

Federation of Canadian Municipalities (FCM)

FCM Municipal Drug Strategy
Phase III Report:
A Summary Evaluation of Pilot Projects



Executive Summary

This evaluation report marks the conclusion of the third and final phase of the FCM Municipal Drug Strategy Pilot Project. Phase I of the project involved the preparation of materials to assist communities in developing local drug strategies. In Phase II, nine communities used these materials to implement local drug strategies tailored to meet specific community needs. Phase III of the project assessed the experiences of the nine participating communities. This report outlines the results of Phase III, the evaluation phase of the project.

Establishing a Local Drug Strategy

Each participating community outlined a range of goals for its local drug strategy. Some goals were broad and far-reaching, such as creating a safe and drug-free community. Several communities felt it was necessary to establish leadership and structure for their strategy. Other objectives included gaining support from the local municipal government and developing a community-based action plan.

The communities established several processes to achieve their goals. Many communities organized public meetings to mobilize the community and developed organizational structures to govern and execute their strategy. Most communities conducted a needs assessment or resource inventory.

Accomplishments

The communities identified a range of accomplishments related to their strategy, including:

- Raising awareness about drug problems in the community;
- Securing endorsement from municipal officials;
- Coordinating action plans;
- Executing needs assessments and resource inventories; and
- Establishing community partnerships.

Pilot communities were afforded only \$13,500 and one year to execute their local drug strategy, making their accomplishments particularly significant.

Challenges

Challenges that impeded the success of local drug strategies included:

- Engaging the community, especially specific groups, such as senior citizens, Aboriginal people and business leaders;
- Maintaining focus among a range of stakeholders;
- Obtaining accurate information on substance abuse in the community;
- Securing adequate resources to accomplish goals and sustain the drug strategy over the long term.

Lessons Learned

Participants derived important lessons from their experiences. These included the importance of involving local organizations, governments and other institutional players to create strong community partnerships or build on existing relationships. Involving the community at large was also integral to success.

Participants indicated the process should be simple, building on incremental but visible successes. Goals and objectives were also easier to attain when clearly defined.

All participants agreed that scarce resources were a significant challenge when establishing and maintaining a local drug strategy. Because of resource limitations and time constraints, few participating communities have the means to sustain their efforts. Stable resources are essential to the continued success of local initiatives.

Our thanks go to Dr. Tullio Caputo of Carleton University for his involvement in the Municipal Drug Strategy and for writing this report.

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Introduction

The Federation of Canadian Municipalities (FCM), the national voice of municipal governments in Canada, is an association dedicated to improving the quality of life in Canadian communities. Its members include Canada's largest cities, small urban and rural communities.

FCM has a long history of supporting comprehensive, community-based crime prevention initiatives. It has worked closely with its partners – The National Crime Prevention Centre (NCPC), Health, Education and Enforcement in Partnership (HEP), and the Canadian Centre on Substance Abuse (CCSA) – to develop a municipal-focused, community-based approach to substance-abuse issues.

In Phase I of FCM's Model Municipal Drug Strategy (MMDS), materials and information were prepared for communities to use in developing their own local municipal drug strategies. Phase II represents the implementation of the MMDS Pilot Project and this report, Phase III, assesses the experiences of the nine municipal governments that participated in the implementation phase.

Background

In 1997, FCM, the National Crime Prevention Council (predecessor to the National Crime Prevention Centre), and the Department of Justice Canada sponsored a survey of 200 senior elected municipal officials, police representatives, First Nations Tribal Council members, and representatives of the federal-provincial-territorial working group on crime prevention. This survey showed that the respondents perceived drug offences to be the most serious crime and disorder problem in their communities. Some municipal leaders reported that more than 70 per cent of local crime is related to substance abuse. FCM's Municipal Drug Strategy is a response to the concerns expressed in the survey.

In June 1999, a seminar was held to consider the concerns identified in the study. Municipal leaders who attended the seminar agreed that a broad municipal drug strategy is required. They concluded that the strategy should focus on drug awareness, education, prevention and treatment and complement local law enforcement efforts. They also agreed that the initial emphasis should be on mobilizing and supporting a response at the municipal level.

FCM worked closely with its partners (NCPC, HEP, CCSA, and Health Canada) to develop an appropriate response. Their efforts centred on creating a Municipal Drug Strategy that would complement the work already being done nationally through Canada's Drug Strategy.

Phase I of the project included compiling an inventory of existing programs and producing tools to support municipal efforts. FCM also commissioned a needs assessment to assist in developing a model drug strategy that would support and mobilize a municipal-level response to substance-abuse issues. The needs assessment collected information on existing community responses and the capacity of communities to address their own drug abuse concerns. It examined drug awareness and education initiatives, crime-prevention programs, enforcement strategies aimed at both drug supply and demand, and information on existing drug treatment programs. These materials were used in developing a Model Municipal Drug Strategy (MMDS) and a tool kit that collated the other resources and materials produced during Phase I.

Phase II of the project involved pilot testing the approach developed for the MMDS. FCM advertised the MMDS pilot project to its members and established a set of selection criteria to identify potential participants. These criteria included size, region of the country, demonstrated commitment to the project by the municipal government, and other related factors. Nine communities were invited to participate in the pilot project. They were:

- Courtney, British Columbia;
- Hawkesbury, Ontario;
- Mount Pearl, Newfoundland;
- Prince Rupert, British Columbia;
- Regina, Saskatchewan;
- Richmond, British Columbia;
- Salisbury, New Brunswick;
- Strathcona County, Alberta; and
- Thompson, Manitoba.

Each pilot project site was awarded \$13,500. Up to \$5,000 was dedicated to send representatives to two workshops. The MMDS also suggested that participating communities use the remaining funds to hire a local coordinator and build the foundation for a local strategy. This would involve meeting with local stakeholders, forming a task group, identifying community needs and resources, and developing an action plan using a multi-sectoral and community development approach.

FCM also established partnerships with other organizations and government departments, which provide a network of experts to assist in planning, developing and implementing the MMDS. In particular, FCM worked with the Canadian Centre on Substance Abuse (CCSA) and the Canadian Community

Epidemiology Network on Drug Use (CCENDU). CCSA is an arms-length, national agency funded by Canada's Drug Strategy and others to support substance-abuse education, prevention and treatment. CCENDU collects and disseminates information on drug use and works with partners from different sectors. The pilot project communities were linked to both the CCSA and the CCENDU networks and had access to the resources of both organizations.

Participating municipal governments received information on implementing the MMDS throughout the project. Two workshops were held, one in December 2001 in Ottawa and the second in Richmond, British Columbia, in June 2002. At these workshops, representatives of participating municipal governments received materials and heard presentations from experts in the field. The participants were also able to share their experiences, successes, and concerns through regular teleconference calls held during the pilot phase of the project.

A password-protected Web site on the FCM Knowledge Network established a communications network for information sharing and trouble shooting among participants. This site (<http://kn.fcm.ca>) provided resource materials and allowed participants to discuss issues, raise questions, and post additional resource materials. Access was granted to project participants, steering committee members and to interested delegates to the FCM Annual Conference.

Phase III of the Municipal Drug Strategy summarizes the experiences of the nine communities that took part in Phase II. The Phase III objectives were to:

- undertake a study to provide a summary evaluation of the pilot projects;
- identify broader issues and concerns for future consideration; and
- develop a tool on local project sustainability.

The Phase III research also collected information on barriers and opportunities for developing a municipal drug strategy based on issues identified during the Phase II pilot project implementation. Information was also collected on the lessons learned by the participating communities. The study attempted to identify areas for future research and discover ways to enhance local community mobilization efforts aimed at addressing substance-abuse issues.

The Phase III Study

Site visits were held in each of the nine municipalities that participated in the pilot project. The local contact at each site (usually the former project coordinator or the elected municipal official involved with the project) was asked to help organize the visit and schedule the research that was to take place. The local contact was also asked to identify key individuals who had participated in the pilot project, especially those most familiar with its activities. In-depth interviews were conducted with those individuals closest to the project, such as the local project coordinator, the chair of the local project steering or advisory committee, and local elected municipal officials who had participated in the project. The local contacts were also asked to organize focus group sessions with others familiar with the project.

Researchers asked local contacts to consider planning two focus group sessions. The first focus group could involve representatives of institutional partners, such as the police, the schools and the health care system. A second focus group could include community representatives, including residents and those representing non-governmental agencies working in the community. While this worked well in the larger centres, it was less practical in the smaller communities, so many sites held only one focus group session.

Thirty-eight in-depth interviews were completed during the site visits. In addition, 12 focus group sessions took place with 73 participants. Each site visit included three to four in-depth interviews with key informants who had participated in the pilot project from the beginning. In-depth interviews were also held with some of the key institutional partners at each site, including senior police representatives, health-care workers, educators, and other service providers involved in substance-abuse issues. The interviews were based on a semi-structured interview guide and lasted 60 to 90 minutes. The research instruments constructed for this purpose are presented in Appendix A. The focus group sessions were based on the same set of questions and lasted from 90 to 120 minutes, depending on the number of participants.

The participants were given a copy of the questions before the interviews or focus group sessions. They were asked to answer the questions before participating in the interviews or focus group sessions. They were then asked to provide a copy of the completed questionnaire to the researcher.

The data gathered during the site visits, including the completed questionnaires, were analysed using standard qualitative data analysis techniques. This analysis involved a careful review

of the material and a search for common patterns and themes in the responses. In addition, specific suggestions or lessons learned were compiled for those questions that sought this type of information. The analysis results are presented in the findings section below.

Findings

The research conducted for this study focused on all aspects of the experiences of the municipal governments participating in the pilot project. To facilitate the data analysis, the information gathered during the interviews and focus group sessions has been organized according to the following eight broad areas of interest covered in the questionnaire:

- Goals and Objectives;
- The MMDS Process;
- Data Gathering (Needs Assessments and Resources);
- Accomplishments;
- Challenges;
- Lessons Learned;
- Resources Contributed; and
- Sustainability.

Each of these areas is reviewed below.

I. Goals and Objectives.

Respondents were asked what they thought the goals or objectives of their MMDS pilot project had been. Answers ranged from broad and abstract goals, such as creating a safe and drug-free community, to specific objectives, such as completing a needs assessment.

Responses to this question reflected seven general themes. The first focused on the broader and more abstract concerns. Many of the respondents thought the goal of their MMDS was to create a safe and drug-free community. They noted that one objective was to develop and implement a strategy to reduce the impact of substance abuse on their communities. The other broad goal was to develop a common vision among the participants and to create a mission statement that reflected broad concerns.

