

MULTI-MEDIA ASSETS on SUBSTANCE USE PREVENTION AND HARM REDUCTION

The evidence framework

The Students Commission of Canada

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La commission
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Substance use is associated with a range of potential harms influenced by social and structural factors, such as mental health problems, family and interpersonal violence, fatal and non-fatal overdoses and/or drug poisoning, memory and learning impairments, and substance use disorders, to name only a few (Paglia-Boat et al., 2007). These potential harms vary in severity. Unfortunately, youth tend to be more vulnerable to substance-related harms compared to adults for a variety of reasons such as their body size, their developmental stage, and their vulnerability to the influence of the social environment (Paglia-Boat et al., 2007).

Many attempts in the past have used an abstinence framework to combat youth drug and substance use. However, evidence has shown variable and moderate success of abstinence-based approach to substance use (e.g., Lozano, Stephens, and Roffman, 2006; Bagot & Kaminer, 2018). The DARE program is an example one of the more well-known and popular abstinence models. The Drug Abuse Resistance Education (D.A.R.E.) program one of the largest abstinence models aimed at reducing and eliminating substance abuse amongst young people in North America (specifically the United States) and other countries around the world. Pan and Bai notes in A Multivariate Approach to a Meta-Analytic Review of the Effectiveness of the D.A.R.E. Program that (Pan & Bai, 2009) ... “literature over the past two decades showed that the D.A.R.E. program had short-term effects on some of the outcomes on drug use and psychosocial behaviour [4, 6, 20-23], but the D.A.R.E. program has not shown long-term (i.e., more than one year) effects on drug use” (Pan and Bai, 2009, p.2). Other models like the D.A.R.E program have proven to have similar outcomes to substance use and abuse when it comes to youth populations. David J. Hanson articulates in his article Drug Abuse Resistance Education: The Effectiveness of DARE “Scientific evaluation studies have consistently shown that DARE is ineffective in reducing the use of alcohol and drugs and is sometimes even counterproductive -- worse than doing nothing” (Hanson, 2019).

Therefore, there is a shift towards a variety of other approaches, mostly oriented towards harm reduction and prevention of substance abuse. However, the rapid multiplication of intervention models, approaches and strategies makes it difficult to digest and to establish a clear action plan for the various audiences.

The purpose of this project is to design products that will clearly present some of the current intervention strategies that can be put in place to reduce substance use-related harms among youth. These multimedia assets will regroup products for youth and for adult allies. Here is the various evidence that will inform these products as well as their strengths and limitations.

Comprehensive School Health Framework

The Comprehensive School Health Framework (CSHF) is “internationally recognized to support improvements in students’ educational outcomes while addressing school health in a planned, integrated and holistic way” (Pan-Canadian Joint Consortium on School Health). Comprehensive School Health programs have been implemented in various contexts for a few years and are slowly taking more places in Canadian schools. This framework has been proven to have effective results

when implemented in various settings such as disadvantaged neighbourhoods, not only on health itself, but also on healthy knowledge, behaviours and attitudes (Ofosu et al., 2018).

The main strength of this framework lies in its globality. Rather than relying solely on physical education for instance, the CSHF proposes strategies that relate to all the components that may impact students thriving such as social and physical environment, policies, teaching and learning, and partnership and services. Finally, this framework can be implemented early on and can play a role in the prevention of substance abuse as it teaches healthy behaviours and attitudes in general.

Nonetheless, the Comprehensive School Health Framework focuses on health components and might not prevent other risk factors related to substance abuse and potential harms. Furthermore, this framework is a key aspect of the Blueprint to Action model, which also suggests a mix of other strategies more specifically oriented towards substance use. Hence, the products for the multimedia assets will not focus solely on the Comprehensive School Health Framework but will incorporate it through the Blueprint to Action.

Icelandic Prevention Model

Collaborative upstream interventions are necessary to support population-level wellness (Chief Public Health Officer, 2018; Halsall T., Manion I & Henderson J., 2018; Halsall T. & Forneris T., 2020; Patel et al., 2018; Patton et al. 2016; Sallis et al., 2006). These approaches shift the focus away from victim-blaming and placing the responsibility for wellness on the individual, towards public health approaches (Patel et al.). As Canada is in the midst of the opioid crisis and the legalization of recreational cannabis, Canada's Chief Public Health Officer called for a greater focus on the prevention of youth problematic substance use and emphasized the need to use youth- and community-driven interventions to address risk and protective factors (Chief Public Health Officer, 2018). In addition, the World Health Organization (World Health Organization, 2007) recommendations for youth mental health policy stress the importance of engaging multiple sectors, with an approach that ranges from promotion to intervention.

