Results	Short Term Results	Activities	Indicators	Data Sources	Methodology
<p>Decrease in rate of substance use and substance related problems in community and in the region.</p>	<p>Increase in number of substance users in treatment for their addiction.</p> <p>Decrease in waiting lists, and duplication of efforts.</p>	<p>Decrease in number of intoxicated people on downtown streets.</p> <p>Increase in number of substance users in contact with social services.</p>	<p>Establish a “no wrong door” system for treatment referral.</p>	<p>Data on substance addicted people picked up by police.</p> <p>Data on use of services by substance users.</p> <p>Exam0ples of agencies meeting and working together on problem of substance addicted people.</p>	<p>Police records.</p> <p>Records of substance related agencies.</p> <p>Representatives of community of substance using persons.</p> <p>Waiting list times.</p> <p>Minutes of agency meetings.</p>	<p>Content analysis of documents.</p> <p>Interviews with citizens, business owners, police, agency representatives and people who use substances and their families.</p>

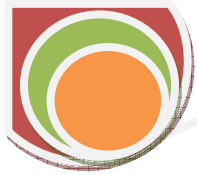


4. Enforcement

Goal: To increase cooperation and coordination between Regional Police Services, community and substance use service agencies.

Objective: Develop a “Neighbourhood Business Watch” program for the downtown area.

Long Term Results	Medium Term Results	Short Term Results	Activities	Indicators	Data Sources	Methodology
<p>Increase in number of businesses locating the downtown areas.</p> <p>Decrease in drug availability and trafficking in core areas.</p>	<p>Greater feeling of safety among population when in the downtown.</p> <p>Increased cooperation among businesses, citizens and police.</p>	<p>Decreased open drug use on downtown streets.</p>	<p>Provide increased community policing in downtown core.</p> <p>Provide special police substance use liaison officers to the community.</p> <p>Provide community policing orientation to service agencies and business community.</p>	<p>Data on substance addicted people picked up by police.</p> <p>Data on referrals to substance use services by police.</p> <p>Examples of community meetings and orientations.</p>	<p>Police records.</p> <p>Records of substance related agencies.</p> <p>Representatives of business community.</p> <p>Minutes of agency meetings.</p>	<p>Content analysis of documents.</p> <p>Focus groups</p> <p>Interviews with citizens, business owners, police, agency representatives and people who use substances.</p>

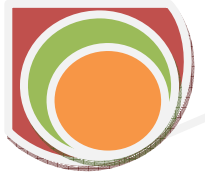


5. Process

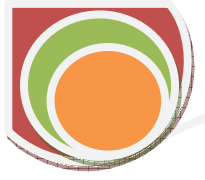
Goal: Increase community capacity for cooperative efforts that prevent and reduce the impact of substance use and addictions.

Objective: Develop effective partnerships with community members, service agencies and levels of government for designing, implementing and sustaining a comprehensive action plan on substance use.

Desired Results:	Indicators	Data Sources	Methodology
a. Increased community participation and commitment to the recommendations of the substance use action plan.	- Number and scope of participatory activities, and organizations participating.	Minutes of meetings.	Content Analysis
	- Consultative processes engaged and empowered people in discussing the problems and indentifying resources.	Consultations. Participants	Focus groups Surveys Key informant interviews.
	- People’s views from consultations incorporated into the action plan.	Partners and stakeholders	Key informant interviews.
	- Changes in policies.	Documents,	Policy statements Financial statements
b. Increased cooperation among stakeholders in planning and implementing the substance use action plan.	- Concrete actions as a result of multi-stakeholder cooperation.	Policy statements	Content analysis
	- Benefits to partner organizations and agencies as a result of “Improved ways of doing business” around addictions.	Financial statements	Surveys
c. Increased cooperation between local, regional, provincial and federal government.	- Government support for changes, i.e. funding.	Committee minutes	
	- policy change-attitudes/priorities	Gov’t officials	
	- Concrete actions which result from the cooperation.	Documents and minutes.	Content analysis Focus groups Surveys
d. Increased involvement of people affected by and living with the experience of	- Extent of involvement of target groups. Numbers of people, meetings.	Consultations	
	- Extent to which people feel involved.		
	- Commitment to the program by people		

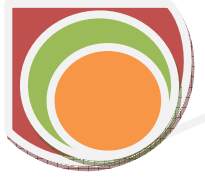


substance use in planning and implementing the action plan.	in target groups. - Actions that directly resulted from involvement of groups.	
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APPENDIX ONE: FOCUS GROUP QUESTION GUIDE