The second theme was gaining the support of the local municipal government. Many respondents commented on the importance of having their activities endorsed by the mayor and city council. This endorsement included adopting the mission statements produced by the committee. A major challenge identified was the reluctance of many communities to

acknowledge substance abuse problems. Municipal leadership was seen as crucial to making the MMDS process legitimate and to legitimizing discussion of substance-abuse issues. This would permit people to talk openly about these problems without fear of negative reactions, rejection or of being ignored.

The third theme was the need to establish a leadership and organizational structure for their initiatives. This theme included identifying leaders and potential champions in the community and gaining the participation and commitment of key individuals. Securing a coordinator for the project was another important goal identified by many communities.

Creating an appropriate structure for directing and coordinating the efforts of those involved in the MMDS was another aspect of the third theme. In some communities, a steering or advisory committee was established with various sub-committees to deal with specific issues or actions identified in the MMDS process. For example, some communities established a steering committee and four sub-committees specifically to address each pillar in the Four Pillars approach recommended by the MMDS materials. In other cases, the sub-committees dealt with specific community issues, such as youth-related substance abuse or seniors' problems with prescription drugs.

A fourth theme was raising public awareness of the drug issue and undertaking public education in this area. Denial of the problem and an unwillingness to discuss or acknowledge the issue were common challenges faced by all pilot site communities. It was difficult for participants to persuade their communities to accept responsibility for the issue and not leave it to police or health authorities. It was also difficult to persuade the public to see this as a community-wide issue rather than one involving only the poor or marginalized members of their communities. It is important to note that participants from all nine communities identified "raising awareness" as a significant priority. It became the primary goal for some of the communities, which devoted the bulk of their energies and resources to achieving this objective.

The fifth theme was the need for up-to-date information on the nature and extent of the problem. Respondents suggested that a strong information base was needed to provide the foundation for their action plans and to lend legitimacy and credibility to their work. Many thought it was important to document existing resources and programs and to identify service gaps and overlaps. They felt it was crucial to take this step before beginning strategic planning.

Respondents also saw research and information gathering, which includes identifying best practices or programs that could be used in their communities, as a way to bring important information together for the pilot communities. As a

result, many respondents noted that conducting a needs assessment and related research was an important goal for their communities.

The sixth theme was developing a community-based action plan. Many said it was important to identify achievable actions that would demonstrate that something could be done to address substance-abuse issues in the community. One participant said their objective was “to create achievable, measurable, and sustainable local solutions.”

The seventh theme was creating partnerships in the community to better address substance-abuse concerns. They wanted to encourage community players to coordinate their efforts. An objective for many advisory committees was to create the conditions to develop and sustain partnerships. They also sought the assistance of the municipality in achieving this objective. Several respondents identified developing partnerships with others outside of the community, including other orders of government, as an objective.

Responses to this question reveal tension between the more abstract objectives of developing a vision for the community and the more concrete goals of pursuing practical actions related to community mobilization. Both types of activities are essential for a successful community-based initiative. However, they often seem to work at cross-purposes in practice. The distinction between talk and action was often mentioned and served to differentiate among representatives of various constituencies in a community. Some recognized the need to develop leadership and governance structures as well as common visions and community plans. They felt that a common vision had to be developed to guide community action and that roles and responsibilities should be clearly laid out before any action took place. However, others were concerned that, without tangible action in the short term, the exercise would amount to little more than attending meetings and producing reports.

This discussion underlines one of the biggest challenges facing communities trying to deal with substance abuse. The problems can appear so large and intractable that they seem overwhelming. Substance abuse is also seen as the domain of large institutions, such as the police and the health care system. One reaction to this in community mobilization efforts is to begin by addressing substance-abuse issues at a values level and, in particular, by spending time and resources on articulating shared beliefs about an as yet unattained ideal state. This requires devoting considerable energy to developing positive and inspiring vision and mission statements that will resonate with large segments of the community. The process, however, can be a challenge. For example, not all of those involved in a community initiative such as the MMDS will agree on a vision

or values statement. While some will support abstinence, others may be convinced of the benefits of a harm-reduction approach. Others still may promote more enforcement activities. The competing points of view are often incompatible, and skilled mediators are required to keep the participants at the table.

Engaging in visioning exercises and creating a mission statement is a time-consuming process and there can be considerable delay between community meetings and action. Much momentum can be lost, and the commitment and energy that are often present at an inaugural community meeting can dissipate. Community mobilization efforts can also become more difficult if potential participants do not see tangible signs of change or action.

On the positive side, those communities that established strong leadership and organizational structures were more likely to put effective communication processes into place and develop lasting partnerships among the participants. This is especially true if the municipal government shows support for the initiative and lends leadership and administrative resources to the community mobilization process.

2. The MMDS Process

A second set of questions asked about respondents' experiences implementing the suggested MMDS process, which included:

- calling a stakeholder meeting;
- developing a leadership and organizational structure;
- identifying and including partners;
- conducting a needs assessment;
- developing a community plan; and
- engaging in community mobilization to implement the community plan.

Not surprisingly, many of the ideas expressed in response to these questions echo those made in response to the goals and objectives question. The respondents were asked for specific information about each aspect of the suggested approach, whether they had undertaken the specific activity in question, and their experiences in undertaking those activities. Answers clustered around four main themes dealing with various aspects of the approach.

The first theme focused on the use of meetings to mobilize the community and launch the local initiative. In some communities, an initial meeting involving a large number of stakeholders was called. In others, smaller meetings were held with key stakeholders to determine the level of interest. These were then followed by a series of consultations with stakeholder groups in different sectors, which identified new members who were then added to the original group.

Initial community meetings and consultations are critical to the success of a community mobilization. They provide an opportunity to gauge community interest, identify potential partners, secure the commitment of key participants, and provide an opportunity to raise public awareness. The interviews revealed that these meetings can be quite political and that the type of meeting or process followed reflected existing community relationships. In some communities, it was important to begin the MMDS process with a large community-wide meeting involving all of the important players. Not to do so would have meant losing the support of several key stakeholders. In other communities, it was politically acceptable to begin with a smaller meeting of committed partners and to identify other potential partners later.

The second theme involved developing an organizational structure. This included establishing a steering or advisory committee and setting up sub-committees. This objective took several forms, but a common practice was to set up a sub-committee to address each of the four pillars identified in the MMDS materials. This structure required individuals who could volunteer to chair these meetings and an administrative framework that could support such a process. It also required creating an effective communication system to call meetings, send out minutes and other information, and apprise each sub-committee of the activities of the other MMDS committees.

Some respondents said they felt detached from the main committee and from the other sub-committees and would have liked more involvement with the other groups. They suggested that one large group or more meetings with all the participants would have worked better. Others noted that creating four sub-committees fragmented the project, breaking it down into committees that could be dominated by one or two key stakeholders already working in the area.

Respondents indicated it was crucial to involve Council in implementing the MMDS. Some communities had a duly constituted committee of Council, with roles, responsibilities, reporting obligations and specified terms. Others indicated that the active support of the Mayor and Council was the foundation for their efforts. In one community, the City Clerk served as the coordinator; in several others, municipal staff provided administrative support.

Most of the pilot sites found the support and involvement of the municipal government and its officials vitally important. Municipal support provided legitimacy and credibility to MMDS activities. Equally important, however, were the administrative and in-kind resources provided by the municipalities. Having a coordinator and a visible space in the municipal offices signalled to the community that the municipal government was serious about the initiative. Moreover,

those involved in the MMDS were usually volunteers with busy schedules and existing commitments. Taking on the additional administrative work of the MMDS committee was impossible for many of them. Administrative support provided by the municipal governments relieved the volunteers of some of this burden, although many city staff ended up doing MMDS work in addition to their regular duties.

The final theme in this area was the use of community events to raise awareness, recruit new members, and kick-start community mobilization. Some pilot sites sponsored a series of events and presentations, such as parent or family nights featuring guest speakers and discussions about substance-abuse issues. One community brought in high-profile speakers and held a large community event attended by more than 450 people. This provided MMDS volunteers with an opportunity to initiate contacts and discussions about substance abuse and the work of the MMDS. It proved to be an important tool for raising community awareness and engaging in community mobilization.

3. Data Gathering (Needs Assessments and Resource Inventories)

Needs assessments and resource inventories were so important to the MMDS process that they require further discussion. In many cases, conducting the needs assessment represented a tangible activity undertaken by MMDS committees. This demonstrated that action was being taken and progress made on substance-abuse issues. It also provided MMDS committees with vital information for setting priorities and strategic planning.

Various pilot project communities responded differently to the suggestion to undertake a needs assessment. Some began by asking partner agencies to provide existing data on the nature and extent of substance abuse in their communities. For example, the police were asked for charge-and-arrest data to help delineate the crime problems related to drugs. Representatives of health services were asked for admissions-and-treatment data. This strategy was used to gather existing community data on substance abuse instead of undertaking a new community-wide needs assessment.

In addition to gathering essential descriptive statistics on the nature and extent of the problem, many communities began to compile a resource inventory to identify existing community services and current gaps and overlaps in services. A resource inventory was considered essential for community priority setting and planning. It would also allow communities to identify existing capacity and to examine patterns of resource use to increase efficiency and streamline referral processes.

For some communities, undertaking a needs assessment and compiling a resource inventory were important to raising awareness of the issue. People working in related areas may know each other, but there is a considerable gap in their knowledge about what others in their communities are actually doing. People participating in the MMDS became aware of what others in their communities were doing, and consultations related to the needs assessment often provided a way to educate partners about what was happening and what was available in their communities.

Taken more broadly, the process of engaging the community in a needs assessment allowed many pilot-project communities to engage in community development with a large segment of the population. For example, parents' consent was required for children to participate in a school-based survey on substance abuse. This may encourage them to seek additional information or attend a parents' night. The importance of community engagement was made clear by respondents who used existing data instead of conducting a new survey. They suggested that conducting a new assessment might have contributed to their community mobilization and awareness-raising efforts by informing and involving more members of the community.

When creating a needs assessment, communities should avoid undertaking expensive tasks. Similarly, identifying current gaps in services implies that those involved in service delivery are not meeting community needs. For many service providers, service gaps are a resource issue. Expensive residential treatment services are needed in many communities, but this exceeds the budgets or jurisdictions of local service providers. Identifying a gap in residential treatment services, for example, could become either a long-term goal or an unrealistic expectation for those implementing an MMDS. This challenge was suggested in responses to the first question that sought achievable actions that could be accomplished using existing community resources.