The IPM is a collaborative and participatory approach that identifies risk and protective factors to prevent substance use in youth (Sigfúsdóttir et al., 2008). Rather than targeting individual behaviours, the IPM considers broad contextual factors that influence youth including family, peers, school and community. The approach is based on five principles: 1) apply a primary prevention approach, 2) engage community action and public school involvement, 3) apply utilization-focused evaluation, 4) integrate researchers, policy-makers, practitioners, and community members and 5) align the scope of the solution with the nature of the problem (Kristjansson et al., 2019). In addition, the model uses youth surveys to support a needs assessment and findings are rapidly disseminated to inform a tailored prevention strategy that leverages existing community initiatives and promotes sustainability (Kristjansson et al., 2019). In Iceland, trend analyses collected over the last 20 years have identified a *national decline in youth substance use including a 46% reduction in youth intoxication rates* (Sigfúsdóttir et al., 2008).

This approach has shown really promising results. However it requires an important commitment from the school communities or organizations that want to implement the Icelandic Prevention Model. Indeed, the IPM requires ongoing evaluation with all the youth in the community. The surveys for this evaluation require financial investment that may not be available to all contexts. Considering that the products designed in this project should be generalizable to the various contexts of Canada and that the length of the products will be limited, it didn't seem like the best evidence to share through this media. Finally, the Icelandic Prevention Model also informed the Blueprint for Action, thus some of the main key messages from this model will still be included in the products.

Blueprint for Action

The Blueprint for Action (complete official name: Preventing Substance-Related Harms Among Youth Through a Comprehensive School Health Approach: A Blueprint for Action) is a resource developed by the Public Health Agency of Canada and was informed by various actors from the school, health and youth-serving sectors during the School Matters Forum that took place in February 2020 (Canada, 2021). In addition to the conversations of this forum, the Blueprint for Action was also informed by a number of recent pieces of evidence such as the Icelandic Prevention Model (e.g.: Sigfúsdóttir et al., 2008) and School Health and Alcohol Harm Reduction Project (McBride et al., 2004). This resource aims to present a new intervention model for the prevention of substance-related harms by bringing together four intervention approaches and the Comprehensive School Health Framework. Its strength lies in the dynamic integration of the four approaches (upstream approach, harm reduction, stigma reduction initiatives, and equity-oriented intervention) whereas most resources already available only include one or two of these.

The Blueprint for Action suggests that most intervention strategies can fit under many approaches, while also touching on the four components of the Comprehensive School Health Framework. With only a few key action items, one can easily establish a strategy that relates to all four approaches and the CSHF and thus have a strong holistic and realistic plan for preventing substance-related harms. Finally, the Blueprint for Action also acknowledges the various community contexts and invites actors to think critically about this approach with their own reality in mind.

Nonetheless, the Blueprint for Action is a lengthy and heavy resource and can be hard to assimilate by the key actors that would need it. One needs to spend some dedicated time understanding the model and to develop the strategies or action items to be implemented. This is why dissemination products are important for this resource and will be the main focus of the multimedia asset for the adult audience.

Youth Who Thrive

Youth Who Thrive is a youth engagement framework informed by a literature review (Khanna et al., 2014) and presents the key features for successful youth programming, including critical

factors and the characteristics to be a better adult ally. Youth Who Thrive is an interesting framework that gives a lot of action items and can inform various initiatives.

Considering that the components presented by this framework are very general, the exact principles will not be in the multimedia asset products themselves but rather applied to other topics and context such as substance use. Hence, the messages will be designed in a way that is more likely to be received positively from a youth audience. In particular, a conscious effort will be made to ensure that the products for the youth audience are relatable to ensure the retention of the key message. The products will also aim to emphasize autonomy and competence as core values, which have been proven to foster youth thriving (Khanna et al., 2014).

Be the Program

Be the Program is a youth program offered by the Students Commission of Canada related to teen dating violence. It was created based on research demonstrating that effective programs need to be grounded in core Program Theories and arise from evidence, while also being adaptable, flexible and customizable for micro, specific populations (Khanna et al., 2014; World Health Organization, 2009). The objective of this program is to help youth become good influencers for their peers and to help other people of their community to better identify and respond to instances of dating violence. Having young people as peer educators offers a sense of empowerment (Bonnell et al., 2011). Interventions that focus on harder skills, as well as tools and techniques, have real long-lasting benefits for young people (Bonnell et al., 2011).

This program is not about substance use, but many principles that are shared with youth to become peer influencers can be applied in other contexts. There are three teachings that are particularly interesting in the context of this project: the OARS communication principles (D'Souza, 2019), the CARS for assessing credible sources (Harris, 1997), and *Will Won't Want* for the establishment of boundaries (exercise developed by the Students Commission of Canada).

However, this program is designed to be received over a long period of time and the role of the group plays an important part in the delivery of the message. Therefore, one cannot expect to achieve the same results with three-minute videos than they would with this long-term engagement program. Nonetheless, some of the first-level information (the three teachings mentioned above) is still relevant in the context of this project and can easily be shared through short length videos. The goal is to foster critical thinking and self-assertiveness of one's boundaries, especially when it comes to substance use.

Storytelling & Types of Media

Storytelling obviously has an important place in our daily lives. It is also a strategy used in pedagogy, marketing and psychology. Recent evidence suggests that storytelling can support learning as it is social and collaborative, enhances retention, meaning and relevance, and increases learner engagement (Davis, 2014; Green, 2004; Lawrence & Paige, 2016; Phillips, 2013). Further,

narrative stories can support perspective taking in children through the reference point of the protagonist (Ziegler, 2005).