Substance Use Focus Group		
Objective: Gather input for a community based substance use action plan. Approximately 2 hours in length		
Opening Remarks	<ul style="list-style-type: none"> • Introduce self, (moderator) and recorder. • Explain purpose of the focus group. • Lay out agenda. 	5 minutes
Opening Questions	1. “Would you tell us your name and something you find special about living here?” <ul style="list-style-type: none"> ▪ Purpose of the question is to get to know each other and help people feel comfortable. ▪ Everyone should answer this question. 	10 minutes
Introductory Question	2 “How concerned are you about the problems connected to illicit substance use?”	10 minutes
Transition	3. Think back to 5 years ago. What changes have you seen around substance use issues in this community?	5 minutes
Key Questions	4. What do you see as the main problems caused by illicit substance use in this community?	10 Minutes
Key Question	5. What so you think our community needs to do to reduce or prevent these problems?	15 minutes
Transition Question	6. Think back to a time when you, or someone you know, needed help for a substance use related problem? What helped the most? What stood in the way of getting help?	5 minutes
Key Question	7. What needs to happen to make services work better – to make it easier for people to get help?	10 minutes
Transition Question	8. Think back to how this community has worked together to solve problems in the past. What do we have going for us that can help reduce the problems caused by substance use?	5 minutes
Key Question	9. Who should be included in developing a substance use action plan? Which groups or individuals can offer the most help? What steps actions are most important for the community to do first?	15 minutes
Ending Questions	10. Of all the things we discussed, which one is the most important to you? Have we missed anything? Is there any other question that we should have asked?	10 minutes
Closing	<ul style="list-style-type: none"> • Tell participants how the focus group results will be used, Ask people to complete feedback form on focus group, Thank everyone for coming 	5 minutes



APPENDIX TWO: SURVEY QUESTION GUIDE

1. Introduction and Informed Consent

We are inviting you to participate in this survey about the challenges presented by substance use in our community. We are interested in the knowledge, insight and opinions you or your organization have about the substances being used, the scope of the problem, services available to address the issue of substance use, and how to generate an effective response to substance use problems in our community.

Participation: If you agree to participate, this questionnaire should take you approximately 10 minutes to complete. Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. If at any point you do not wish to continue, simply click “Exit this survey” in the top right corner of any page. Only data from completed surveys will be analyzed. You have the right to omit any questions you choose.

How will the information be used? The responses to this on-line survey will be analyzed and synthesized into an assessment of issues related to substance use in our region.

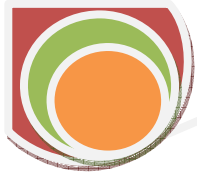
Your responses and personal identity will remain completely anonymous. There is no way of pairing an individual’s contact information with their survey responses and at no point during interpretation or analysis of responses will you be personally identified.

By completing and submitting this questionnaire you acknowledge permission for your responses to be analyzed by the research team. Responses will be incorporated into a publication that could be read by the general public.

Are there any risks if I participate? The questions are about substance-related issues in our community, which is a sensitive subject for some people. As a result, there is a slight chance that you may feel uncomfortable when responding to a few questions.

What are the benefits if I participate? Your responses will be used to inform the planning and possible implementation of further actions addressing substance use. Your responses could help people who want support become connected to resources and could result in improved services.

Contact Us. We value your time and greatly appreciate your contribution to this important research for our community. If you have questions at any time about the study or the procedures, please feel free to contact:



1. I have read and understand the above information and I agree to participate in this study.

Yes ___ No ___

2. The following are problems associated with substance use. Please indicate your perspective about the seriousness of this problem in your community.

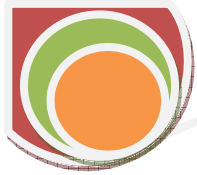
Select "N/A" to indicate if you have no opinion, if you do not know, or if the item is not applicable.

	Not Serious	Somewhat Serious	Serious	Most Serious	N/A
Gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss Of Property Values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misuse Of Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Problems Of Users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact On Families And Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced Neighborhood Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact On Downtown Businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact On Policing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex Trade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Use in Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Positive/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on serious problems associated with substance use:

3. Based on your knowledge please indicate how frequently the following substances are used in your community.

	Doesn't exist, or rare	Present, but not frequent	Frequent	Most Frequent	Not Sure
Cannabis (e.g. marijuana,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