Both needs assessments and resource inventories are expensive and time-consuming. The information they provide is crucial for setting priorities and developing community action plans. As well, collecting this information can help raise awareness and mobilize the community. These benefits, however, have to be weighed against losing momentum and the interest of key participants while undertaking the research. The research may also generate unrealistic expectations and an unrealistic shopping list. To achieve maximum benefit, care must be taken in the timing of the research and the manner in which information is distributed.

4. Accomplishments

In question four, participants were asked to identify their accomplishments related to the MMDS. Five key themes were

identified in the responses. The first theme dealt with successes related to raising community awareness and engaging in public education. Many respondents rated this as their most important and visible accomplishment. They indicated that, as a result of the MMDS, substance-abuse issues are now on the public agenda in their communities. Some said that talking about drug problems is now acceptable and that this is significant given the past denial of the issue.

In many communities, raising public awareness was also tangible proof that the MMDS was accomplishing something. Typically, MMDS sponsored information activities, such as parent or family nights, where substance-abuse issues were discussed. As well, several pilot project communities prepared and distributed pamphlets on the issue. One community sponsored a large community event with high-profile guest speakers. Each of these activities raised the profile of the MMDS initiative and allowed MMDS members to discuss the issues with their fellow community members and mobilize community support.

The second theme was securing the endorsement of the municipal government. For many participants, this gave the process a level of legitimacy and acceptance that was crucial to its success. This institutionalized their efforts and linked them to the broader community concerns that are the domain of municipal politicians. In some cases, acceptance by Council came with significant resources that could help ensure the sustainability of the initiative. Some municipal governments were going to pay for a coordinator or tie the MMDS to an existing municipal department, such as Social Services or Parks and Recreation (in a youth-focused initiative). In both cases, this endorsement provided important financial and administrative resources necessary for the long-term success of the MMDS.

The third theme related to what the MMDS committees had achieved. These included producing a vision statement, building partnerships, engaging in coordinated action, developing a community plan, and implementing various aspects of their plans. Most respondents indicated that they had accomplished four or five of the suggested steps in the MMDS approach. While some had implemented aspects of their plans, most were at the action stage when funding ended and they lost momentum. These accomplishments are considerable given the brief time available and the amount of time and effort it takes for the sort of community development required for an initiative like the MMDS. Moreover, these accomplishments were achieved largely through the efforts of volunteers and municipal staff, whose time and personal resources were already over-committed.

The fourth and fifth themes are actually sub-themes of the three already discussed. However, they were so prevalent that they warrant an additional brief comment here. These themes

include accomplishments related to needs assessments and data collection, and the development of specific activities and programs. Both types of achievements were highly valued by the respondents.

With respect to needs assessments and data collection, most respondents felt that completing a needs assessment or resource inventory was a significant accomplishment. These research activities are time-consuming and expensive and require the co-operation of many community members. In several communities, key institutional partners such as the police, the health-care system, and the schools were involved. In one community, the Home and School Association sponsored a survey of all students in grades five through 12. Collecting and analysing this data is quite an accomplishment and having a report to share with the community is an important achievement for an MMDS committee.

Similarly, many respondents identified establishing new programs or linking with existing programs as an important achievement contributing to the success of their communities. For example, as a result of the MMDS initiative, one community brought an addiction counselor into their local high school every second week. This was seen as value-added in the community, because they successfully used existing regional addictions resources that they had not used before. Other communities noted the development of specific programs, such as Teens Against Drunk Driving or the addition of a DARE program in their schools as a major accomplishment. These programs provided evidence that the MMDS was actually doing something about substance-abuse issues in the community.

The accomplishments discussed by the respondents represent the initial stages of a broader and more far-reaching municipal drug strategy. Clearly, all nine communities invested considerable time and energy in laying the foundations for future work. Completing needs assessments and resource inventories allowed them to establish priorities and develop community plans. Most of the communities were poised to take the next step at the time of the site visits. The suggestions that are offered for communities just embarking on such an exercise indicate that each of the pilot project communities learned a great deal through its participation in the MMDS project.

5. Challenges

Question five asked respondents to identify the biggest challenge they encountered in developing their own MMDS. The responses to this question clustered around five broad themes that covered every aspect of the MMDS experience.

The first theme addressed challenges associated with getting people involved. Those driving the MMDS initiative realized

that they had to secure the cooperation and support of key players in the community. This can be difficult, because these individuals are usually busy and they have little additional time to take on new commitments.

Many respondents reported that it was difficult to engage local community members. Some people feared getting involved or coming forward. Others were already strapped by the demands of work and personal commitments. One respondent commented that they tried repeatedly to get community involvement but had difficulty doing so. They sponsored several events, but these were poorly attended. For example, only 10 parents attended an event designed for families in the community.

The respondents pointed out that many active members of their communities serve on several committees and are already committed to different volunteer projects. Some respondents indicated that it is difficult to get people from a mixed, yet relatively affluent, community involved in substance-abuse issues, because they simply do not see it as their problem. As a consequence of these challenges, many participants working on the MMDS were service providers working in the pilot project communities.

Several other challenges were identified in getting people involved. For example, some respondents noted that it was difficult working with a large and diverse group, because many had different agendas and personal timetables. Simply finding common meeting times for a large group proved difficult in some cases. It was also difficult to identify responsibility within the community for dealing with specific issues related to substance abuse and which agency should take the lead on particular activities.

Another challenge was reaching out to specific populations in the community. While continuity was a general challenge faced by MMDS communities, it was especially the case with respect to youth representation. For example, several respondents commented on how difficult it was to get and keep youth representatives on their committees, particularly those in marginal circumstances. Similar concerns were expressed about the involvement of seniors, the business community, and members of the Aboriginal community.

A second theme described the challenges in undertaking the MMDS. Some respondents said it was difficult to find and maintain a focus for their committees. They reported that it was difficult to develop a common vision in so diverse a group, especially for those communities trying to work on all four pillars at once. The four pillars brought politically sensitive issues, such as harm reduction, to the table, and allowed some participants to stress personal agendas, such as emphasizing more law enforcement.

Other respondents noted that partners brought their own issues to the process. Some were protecting their own responsibilities and the budgets associated with the services they provide. Since a large proportion of the MMDS participants represented service providers, the issue represented a considerable challenge for all MMDS pilot communities.

On the positive side, several communities handled the issue exceptionally well, with some noting that this was because of the excellent work done by experienced project coordinators. Others suggested that issues management was accomplished by keeping the focus on the broader community, including the goal of contributing to a safe and drug-free community. Some communities allowed people to volunteer for the sub-committees that interested them. Police representatives could be responsible for the enforcement pillar activities, health care providers for the treatment issues, and educators for some of the public education work the committees undertook.

The third theme involved challenges related to various resources. The most significant challenge was scarce resources. This problem was compounded by major service providers having their own budgets and the habit of working independently. Persuading them to work with partners can be difficult, especially if doing so might threaten their established responsibilities.

Continuity of resources is a challenge. Pilot project communities felt this most acutely with respect to resources for a coordinator. Most of the communities lost their coordinators once pilot-project funding ended. This was a considerable challenge to most communities and resulted in activities nearly ending in many of them.

Continuity of resources is related to the time available for the initiative. The pilot project had a six-month time frame, which was extended in most communities to 12 to 18 months. However, only a few MMDS sites are still active today. The time frame was far too short and limited what each community could plan or accomplish. Community development – including creating partnerships among community participants – is a slow process based on building trust. As several respondents noted, this process cannot be rushed. Time and resources are required to allow trust to develop. The lack of a stable resource base and the exceptionally short time frame for this project were seen as real challenges to the process.

The fourth theme related to the challenges arising from communication problems. Several communities established various sub-committees as part of their MMDS. Many found it difficult to keep the sub-committees aware of the other committees' activities. In other communities, basic communication became an important challenge, especially after the loss of the project coordinator. Effective communication was seen as essen-

tial to keeping the group together and motivated. Any breakdown in communication could result in loss of interest or momentum and a feeling that the initiative had stalled. This was more likely to occur where there was no project coordinator or when there was a lag in MMDS committee activities, such as during the completion of needs assessments or resource inventories.

The fifth theme was how to get an accurate picture of what was going on in the community. Statistics on substance abuse were often difficult to obtain. While various institutions keep their own statistics, these are often not available for public use. Organizations collect statistics by methods that meet their own specific needs, so it may be difficult for them to provide the specific information the MMDS needs. In some cases, organizations were not eager to spend the time or effort required to provide the requested information or to release data that they considered sensitive.

6. Lessons Learned

Answers to the question about lessons learned cluster around five specific themes. The first deals with issues related to the people involved. Many respondents noted the importance of leadership and having the commitment of key institutional players. This was especially the case with respect to municipal leadership. It is important to get commitment from key community leaders to lend legitimacy and energy to an initiative.

Hiring the right person as the project coordinator was vitally important. Suggestions included having someone senior enough to deal with a high-powered committee and skilled enough to manage a large and diverse group. In most communities, the talents, experience and credibility of the project coordinator had an enormous impact on the success of the MMDS. Some respondents suggested providing training and documents and materials to project coordinators to assist them with various aspects of their roles.

Many respondents identified the importance of partnerships. In addition to avoiding duplication, it was important to avoid territorial conflict. One respondent said they had done this gracefully to ensure the continued support of the various community partners. Several pointed out that the major service providers needed time to get to know each other and learn how to work together. Many respondents saw getting people around the table and starting the process of establishing partnerships as a significant accomplishment.

Respondents also provided a number of lessons learned. For example, several said it was important to keep the process simple and to take small steps. Short-term, visible successes were seen as important for several reasons, including demonstrating

an ability to do something, thereby encouraging others in the community to get involved.

The respondents said it was important to build on existing relationships, such as inter-agency committees. They thought it important to avoid duplicating efforts, noting that when people already work together, it becomes easier for them to develop partnerships around another issue.

Holding an initial community meeting was seen as useful for promoting the project and getting people involved. Many respondents noted a high degree of community commitment at these meetings. Consultations following community meetings were also recommended as a way to engage potential partners and identify specific issues. However, some expressed concern regarding the time lag between the initial meeting and the completion of a needs assessment. Some respondents suggested an alternative strategy, where a small group of key stakeholders would get together initially and undertake background activities, such as completing the needs assessment, in anticipation of a broader community mobilization effort. Having the needs assessment results at the initial community meeting could focus on the nature and extent of the issue in the communities. This could emphasize the importance of developing an MMDS and encourage people to make a serious commitment to it.