Regarding the choice of media (written stories, static images or videos) research on cognitive processing and memory (Yadav et al., 2011) suggests that people tend to retain information better through a video or a mix of text and video than through text only. For instance, images tend to lead to more emotional responses than words (Clark & Paivio, 1991). Videos allow for a dual processing of visual and verbal cues, which also help with processing and memory (Mayer et al., 2001).

Furthermore, youth and adult allies that were consulted in the initial phases of this project agreed that they tend to feel more connected to the speaker and therefore more receptive to the message. They also mentioned that they preferred short videos (under 3 minutes, or a series of 30–50 sec videos), especially when it regards information they were not actively looking for, as it requires less attention. Clever metaphors would also be preferable to illustrate the key messages, especially when it comes to a sensitive topic such as substance use and its related harms.

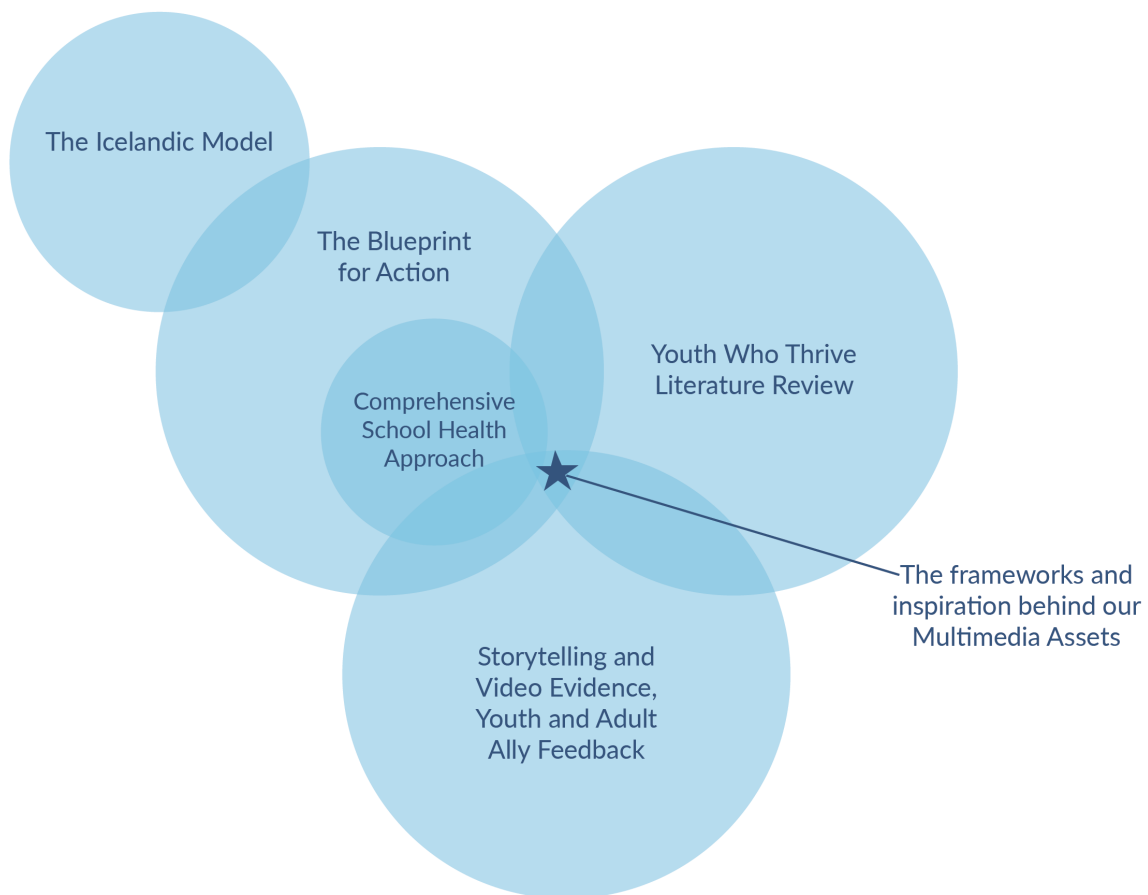


Image 1. Visual representation of the evidence framework.

In conclusion, after considering the various recent evidence on prevention of substance abuse and reduction of substance use-related harms, and taking into account the scope of this project, the Students Commission of Canada decided to create a series of short educational videos for the various audiences described in this project. The image below provides a visual representation of the integration of the various approaches reviewed in this document and how they informed the proposed products. Products for the youngest audience (grades 6–8) will focus on developing critical thinking, establishing boundaries and fostering assertiveness, whereas products for young people in grades 9–12 will emphasize positive peer-influencing and the accessibility to resources. Finally, products for adult allies within the school system or not will focus on the Blueprint for Action components in order to equip adults in developing strong and positive intervention strategies.

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