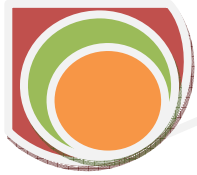


hashish, hash oil)					
Amphetamines (e.g. Crystal Meth, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g. powder, crack cocaine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (e.g. LSD, PCP, "angel dust", "magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (e.g. glue, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxycontin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Painkillers (e.g. Percocet, Tylenol #3, Codeine, Demerol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedative – Tranquilizers (e.g. Valium, Xanax, Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other stimulants (e.g. diet pills, Ritalin, Dexedrine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates (e.g. "downers", Seconal, Nembutal, Amytal, Imovane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on problems associated with substance use:

4. Based on your knowledge and understanding, please indicate your level of agreement or disagreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Substance use is a big city problem that doesn't really affect my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know someone personally who has an addiction or substance use problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use makes me feel less safe in my neighbourhood or community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use can happen anywhere and affect anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased enforcement is the way to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



reduce substance use.					
I've seen substance use problems in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use problems in my community are getting worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the people who use substances or are addicted are unemployed and/or homeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone is affected by the problem of substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is treatment available for those who want it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harm Reduction approaches help substance users be safe and healthy until they can be treated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention programs can't do much to discourage youth from using substances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harm Reduction encourages people to keep using substances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People choose to use substances and should take responsibility for fixing their own problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use is mostly concentrated on the streets and downtown areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on this question:

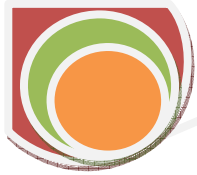
Social and Economic Factors Associated with Substance Use

Questions on this page deal with the impact of social and economic factors on substance use.

5. To what extent do you feel the following factors increase or contribute to substance use problems in our community?

Select "N/A" to indicate if you have no opinion, if you do not know, or if the item is not applicable.

	Little or None	Some Impact	Considerable Impact	Most Impact	N/A
Lack of Income Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Inadequate Housing/Shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic-Cultural Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Based Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on social factors impacting substance users:

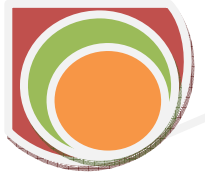
Awareness and Accessibility of Services

The questions in this section are about awareness of services and accessibility of services for people who are seeking services for substance use. Base your answers on your understanding and perspective on the issues in your community

6. Based on your knowledge and understanding of substance use services, please indicate whether your level of agreement or disagreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Services for substance use and addiction are readily available and accessible to the people who need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are able to find the additional services, supports and resources they need after they complete programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance users are aware of the services and resources available for to help them with substance use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The general public is aware of the services and resources available to help people with substance use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service providers are aware of the services and resources other agencies and organizations provide to help with substance use problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on this question:



7. How accessible are the following services for people seeking substance use help in your community?

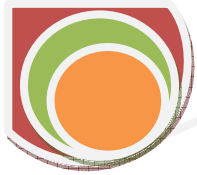
Select "N/A" to indicate if you have no opinion, if you do not know, or if the item is not applicable.

	Not Accessible	Some , but inadequate	Adequate Accessibility	Good Accessibility	N/A
Withdrawal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methadone Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
User groups/peer networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Groups, i.e. Narcotics Anonymous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Injection Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Needle Exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Based Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aftercare Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supports for Women Users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Treatment Courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on the availability or accessibility of services.

8. To what extent do the following limit or act as barriers to people accessing services for substance use?

Select "N/A" to indicate if you have no opinion, if you do not know, or if the item is not applicable.



	Rarely or Never	Sometimes a Barrier	Regularly	Almost Always	N/A
Location Of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost Of Obtaining Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma Surrounding Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust Issues With Agency Or Service Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language And/Or Communication Barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours Of Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack Of Personal Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited Relevance Or Appropriateness Of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Enforcement Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack Of Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack Of Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies and Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack Of Awareness Of Available Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

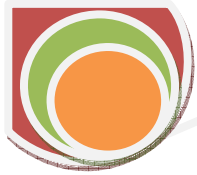
Additional comments to barriers faced by people seeking services for substance use in your community:

Community Response to Substance Use

A number of communities have responded to substance use by developing community wide, comprehensive substance use action plans. The questions in this section deal with developing a community response for your community.

9. Select the position that most accurately reflects your opinions on a community substance strategy for dealing with substance use in your Community?

	Choose One
It would not help	<input type="radio"/>
Our community already has a good strategy for dealing with substance use problems	<input type="radio"/>
A Community Strategy should Be An Important Part Of Dealing With Substance Use In Our Community	<input type="radio"/>
Developing a Strategy Should Be An Immediate Priority	<input type="radio"/>



We Don't Need to Do Anything More about Substance Use in Our Community	<input type="radio"/>
Other (Please Specify)	<input type="radio"/>

Additional comments to barriers faced by people seeking services for substance use:

Community Responses to Substance Use

10. Who do you think should be directly involved in planning and implementing a Community Substance Use Strategy?

From the following list, rate which groups you consider to be the most important to include in planning and developing a community substance use strategy.