Additional suggestions included the need to accommodate a diverse group of potential participants and ensure that the entire process is open and public. Effective communication was seen as a key to solving both these concerns.

Along with people, partnerships and processes, a fourth theme related to lessons learned was the development of goals and community plans. Respondents suggested that goals and objectives be identified and clearly articulated. While these may include a long list of short- and long-term goals, priority for one or two short-term goals should be set very early in the process. Respondents suggested that some public awareness, education, and prevention activities could be started quickly and could be an important way to begin the MMDS.

Another lesson was that the community has to realize that it is developing its own strategy based on its own resources. Caution about research on gaps and overlaps was emphasized by many respondents. One suggested that communities must avoid focusing on gaps as a way to acquire more services. Communities have to review what they are already doing and consider how they can do things differently with existing resources.

The fifth and final theme related to research and data collection. In addition to suggestions regarding the timing of the needs assessment, some respondents suggested that the activity

be renamed to community survey. They argued that needs assessment implies a formal process with specific research requirements. In contrast, a community survey implies that the committee is seeking useful and practical information about community issues and resources.

Another suggestion was that more tools and training be provided for project coordinators. Almost all the respondents commented on how useful the two workshops had been for the key pilot project participants. They suggested holding more frequent and less expensive regional workshops. They also thought it would have been helpful to have an expert serve as the overall project coordinator. This person could have run a workshop in each of the nine pilot communities and brought resources, suggestions, and relevant information to them. As well, this person could have been regularly available to assist the pilot communities in a variety of ways.

The respondents felt that additional information about the process of community mobilization and about conducting a community survey or needs assessment would also have been helpful. Finally, several respondents commented on how useful it had been for them to do some research on their own regarding best practices that could be applied in their communities. Some of this work had been done and the materials were provided to the pilot communities in the FCM tool kit. Local research efforts were considered useful for identifying programs and approaches that had been successfully used in similar community initiatives.

7. Resources Contributed

Respondents were asked to provide estimates of the resources they had contributed to the MMDS, including personal time and in-kind and financial resources provided by their agencies. Individuals who participated in the interviews and focus group sessions indicated that they had generously given their time ever since the MMDS pilot projects were initiated. Most had attended monthly MMDS steering or advisory committee meetings and some had also attended sub-committee meetings. Estimates of personal time spent reached 80 to 100 hours for some participants.

Many elected officials who had volunteered or been asked to sit on the committees also noted time commitments. These people attended meetings and acted as the contact between the committees and the municipal Council. They often had reporting responsibilities as well as administrative roles. Many of these participants were part-time councillors with their own work and other Council responsibilities, in addition to their work on the MMDS.

Administrative support was another important resource. A paid MMDS coordinator provided administrative support. However, in many communities, a municipal staff member or member of the lead community agency in the MMDS also provided administrative resources. In some cases, the initiative was housed in a municipal department. In those cases, departmental staff took on many of the administrative tasks. In other cases, a community agency taking a lead role in the MMDS provided staff resources for administrative work, such as scheduling meetings, keeping and forwarding minutes of meetings, and preparing documents.

In addition to contributing personal time and administrative support, the respondents noted the provision of considerable in-kind resources. These included meeting places, office supplies, computers and email access, telephones, and fax machines. Again, the municipal governments or the partner agencies provided these in-kind resources and the pilot projects could not have operated without them.

The respondents commented on the provision of information resources to the MMDS. Many community agencies took the time to provide data to complete a needs assessment. Others participated in developing a resource inventory. In one community, a provincial non-profit agency agreed to undertake a large research project that encompassed both the needs assessment and resource inventory at no cost to the community. In another, the Home and School Association sponsored a school survey. These data collection and analysis processes are time consuming and expensive and would have required considerable financial resources had they been purchased from the private sector.

Finally, each MMDS pilot project community contributed financial resources to the project. Financial contributions ranged from several thousand dollars to one community that dedicated \$70,000 in the municipal budget to continue the work of the MMDS. In general, each community tried to match the grant it received for the MMDS, and many communities contributed far more.

It is clear that the nine MMDS pilot communities – and especially their municipal governments – made a considerable contribution to the initiative in terms of human, in-kind and financial resources. Each community leveraged resources that far exceeded the amount of their grants, which suggests that most communities have a genuine interest in responding to substance abuse concerns. It also suggests that these communities are willing to back up their commitments with hard work and valuable community resources.

8. Sustainability

The final question asked what factors could enhance the sustainability of their efforts. Six key themes were identified in their responses. The first theme dealt with stakeholder involvement, with respondents noting that the initiative required the commitment of key leaders and the participation of important social groups in the community. The respondents felt that linking the MMDS to the institutional partners already providing services in this area was an important way to ensure the sustainability of their efforts. Reaching out to specific segments of the population, such as youth and seniors, was also important, as was developing on-going relationships between these groups.

The second theme related to sustainability was political involvement. Having a municipal Councillor responsible for reporting to Council on the committee made the process more official and provided some external accountability. Involvement, commitment and leadership by the local municipal government gave the MMDS a degree of legitimacy that facilitated their actions and their access to important administrative, in-kind, and financial resources.

The third theme was the need for clear goals and objectives. In this regard, having a mission or vision statement adopted by Council provided an important boost to the MMDS, including enhancing its legitimacy in the community. Clear goals and objectives, however, also served to guide MMDS committees and help them handle the challenges of working with a large and diverse community group. Some specific recommendations included identifying both short- and long-term goals, with the understanding that immediate action would be taken on a few of the short-term goals. Respondents also suggested that the community be kept aware of progress on long-term goals.

The fourth theme was effective communication. Continued active communication with front-line agencies is important to sustaining community-based efforts. Communicating with the broader community is also important, and some respondents suggested that the news media could be used to publicize the initiative. Visibility of the MMDS was seen as desirable, and suggestions included having a logo or a visible location for the initiative in the community. One respondent stated that it would have been helpful if local MMDS committees could have tied their message and efforts to a national initiative. This would have helped them publicize their message, while lending a degree of credibility to their efforts. If this had occurred, the community could have seen that they are part of a larger national initiative.

The fifth theme was the importance of evidence-based planning and decision-making. Needs assessments and resource inventories are invaluable to helping mobilize the community

and provide the information needed to make informed decisions. They provides community members with direct information about what is going on in their communities. Resources must be available for the required research and this research must be ongoing. One respondent noted the need for ongoing evaluation and assessment of the community's efforts.

The sixth theme was the need for dedicated resources. These include human, in-kind, knowledge and financial resources. With respect to human resources, all of the pilot site communities indicated that people in the community had a real commitment to this issue. They could generate support for doing something, but appropriate leadership and an organizational structure are needed to manage the process effectively. In-kind resources were also generally available in communities with various agencies willing to contribute meeting space, office equipment, and supplies. The real challenge for most communities was finding the resources for a project coordinator. All the respondents indicated that a coordinator was crucial to the project's success, as coordinators did much of the administrative work and helped in the community mobilization efforts. Thus, having a coordinator was a key to sustainability.

Various suggestions were provided regarding funding for the coordinator position. Some respondents suggested that the municipal government could provide a part of the salary for a coordinator. While this may not be an option in some of the smaller municipalities, most were willing to contribute what they could. Another suggestion was that the largest institutional partners could each contribute a small portion of the coordinator's salary. Other suggestions involved leveraging existing coordination resources from services already being provided in the community. For example, coordination could become part of the job description of someone already working in the community if someone else in their organization assumed some of that person's existing responsibilities. Thereafter, part of the coordinator's job would include writing grant proposals to secure ongoing salary dollars for a coordinator.

Respondents also felt information resources contribute to the sustainability of local community initiatives. These types of resources provide the participants with ideas about what is possible and how goals and objectives might be achieved. It was clear during the workshops and site visits that there was a real interest in hearing about what other communities were doing. This information served to inspire the participants and encouraged them to share these ideas with others in their own communities. Knowledge resources were seen as important and many respondents indicated that they had direct implications for the sustainability of local initiatives.

Discussion and Conclusions

This report presents the results of a study of the experiences of nine Canadian communities that participated in Phase II of FCM's Model Municipal Drug Strategy (MMDS) Pilot Project. It was based on the results of in-depth interviews and focus group sessions completed during site visits to each of the pilot project communities. The research focused on eight general areas and examined all aspects of implementing the MMDS. These areas included:

- goals and objectives;
- the process used in implementing the MMDS;
- data gathering activities;
- project accomplishments;
- challenges encountered;
- lessons learned;
- resources contributed; and
- factors related to the sustainability of these types of initiatives.

The research results indicate that each of the pilot sites had a high degree of interest and commitment to developing its own MMDS. Each community mobilized considerable human, in-kind and financial resources. Most reported significant achievements as a result of their efforts. The pilot communities developed vision and mission statements that were approved by their municipal governments. They called stakeholder meetings, established leadership and organizational structures, completed needs assessments and resource inventories, and developed community plans. Some of the communities also began to implement these plans. The rest were at the action stage when funding for project coordinators ended and the project lost momentum.

The communities experienced a number of common challenges in implementing the MMDS. Many of these revolved around mobilizing the community and getting people involved. Many communities found it difficult to engage community interest in substance-abuse issues as most communities are reluctant to acknowledge that these problems exist. Collecting information on the nature and extent of substance abuse was also identified as a challenge, as was implementing effective communication strategies. The research also showed that communities found it difficult to provide various types of resources, including personal time, knowledge and information, space and other in-kind resources, and financial resources. At the same time, they reported making considerable contributions in each of these areas.

A variety of lessons was identified through this research that could assist other communities undertaking similar initiatives. Leadership and coordination were stressed, as was ensuring the establishment of a flexible organizational structure and transparent process. The need to articulate clear goals and objectives, as well as roles and responsibilities, was also highlighted. Effective partnerships were seen as essential to the success of any community mobilization effort as was the availability of a solid information base that could be used to inform the community, guide decision-making, and encourage widespread support for an initiative.

Suggestions that could contribute to the sustainability of initiatives such as the MMDS focused on the involvement of key community players, including municipal leaders and those representing major institutions. Having clear goals and objectives was also seen as important for sustainability as was the existence of an effective communications process. Securing reliable data on substance-abuse issues and existing resources was another factor related to sustainability. Finally, committing adequate resources including those needed to hire and retain a dedicated project coordinator was highlighted. Indeed, having a coordinator was seen as one of the most important factors related to the success and sustainability of a community-based project like the MMDS.

Discussions were held with those participating in the research in each community to discover what they would do differently if they had a chance to start the MMDS process again with the same resources. Most of the respondents said they would not change much, except the timing of the needs assessment and the creation of multiple sub-committees. They indicated that the suggested MMDS approach worked well and they would follow it again. When asked what they would do if they had more money next time, they indicated that they would hire a coordinator and do everything to ensure that they could fund the position for a longer period of time.

This research raises a number of questions about undertaking a municipal-level initiative such as the MMDS. First, it was clear from the site discussions that there is a considerable need for knowledge and education regarding the process of community mobilization. This included technical information related to such things as conducting a needs assessment, as well as information about what other communities had found effective. The importance of municipal involvement and the various forms that this took suggests that additional research should be directed at studying the role of municipal governments in community mobilization efforts to identify effective strategies and options.

A further set of issues emerged with respect to the sustainability of community-level initiatives. Research could address

the processes involved in partnership development, effective communication, and the role of key players in contributing to the success of community mobilization. In particular, the impact of linking initiatives such as the MMDS to existing institutional structures should be explored. Questions in this regard revolved around responsibility issues related to municipal versus provincial or federal jurisdictions, as well as the role that other orders of government can play in supporting community action. This is a significant question in cases where a community has engaged in an extensive consultation process, identified its priorities, and established a widely supported community action plan. How should other orders of government respond to such an exercise, especially when it has considerable financial implications for them? What are the possibilities for communities to partner with other orders of government and what are the principles that could inform these partnerships?

The site visits provided a clear demonstration of the extent to which municipal governments are implicated in the daily lives of their citizens. They enjoy a considerable degree of access to community members and are knowledgeable about local conditions and resources. Many of the pilot sites capitalized on this knowledge and used it to enhance their community development efforts. The question that was raised in this regard was how these local resources could be combined with outside resources to more effectively promote the goals and objectives of local communities.

Future initiatives to develop local municipal drug strategies have much to learn from the experiences of the nine communities that participated in FCM's MMDS. The approach recommended in the MMDS materials was deliberately non-proscriptive in order to provide participating municipalities with as much flexibility as possible. The respondents acknowledged the importance of flexibility and were satisfied with the recommended approach. However, several alternative approaches should be carefully examined on the basis of the findings and suggestions reported above.

Perhaps the most important issue for future efforts at developing an MMDS is clarifying the objectives of the exercise at the outset. In the case of the municipal governments participating in Phase II, expectations often outstripped what was reasonably possible with the time and resources available. A more proscriptive approach that outlines more realistic expectations could be used at the start of the process. It may have been helpful to the pilot projects if they had engaged in a discussion of the potential outcomes of a municipal drug strategy. This discussion would have identified what was possible in a municipality and focused attention on municipal leadership, raising awareness, public education, and prevention as primary activities. Resource-dependant objectives related to the provision of

services (such as treatment, residential beds, and enforcement) would then have been seen as components of a broader community process and perhaps as part of a longer term initiative.

The discussion of realistic objectives should focus on what is achievable in a Municipal Drug Strategy. In a practical sense, municipal governments are not in the business of providing services in this area. They rely on a range of community and provincial agencies for services. Given that most of the volunteers in the MMDS pilot projects were representatives of local service providers, municipal governments can provide leadership on the issue and promote the conditions within which these service providers can work together more effectively. As well, the data reflects similar community development experiences. Local players may have general knowledge about what others in their community are doing and may even cooperate with them in various ways. However, few agencies engage in the types of collaborative partnerships that see shared responsibility, joint decision making, establishment of specific referral protocols, and maximization of community resources. Promoting these types of partnerships is something that should be pursued in an MMDS as they can result in more efficient service delivery.

The findings indicate that municipal governments can provide leadership and lend a degree of legitimacy to a community-based initiative. They can also facilitate partnerships and collective action by providing the opportunity for key community service providers to come together and develop more effective partnerships. Municipal support can generate the political will to do things differently and encourage service providers to re-visit existing practices with an eye toward setting priorities on community needs and re-deploying existing resources. A major challenge for community mobilization efforts was the protection of responsibilities by the institutional partners and service providers and municipal leadership can help create an environment within which this type of issue can be addressed and the interests of potential partners protected.

One suggestion is more focus on raising awareness and engaging in public education and prevention among specific target populations. Clearly, the youth population is a concern in most communities. However, it also represents a captive audience because young people are easily accessible through the school system. Indeed, many existing substance-abuse education and prevention programs are aimed at young people partially as a result of their accessibility. Similar efforts could be directed at seniors and the middle-aged. If access is an important factor in prevention and public education initiatives, specific programs could be developed for seniors through seniors' organizations and residences. Similarly, substance-abuse education and prevention for the middle-aged members of a community could be directed at local employers through workplace initiatives. This should be possible considering

that substance abuse costs businesses hundreds of thousands of dollars each year.

In addition to making prevention and public education a priority for future MMDS projects, some attention could be directed to working with the major institutional partners in a community, including those service providers responsible for the bulk of the services related to addictions and substance abuse. As mentioned, municipal leadership, including administrative support and coordination, could provide the context within which specific protocols are developed to create a more comprehensive and integrated community response. Establishing official protocols is important as they can have a tremendous impact on service delivery, eliminate duplication of services, and avoid the frustration that service providers may experience when accessing the services of others in a community. Moreover, developing effective protocols does not typically require additional resources, yet it represents a major way of ensuring the sustainability of a community-based initiative.

Finally, the needs assessment and service inventory included in the MMDS-recommended approach for pilot sites should be primarily directed at the major institutional partners in a community. These are the organizations responsible for the overall provision of services in a community. Needs assessments and resource inventories can serve as a vital tool for collective strategic planning and community-wide priority setting. It is in this context that discussions about the existing state of affairs in a community can be assessed. These discussions could include consideration of how the community is doing in relation to the Four Pillars. The major institutional partners, including the municipal government, could then launch a community-wide process to determine what needs to be done in each of these areas and who should take the lead.

Wider community mobilization efforts related to a municipal drug strategy could be undertaken in the context of the three activities described above, which are:

- prevention and public education;
- establishment of working protocols among service providers; and
- creating a community-wide data gathering and planning process involving key institutional partners.

Community meetings and consultations could be held to support each of these efforts and to encourage public involvement. The MMDS would then be seen as facilitative, with specific goals and objectives being identified for various community partners. A community could establish a committee to oversee prevention and public education activities. This could include representatives from the education system, youth representatives, seniors groups, the Chamber of Commerce and

other employer groups, as well as unions and other labour organizations. Key partners, such as the police and health-care system, could be called upon for their assistance and expertise to support these efforts. At the same time, service providers could be brought together to examine existing services and protocols could be developed or enhanced to maximize existing resources. Finally, the large institutional players could be given the responsibility for data collection, including evaluating programs and practices in place as a result of the MMDS. One of their roles could be facilitating the setting of community priorities, including both short- and long-term planning.

These suggestions provide a much more prescriptive approach for future MMDS initiatives than the original approach, but it remains flexible and does not detail what a community must do. It does address areas identified in the current research that provide a realistic focus for a community trying to develop its own municipal drug strategy. This approach seeks to make the objectives of such an initiative realistic and practical. Short-term and observable results are emphasized through the attention devoted to prevention and public education. It also acknowledges the practical realities of what is possible given existing resources. In this regard, establishing or reinvigorating protocols among service providers represents a realistic and effective way to influence service delivery related to substance-abuse issues. It also provides a lasting and sustainable set of practices for service providers. Finally, emphasizing the role of key institutional partners in assessment and strategic planning takes advantage of the strengths and expertise available in these organizations and acknowledges their fundamental roles in this area. It also highlights their links to senior levels of government and the implications that local actions have for them.

Appendix A: Research Instruments

FCM Model Municipal Drug Strategy (MMDS) Coordinator Questionnaire

Section I: Progress On Recommended Steps

Initial Meeting Of Key Stakeholders

1. Was a meeting of key stakeholders convened and if so, who attended?
2. What occurred at that first meeting? What were people's concerns about the issue and the community's response to it?
3. How willing were those who attended the initial meeting to promote a coordinated response? What challenges did they anticipate?
4. What were the successes and challenges related to calling this initial meeting?

Development of Leadership and Organizational Structure

5. Did the municipality contribute leadership and administrative resources to the initiative? If so what were these?
6. Were other 'in kind' resources supplied by the municipality (office and meeting space, access to equipment and assistance with communications)?
7. Was a communication plan developed? What did it consist of? Who took the lead on this?
8. What type of organizational structure was put in place? Who was involved?
9. What were the successes and challenges associated with the development of a leadership and organizational structure?

Identify Key Community Partners

10. Which additional community partners were invited to participate in the initiative?
11. What sectors were invited?
12. Were user groups invited to participate?
13. Were other community members involved in the issue such as youth and seniors invited?
14. What were the successes and challenges related to identifying and involving other partners?

Needs Assessment

15. Was a needs assessment done?
16. How was it administered and analysed?
17. What sources of data were assessed?
18. What were the successes and challenges related to conducting and analysing a needs assessment?

Development Of A Community Plan

19. Was a community plan developed?
20. Were specific goals and objectives identified? What were they?
21. Were roles and responsibilities outlined? Have people met these obligations?
22. Were protocols developed for inter-agency cooperation?

23. What were the successes and challenges related to developing a community plan?
24. What were the successes and challenges related to developing protocols for interagency cooperation?

Community Mobilization and Plan Implementation

25. What community mobilization strategies were employed? How was the community mobilization approached?
26. What communication strategy was employed?
27. Was the plan implemented? How?
28. Was it monitored?
29. What were the success and challenges related to mobilizing the community?
30. What were the success and challenges related to implementing the plan?

Assessment of Developments and Communication of Results

31. Were regular meetings held to assess progress on plan? What issues were considered in the assessment process?
32. Were partners and community kept informed? How were partners kept informed?
33. What were the successes and challenges related to assessing the development of the plan?
34. What were the successes and challenges related to ongoing communications with community partners?

Ongoing Progress Assessment

35. Were regular evaluations completed? Was the plan revised? What changes were made?
36. Were any revisions made to the plan?
37. Were resources re-deployed? Why and how were resources re-deployed?
38. What were the successes and challenges related to ongoing progress assessment?