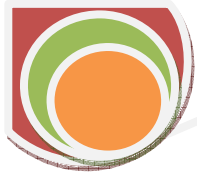
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Police														
School Officials														
Medical Community (i.e., Doctors, Pharmacists)														
Multi-Cultural and faith groups														
People Who Use Substances														
Local Community Leaders														
Municipal Officials														
Regional Officials														
Provincial Officials														
Business and/or Industry														
Social Service Agencies														
Youth and Parents														
Other (Please Specify)														

Additional comments on developing a community substance use plan.

This question deals with the ability of the community to respond to problems related to substance use.

11. Indicate your rating of the following community strengths and areas for improvement in dealing with substance use in your community.

Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.



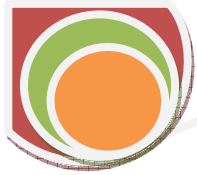
	Weak or Absent	Needs Work	Good	Strong	N/A
Public Knowledge And Awareness Of Drug/Addiction Issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Involvement And Cooperation In Dealing With Substance Use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Interest And Commitment To Respond To Substance Use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance Of Harm Reduction Approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration Between Agencies And Organizations Providing Substance Use Services. (I.E., Protocols, Referrals, Information Sharing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing Integrated Approach To Substance Use That Includes Prevention Harm Reduction, Treatment And Enforcement Strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Populations Affected By Substance Use Are Involved In Planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support From Municipal Officials And Politicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support From Regional Officials And Politicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Support And Cooperation With Substance Use Services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on community strengths for responding to substance use.

12. Rate the following items in order of their priority as parts of an integrated substance use strategy for your community, with “1” being the highest, or most important, and “5” being the lowest, or least important. Give only one rating for each item.

	1	2	3	4	5
Prevention					
Harm Reduction					
Enforcement/Policing					
Treatment					
Social and Economic Needs					

Additional comments on priority of substance use strategies:



--

Participants Information

1. What is your gender?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2. Please check your age group

Under 18	<input type="checkbox"/>
18-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65 or older	<input type="checkbox"/>

3. What is your household's annual income?

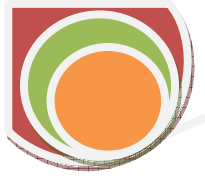
Under \$10,000	<input type="checkbox"/>
\$10,000 to \$15,000	<input type="checkbox"/>
\$15,000 to \$25,000	<input type="checkbox"/>
\$25,000 to \$35,000	<input type="checkbox"/>
\$35,000 to \$45,000	<input type="checkbox"/>
\$45,000 to \$50,000	<input type="checkbox"/>
Over \$50,000	<input type="checkbox"/>

Are you employed?

Yes No

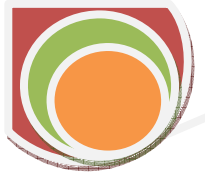
Retired?

Yes No



APPENDIX THREE: INTERVIEW QUESTION GUIDE

1. What is the extent/nature and scope of the drug use issue in *[your community neighbourhood]*? Do you notice any trends?
2. Who in the local community is most impacted by drug use? (characteristics, age, population demographics)
3. What are the strengths (resources, services, community support) available in Cambridge for reducing the problems associated with drug use?
4. What role does your agency/organization/council play in addressing substance use in the *[your community name here]*?
5. What are the barriers or obstacles to addressing the drug use problem? (local, regional, provincial, or national)
6. If your agency/organization/council had an unlimited budget to address drug use in *[insert your community name here]* what programs/services/policies would you develop to address drug use in our community?
7. What is the public awareness of drug use in the community? Is it accurate or not? What are some misconceptions?
8. In your opinion what should the community's top 5 priorities or actions be for addressing substance use in *[insert your community name here]*?
9. What is your perception of the effectiveness harm reduction approaches to address substance use in our community? Are they helpful or not? What would you change?
10. Anything else you would like to add?



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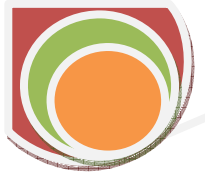
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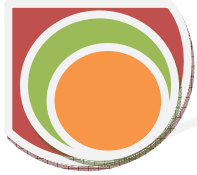
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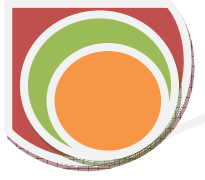
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