Strategic Planning

39. Was a strategic plan developed?
40. Were longer-term goals identified?
41. What were the successes and challenges related to engaging in the strategic planning process?

Establish External Contacts

42. Were contacts made with other organizations and governments?
 43. What types of contacts were made outside of the community?
- What were the successes and challenges related to establishing external contacts?

FCM Model Municipal Drug Strategy Questionnaire

1. Can you tell me what you think your community was trying to accomplish through its participation in the Model Municipal Drug Strategy project?

(What were the goals and objectives of your community's initiative?)

2. Can you tell me to what extent these goals and objectives have been achieved? That is:
What did you accomplish?

What is currently underway?

What remains to be done?

3. How much progress has your community made in implementing the recommended steps outlined in FCM's model municipal drug strategy?

Can you tell us how did you do on each of the steps and whether they helped or hindered your efforts?

Step 1. Stakeholder Meeting

Step 2. Develop Leadership And Organizational Structure

Step 3. Identification And Inclusion Of Other Partners

Step 4. Needs Assessment

Step 5. Development Of Community Plan

Step 6. Community Mobilization And Implementation Of Plan

4. What do you consider to be the most successful part of your efforts?

5. What do you consider to be the biggest challenge you encountered?

6. What could have helped make your efforts on the MMDS more successful?

7. How effective was the communication process that was used? For example, were you kept informed in a timely fashion? Were you provided the information you needed to maximize your participation and contribution to the initiative?

8. Assuming that you did not have additional resources, what would you do differently if you were going to undertake a similar initiative in the future?

9. What would you do differently if you did have additional resources?

10. What are you actually planning to do next with the MMDS initiative?

11. What lessons can you share with other communities interested in developing their own Municipal Drug Strategy?

12. Why have you continued to be involved in the MMDS?

13. What will you need to ensure that the initiative in your community is sustainable?

FCM Model Municipal Drug Strategy (MMDS) Resource Questionnaire

1. What agency, organization or community group do you represent?
2. What has been the most important outcome of the Model Municipal Drug Strategy (MMDS) initiative from your perspective?
3. What has been the biggest challenge you have faced while participating in the MMDS initiative?
4. Can you estimate the financial, in-kind and other resources you have contributed to the initiative? (e.g., time spent attending meetings and being involved in the MMDS activities, etc.)
5. What do you think could help the initiative be more successful in the future?

Appendix B: Site Visit Summaries

Courtney Site Visit Summary

1. Community Overview

Courtney is one of three large communities in the Comox Valley on the south-western shore of Vancouver Island. The Comox Valley has a population of approximately 69,000 with the bulk of the residents living in three urban communities that are in close proximity to each other. This includes 18,304 people living in Courtney, 11,172 in Comox, and 2,618 in Cumberland. The remaining 36,000 residents live in nine smaller communities and the surrounding rural areas. The region is quite prosperous with a number of industries in the area including those based on natural resources and tourism. A Canadian Air Force Base is located in Comox.

2. Research Overview

A focus group session was conducted with nine participants representing various community interests. In-depth interviews were completed with four key informants.

3. Goals and Objectives

- Raise awareness of the drug issue and address the community's denial that it has a problem.
- Get the community to take some ownership of the problem and not leave it to the police and a few service providers.
- Identify and unite community groups to develop of coordinated approach.
- Develop a drug policy statement and get support of the city council.
- Address marijuana "grow-ops" through enforcement and awareness as well as by-laws.
- Prepare a Resource Manual to help planning and raise awareness.
- Engage other local governments and community partners.
- Support other projects working on related issues.

4. Meetings and Structure

- Stakeholder meeting helped.
- A letter was sent to key stakeholders asking them for their feedback.
- Went to the city council which gave it some structure by establishing a duly constituted committee with 15 members and a one-year term.
- Developed a policy statement and put financial resources in for first year.
- Set up new terms of reference to take them to 2003.
- Cumberland Safe Communities Committee did a presentation for their group and was invited to be their satellite community.
- Their vision was always to involve the whole Comox Valley.
- Went to 60 or 70 agencies in the region.
- Awareness is high and the question is how to get these groups involved.

5. Needs Assessment

- Began by conducting a survey of community agencies, then started to narrow down their possibilities.
- Wanted to focus on something that could demonstrate immediate action.
- Didn't want to develop "shopping list" of things that would be too expensive to undertake, which can raise expectations and lead to disappointments if not followed up with action.
- Decided that given the need, available resources, and time frame a community awareness project was a good place to start.

- Wanted to do something that would bring the community together and secure local government support.
- Service providers in the community meet monthly and also provided input and information to the Drug Strategy committee.

6. Accomplishments

- Have involved community and developed partnerships.
- Thousands of community residents now have a level of awareness that didn't exist before the Strategy began.
- Brought in high-profile speakers for a large community event.
- 1,500 students and 450 adults attended fall presentation.
- Have done numerous other presentations.
- It is now "OK" to talk about substance-abuse issues in the community.
- City council is onside and adopting the strategy.
- Committee members still active and involved.

7. Challenges

- Issue of substance abuse is so vast it can be a challenge addressing it.
- Focusing attention on substance-abuse issues is politically challenging, especially when controversial issues emerge.
- Getting people to leave their own agendas "at the door".
- Involving youth is a challenge even though tremendous effort made.
- Obtaining statistics on the problem.
- Finding a focus for the committee and then staying focussed.
- The time frame was a challenge, yet they accomplished a lot.
- Took a short-term view and planned accordingly.
- Need expertise on community mobilization.
- Leadership is a challenging issue.
- A coordinator is crucial.

8. Suggestions and Lessons Learned

- A coordinator is crucial to success.
- Leadership helps make the community effort legitimate so it becomes OK to talk about the issue in the community.
- Need to keep things simple and take small steps.
- Engage all service providers and get them together.
- Build on existing interagency groups.
- Try not to "step on anyone's toes" or offend anyone but rather do it "gracefully".
- Try to avoid duplication.

9. Resources Contributed

- City provided \$15,000 in cash and approximately \$20,000 in kind and services.
- Committee participants contributed a great deal of their time. Estimates range from \$2,500 to \$7,000 with one member indicating approximately 10 hours per week spent. Represents a considerable contribution by the committee members who met weekly, did presentations, and organized the fall presentation.

10. Sustainability

- It helps to have city hall involved.
- Publicity helps. Need to be more effective in getting the message out. Perhaps develop a logo or have something like "the question of the day" to keep people aware of the issue.
- Investigate to identify the biggest need.
- Continued active communication with front line agencies is important.

Hawkesbury Site Visit Summary

1. Community Overview

Hawkesbury is located in the eastern corner of Ontario approximately 100 kilometres west of Ottawa, east of Montreal, and north of the US border. This community of 10,000 is the most bilingual community in North America with over 90% of its residents fluent in both English and French. Its economy is based on pulp and paper and industrial production.

2. Research Overview

Three in-depth interviews were held including one with the mayor. A six-person focus group session was also held.

3. Goals and Objectives

- Create partnerships in the community to address substance-abuse issues.
- Identify best practices in the substance abuse area so that they can be applied.
- Determine what exists in the community and identify key substance-abuse issues.
- Identify priorities and direct resources towards them.
- Make contacts and network with others outside the community.
- Reinforce partnerships with help from the municipality.

4. Meetings and Structure

- The community was participating in a Communities That Care program.
- The drug strategy project played a specific part in this larger initiative.
- The FCM model and the CTC model are similar.
- Had an NCPC and Trillium grants as well as the FCM grant.
- Coordinator sold the idea of the project based on legitimacy of grants.
- Obtained political backing from municipal government.
- Three meetings held with the municipality about infrastructure and revitalizing parks.
- They worked with Director of Recreation.
- The FCM and CTC committee became the After-School Committee.

5. Needs Assessment

- Extensive survey was completed as part of the CTC project.
- A questionnaire was developed to allow the community to compare its findings with the data from the Statistics Canada National Longitudinal Study on Children and Youth.
- Found that substance abuse is connected to youth at risk
- 13% of the population has used cocaine at least five times; this is a big concern in the community.
- The data helped them set children and youth as priorities.

6. Accomplishments

- Have municipal support in place.
- Have completed a needs assessment and identified priorities.
- Community has chosen two programs to address youth issues
 - an After-School Program which re-enforces youth centre activities and
 - a Saturday Activities Program for the 6-12 year olds. This is a free day camp with various types of activities that gets youth to give back to the community.
- Referrals to the CAS went down from 29 to 12 for the city after these programs were put in place.
- Undertaking the same activities this year, but have a health worker to run the program and act as contact for parents and as a resource.
- Activities are aimed at children and youth but the health worker gives information to parents and answers their questions.

7. Challenges

- Community is more reactive than pro-active at the moment.
- City councillor involved with the project recognizes the drug problem, but it is hard to get the municipal government to provide further support.
- Question is whether or not the municipal government should be responsible for social issues such as substance abuse or whether this is the responsibility of the federal or provincial government.
- Keeping key leaders involved in the project.
- Have to be reminded to put money in to match their words.

8. Suggestions and Lessons Learned

- Need a commitment by key partners, including municipal government.
- Need a coordinator to keep initiative going.
- Need parents, not just agency workers, to be involved.
- Make better use of the local newspapers and media to raise awareness.
- Once you have some success, it is easier to get people on board. It is much easier to be associated with a winner.
- Workshop sessions in Ottawa were very important. Perhaps can have smaller groups to talk about various ideas from different places in the country.
- Good idea to have someone come from Ottawa to give a training session in the community.
- It would be nice to have a contact person to call for various questions about the project.
- Would like to have someone come and evaluate the progress being made on the project.

9. Resources Contributed

- Extensive community survey and needs assessment completed.
- Time and in-kind resources provided by partners.
- CAS has funded the Coordinator's position and made a 10-year commitment to this position to see results and support this mobilization.

10. Sustainability

- Partnerships are crucial for long-term sustainability.
- A national media message with name recognition of the initiative would help.
- Perhaps financial compensation for the parents involved on these committees to pay for babysitting or travelling expenses.
- Need evidence of improvement to make the program easier to promote.
- What really helped is the amalgamation of five provincial social service agencies into one called Family and Community Services.
- Focus on one part of the city and on one part of the population (10-14 year olds).
- Involvement of the key leaders and social groups.
- All projects must be rooted in research.
- Essential to have an adaptable model that but it must be flexible.
- Need at least three years of funding to get something started in a community.

Mount Pearl Site Visit Summary

1. Community Overview

The City of Mount Pearl is immediately adjacent to St. John's on the east coast of Newfoundland. It has a population of 27,000 with 47% under the age of 30. Mount Pearl is a new, modern community with a strong economic base and an extensive municipal infrastructure.

2. Research Overview

Three in-depth interviews were completed including one with the project coordinator and two with elected municipal officials intimately involved with the project. A group interview was held with three city employees representing city departments involved in the project. A focus group session was held with eight participants.

3. Goals and Objectives

- Encourage participation of all age groups to take a more active role in addressing issues of substance abuse.
- Use Four-Pillar approach.
- Mobilize their community.
- Provide leadership and direction and establish an Advisory Committee.
- Do something visible for youth in the community.
- Expectation was that they would "take it to the streets".
- Create something lasting.
- Identify the nature of the problem.
- Balance enforcement with other three pillars; didn't mention enforcement in their brochures.
- Developed a mission statement.

4. Meetings and Structure

- Established a Steering Committee including the coordinator and two city councillors.
- Put project into Parks and Recreation Department.
- Included some youth representatives from the schools and from agencies involved with youth.
- Had 16 agencies working together.

5. Needs Assessment

- Spent a lot of time doing a resource inventory.
- Didn't do a needs assessment but used an existing survey.

6. Accomplishments

- Built a series of partnerships and coordinated their actions.
- Got a lot of support from education.
- Integrated the drug strategy with the parks and recreation summer program.
- Raised community awareness through media coverage.
- Engaged a neighbouring community.
- Completed a resource inventory and did a report.
- Ran a drug-mentoring program in the schools.

7. Challenges

- Continuation of resources.
- End of coordinator's position leads to loss of continuity.
- Breakdown in communications leads to a loss of momentum.
- Getting people to move beyond enforcement, especially with youth.
- Don't want the negative label.
- Transportation for youth a problem in the community.
- Advertised actions as a youth program but didn't get anyone to come.

8. Suggestions and Lessons Learned

- Should have done a little more internal preparation and advance planning.
- Could have worked more closely with existing service providers like Parks and Recreation.
- Needed more time to build a vision that would have been owned by all the partners.
- Probably needed to take a broader approach and locate substance-abuse issues in larger context.
- Pick one or two short-term goals.
- Probably should have focused on awareness and education; would have made more sense and made it easier to involve people.
- Volunteer time is critical since most people are already strapped.
- Had 16 agencies working together that could have co-funded a coordinator and programs.
- Fund half the cost of a coordinator as incentive to other levels of government to provide funds.
- Build in some level of accountability.
- Change name of *needs assessment* to *community survey*.

9. Resources Contributed

- Two city councillors assigned to the project.
- Ran the project through the city Parks and Recreation Department and provided space and in-kind resources.

10. Sustainability

- To have a successful program for youth, should have youth doing it with adult support.
- Get grant money and use youth positions to turn the work into a real job.
- Materials and information needed to increase success.
- Could use more information about doing a needs assessment.
- Have Mission and Vision statements passed by City Council
- Have a Councillor appointed and responsible for the Community Advisory Committee to regularly report back to the Council.
- Link in with institutional partners already providing services in the area.

Prince Rupert Site Visit Summary

1. Community Overview

The City of Prince Rupert and the District of Port Edward is a community of approximately 16,000 located on the Pacific Ocean in north-west British Columbia. The population is approximately 45% Aboriginal with a considerable mixture of cultures making up the remaining 5% of the population. The economy is based on natural resources and tourism is beginning to grow in importance.

2. Research Overview

Interviews were conducted with four of the key participants in the Prince Rupert Initiative including two city councilors who were involved with the project. As well, a focus group session was held with four participants.

3. Goals and Objectives

- Wanted to gather information to identify what they had in place and the existing gaps.
- Raise awareness of the issue.
- Bring people together to work on the issue. Currently a lot of ad hoc groups are working on related issues but they need to work together.
- Get the city to fund a social coordinator who could help achieve these goals.
- Wanted to develop a vision statement and mobilize the community.
- Establish a municipal board to oversee the Drug Strategy and be accountable to the community.
- Do strategic planning together since this is currently not done.
- Secure a coordinator's position.
- Develop a community-wide strategy with action plans.
- Engage in community education.
- Engage in continual assessment to ensure remaining gaps are identified and goals are addressed in a timely and effective manner.

4. Meetings and Structure

- Held community meeting that brought a stakeholders together.
- Held series of regular meetings to work on the Strategy.
- Hired coordinator and began a needs assessment, service inventory, and gap analysis.

5. Needs Assessment

- Needs assessment was completed.
- Data on nature and extent of the problem was collected.
- Gaps in services were identified as part of needs assessment.

6. Accomplishments

- Held community meeting, hired coordinator and attracted a well-rounded committee representative of the community.
- Did an assessment and set priorities.
- Produced vision statement that was adopted by Council.
- Completed report laying out the plan and the statistics on the nature and extent of the problem in Prince Rupert.
- Health Authority now looking closely at the issue.
- City thinking of hiring a Social Services Coordinator to help this and related initiatives carry on.
- Raised community awareness of the issue .

7. Challenges

- Getting past the individual agencies providing services and the fact that no one is willing to give up anything since their funding depends on it.
- Overlap of services.
- Lack of a coordinator when funding ran out.
- Resources tight and difficult to secure ongoing support.

8. Suggestions and Lessons Learned

- Need to have a coordinator to keep people involved and interested and to keep things moving.
- Need tangible accomplishments to keep people motivated.
- Goals and objectives must be identified and strategies implemented.
- The success in implementing the plan will ensure community involvement.
- Work with existing initiatives. They worked with Communities Against Drugs group.
- Continuity important.
- Flexibility in the plan allows community to own the process.

9. Resources Contributed

- The city contributed a matching \$8,500 and Port Edwards provided \$3,500.
- The volunteers also attended meetings on a regular basis.
- The Hecate Strait Employment Development Society provided in-kind services (e.g., photocopying, etc.).
- Regional District provided space for meetings.

10. Sustainability

- Continued paid coordinator.
- More public involvement.
- Greater participation from all participants.
- Need both short and long term plan.
- Leadership and direction from the municipal level would help.
- Have resources that need to be mobilized as a group.

Regina Site Visit Summary

1. Community Overview

Regina is located in south-central Saskatchewan and is the provincial capital. It is an economic, administrative, and cultural centre with a population of approximately 190,000.

2. Research Overview

Three in-depth interviews were conducted including one with the former project coordinator. A focus group session was held involving five participants.

3. Goals and Objectives

- Many related activities already underway before the MMDS Pilot Project.
- These included a seroprevalence study and injection drug use strategy that ranged from primary prevention to harm-reduction strategies such as methadone treatment. This strategy approved by Regina Health Board and expected to cost approximately \$320,000 per year.
- Regina Crime Prevention Commission identified addictions a priority issue for 2002 and the MMDS Pilot Project was pursued as part of this broader community initiative.
- Trying to raise awareness.
- Develop and implement strategy to reduce impact of substance abuse.
- Engage cross-section of the community in a dialogue.
- Provide opportunity for community and service providers to come together.
- Get a more coordinated and effective response to addictions issues.
- Developed a community-based framework for action.

4. Meetings and Structure

- Community meeting with 90 people in attendance.
- 400 people consulted in different sectors.
- SWOT (strengths, weaknesses, opportunities and threats) process used to raise awareness.
- Small group of stakeholders took responsibility for providing leadership and organizational structure needed to develop the strategy.

5. Needs Assessment

Large database was developed as a result of the needs assessment.

6. Accomplishments

- Mobilized community and got people to consider Regina's addictions issues in a different light.
- Recognition that addiction is not just an issue affecting the poor.
- Successfully raised awareness and altered Regina's thinking about the issue.
- Completed a report that will be used to guide future action.
- Provided an opportunity for community members and service providers to work together more effectively.
- City is in the process of hiring a drug strategy coordinator.
- Poised to go back to the original stakeholders to get on with implementation of their plan.

7. Challenges

- Time and money.
- Maintaining original interest through to the implementation stage.
- Keeping consistent First Nations' representation.
- Difficult to coordinate large number of individuals and organizations involved and to coordinate resources and mandates.
- People are already taxed and now have to make room for this on their agendas.

8. Suggestions and Lessons Learned

- Important to get the community involved at the inception of the project.
- Need dedicated resources, especially a coordinator.
- Listen to all parts of the community.
- Move along at a comfortable pace.
- Helpful to have the large institutional players involved.
- Recognize that community is developing a strategy based on its own resources.
- Get away from focusing on gaps and simply adding more services.
- Take time to look at ways to do things differently.
- City report gives the process legitimacy and a structure for action.
- Helped to have a literature review.
- Data gathering stage and consultations took time.
- Time lapse has to be managed.
- Small successes are important.
- Relationships are the key.
- Ensure that commitment is there through consultations.

9. Resources Contributed

- Over \$27,000 in provincial grants were secured and combined with the \$13,500 provided by FCM.

10. Sustainability

- Coordinator is critical.
- Need ongoing resources to carry out community plan.
- Partners could contribute to keeping coordinator.
- Need help deciding what to do about the issue.
- Community mobilization key to making long term and sustainable changes.
- Strong leadership.
- Collaborative atmosphere so that everyone feels part of the process.
- Some clear success in the immediate and short term with change that is apparent over the long term.
- Viable plans and ongoing interest of the partners.

Richmond Site Visit Summary

1. Community Overview

Richmond, British Columbia, is a city of 165,000 located at the mouth of the Fraser River close to Vancouver. Its population is culturally diverse with about half of its residents Canadian by birth and the other half immigrants. It has a mix of residential, commercial and industrial development and a thriving agricultural base.

2. Research Overview

Two in-depth interviews were completed including one with an elected municipal official. As well, two focus group sessions were held including one with six Richmond Substance Abuse Task Force (RSATF) members and another with five members of the Richmond Stakeholder group.

3. Goals and Objectives

- Create achievable, measurable, and sustainable local solutions that reduce the impact of substance abuse on individuals, families, and the Richmond community.
- Assess local conditions.
- Raise public awareness of the issues.

4. Meetings and Structure

- Formed a Richmond Substance Abuse Task Force.
- Carried out needs assessment and review of existing resources.
- Conducted series of focus groups with appropriate community groups.

5. Needs Assessment

- A graduate student was employed in the summer of 2002 to carry out needs assessment.
- Work included a review of key research reports and studies.
- Interviews were conducted with professionals in both administrative and service delivery positions from key community agencies.
- Locally relevant statistical data was collected and analyzed.

6. Accomplishments

- Have a well-developed strategy and are now at the implementation stage.
- Have established organizational structure and obtained municipal support.
- Have identified existing resources and gaps.
- Have raised awareness of the issue in the community.
- Have established an information base through the needs assessment that they can build on.
- Partners in the community now working together.
- Momentum and commitment of partners has grown.
- Developing a common strategy was a success as partners now see their role in it and have ownership of it.
- Community plan was sent to City Council for approval.

7. Challenges

- Politically, to identify who is responsible for dealing with the problem.
- Now that they have a plan, they have to bring it to the people and get their buy-in.
- Want to have some short-term success.
- Will have many new players and will have to allow them to learn about the strategy and develop a team concept.
- Difficult to gather institutional statistics in the community.
- Lack of awareness and understanding of the issue.
- Having youth representation.
- Time frame was tight. Need to match resources to the time frame to accomplish something.

8. Suggestions and Lessons Learned

- If the partners begin working together they will increase the likelihood of success.
- Needed to take a much more deliberate approach to getting the information on the existing resources and the nature and extent of the issue.
- Start by collecting needed information then use it to develop a strategy.
- Have to have a team working on this and the relationship between city staff and outsiders was unclear and should be clarified from the outset.
- Learned from the consultation process and it helped them to identify where they wanted to go and they worked on how to get there.
- A two-year commitment is a minimum to get anything started.
- Having a documented plan based on evidence provides a blueprint for action.
- As soon as the mayor is involved and the right people are at the table, things can happen.

9. Resources Contributed

- The city contributed staff time, administrative resources, and in-kind resources.
- Partners have attended meetings, provided statistical information and taken on a variety of tasks on behalf of the initiative.

10. Sustainability

- Need support at the top and from the institutional players.
- Support from the municipality is crucial.
- Need ongoing commitment.
- People can't do this work "off the side of their desks."
- Have senior leadership coalition to lend moral support.
- Staff coordination needed to do the work of the collective.
- This has to be the City's responsibility.
- Trying to put protocols in place that will be the basis of their sustained interaction.

Salisbury Site Visit Summary

1. Community Overview

Salisbury is a community of about 2,000 located in the rural area just west of Moncton. Farming and resource industries are the main source of employment with many people commuting to Moncton to work.

2. Research Overview

Two in-depth interviews were completed and a focus group session was held with seven participants including an elected municipal official.

3. Goals and Objectives

- Create a drug free community in Salisbury.
- Raise awareness of the issue as many in the community think it is a safe and quiet place to live and these issues don't exist there.
- Gain an understanding of the problem from people in different sectors of the community.
- Document available resources.
- Develop and implement a community plan.
- Wanted to establish a teen drop-in centre in the community.

4. Meetings and Structure

- Held a community meeting with key stakeholders.
- Established Salisbury Drug Strategy committee.
- Established three sub-committees: Education, Politics and Treatment.
- Put communication plan in place.
- Sponsored several parent nights.

5. Needs Assessment

- All students in grades five to 12 completed a survey.
- Survey indicated some young people were afraid to walk home due to bullying.
- Results indicated that alcohol and marijuana were being used by 70% of high school students.
- Survey found that there are few activities for youth in the village.
- There is no place for them to go and little for them to do.
- Drug dealers are coming to the high school at noon hour.

6. Accomplishments

- Schools and police got involved and did a DARE program and established Teens Against Drunk Driving.
- Also worked with Peer Helpers Program.
- Created and distributed information booklets in the village.
- Got an Addictions counselor who will regularly visit the school.
- Home and School Association sponsored and completed the survey used as the needs assessment for the project.

7. Challenges

- Sponsored several nights for parents but were only able to attract 10 participants.
- Difficult to get the community involved.
- Resources also a problem as there are limited resources in the village.
- Once the coordinator left, activity stopped because others involved already have full agendas.
- Territoriality is a challenge.
- Families are often stretched to the limit and getting volunteers is a problem.
- Many people are fearful of stepping forward.
- There is some capacity but need a way to mobilize the community.

8. Suggestions and Lessons Learned

- Find key people and get them involved.
- Demonstrate the impact they can have.
- Need to engage youth.
- Peer Helper groups could be a valuable resource.
- Clearly identify long and short-term goals.
- Identify clear steps to achieve goals.
- Be as transparent as possible and emphasize communication.

9. Resources Contributed

- In addition to in-kind support and meeting space, the village provided a grant of \$3,500 to the project.
- Home and School Association sponsored the survey in the schools.
- Addictions counselor now regularly visits school.

10. Sustainability

- Resources are needed.
- Have applied for two additional grants but have been unsuccessful.
- A coordinator is crucial.
- A key is to link to institutional order so they can tie into work being done already by schools and provincial agencies like Addictions Services.
- Seed money such as that provided by FCM project helped.
- Need ideas and a resource network to consult.
- A train the trainer idea could work for parts of the community plan including education and prevention.

Strathcona County Site Visit Summary

1. Community Overview

Strathcona County, Alberta, is located just west of the city of Edmonton. With a population of 72,000, it ranks as the third largest municipality in the province. It encompasses both urban and rural areas including almost 48,000 residents in the community of Sherwood Park. The average age of the residents is 33.8 years and this young community has an average household income of approximately \$70,000.00.

2. Research Overview

Two focus groups were held involving 12 participants each. In addition in-depth interviews were conducted with six participants including the mayor and a city councillor.

3. Goals and Objectives

- Develop a grassroots, practical, sustainable strategy to address drug and alcohol issues with a strong community-based approach.
- Bring stakeholders together and help them work together more effectively.
- Raise awareness of the issue including how it relates to all age groups.
- Identify existing services as well as service gaps.
- Identify realistically achievable actions.
- Develop action-based strategy to achieve objectives.

4. Meetings and Structure

- Brought stakeholders together and held several general community meetings.
- Broke into three sub-committees and met regularly.
- Experienced high attendance at general and sub-committee meetings.
- Active participation of mayor and councillor and strong champions.
- Expanded group and added new stakeholders as necessary.
- Administrative coordination and leadership.
- Ensured continuity through administrative staff.
- Regular and timely communication kept participants involved and motivated.
- Logistical support provided to general and sub-committee meetings.
- Meeting space, refreshments, hard copy minutes, and documents provided by municipality.

5. Needs Assessment

- Inventory of services completed and existing services and gaps identified.
- Needs assessment helped raise awareness as it involved many community partners.
- Meetings to discuss needs assessment also helped raise awareness.
- Meetings allowed participants to learn what else was available in the community and what partners were doing.
- Focus groups held with user groups also provided information and raised community awareness.

6. Accomplishments

- A municipal plan was developed, brought before council and adopted.
- Identified achievable actions including short, medium, and long-term projects.
- Thirty-two initiatives with 16 different lead agencies were planned and many activities started, including a drug awareness workshop.
- Showed active participation and buy-in by all partners.
- Developed ways of working together.
- Shared responsibility and accountability were integral aspects of the plan.

7. Challenges

- Time available to complete project was unrealistic and much too short.
- Discussions suggested that a project of this magnitude requires at least a three- to five-year time frame.
- Participants found the personal time commitment high.
- Finding common meeting times for the participants.
- Identifying achievable projects as long term treatment and follow-up is not immediately possible.
- Participants unable to make decisions themselves about long-term commitments to the initiative especially when those that required considerable agency resources.
- Getting the residents of a mixed and fairly affluent community to acknowledge that there may be substance-abuse issues in the community.
- Territoriality and competing visions.
- This is a common challenge in cases where the major service providers are used to having their own budgets and mandates and working alone or in partnership with a few others who do not threaten their domains.
- Difficult to develop a vision and set parameters in such a diverse group.
- Needs assessments costly and time-consuming, and resources are required to carry them out.
- Administration support was crucial to success and could have been expanded to help develop the community plan in a timely fashion.
- Once the plan was developed, specific resources are required for delivering the programs and services outlined in the plan.
- Ensuring that specific population groups were included such as teens and seniors.
- Keeping each sub-group apprised of what the others were doing.
- Ensuring that all the interested and appropriate partners were informed and invited to participate. New partners were continually identified.
- Finding space to actually offer programs.

8. Suggestions and Lessons Learned

- Greater preparation should be completed in advance of initial stakeholder meetings.
- Potential participants should be given more information about the project and what the community partners are trying to accomplish.
- Key stakeholders need more time to get to know each other and to begin to develop working relationships.
- More time required to ensure appropriate stakeholders are at table and important stakeholders have not been left out of the process.
- More tools and training for sub-committee facilitators would be helpful.
- Some suggestions and examples of the process of community mobilization would have been helpful.
- It also would have helped if there had been better integration between general community meetings and sub-group meetings to ensure that everyone knew what the other sub-committees were doing.

9. Resources Contributed

- Many participants contributed between 60 and 80 hours of their time going to general and sub-committee meetings.
- As well, in-kind contributions were quite high given the number of people participating.
- Partners contributed meeting space, office supplies, telephone and fax services and the use of other equipment, such as computers.

10. Sustainability

- Ongoing facilitation and communication is required to aid the sustainability of the community's efforts.
- Each partner agency was asked to make a two-year commitment to the project.
- The municipal government providing ongoing leadership and support including space and administrative assistance for the initiative.
- A coordinator is crucial to the success and sustainability of the initiative.

Thompson Site Visit Summary

1. Community Overview

Thompson is a city of 14,300 located in north-central Manitoba and serves as the commercial and cultural hub for the region. Approximately 40% of its population is Aboriginal with the rest reflecting many different cultures. Twenty-five First Nations communities surround Thompson. As the gateway to the north and a regional centre, Thompson experiences a high degree of transience.

2. Research Overview

Interviews were conducted with 11 key informants and a focus group session was held with eight participants.

3. Goals and Objectives

- Identify ways to deal with considerable challenge substance abuse represents in this community.
- Develop picture of existing resources; identify gaps and overlaps in services.
- Develop broad municipal strategy to support drug abuse awareness and education, prevention, and treatment that compliment local law enforcement efforts.
- Develop vision and mission statement to guide initiative.
- Undertake needs assessment and complete resource inventory.
- Consult and involve the leaders of the 25 surrounding communities Thompson and contribute to its substance-abuse issues.

4. Meetings and Structure

- Large, well-attended community-wide meeting was held in which all of the key stakeholders participated.
- Community responded well to the meeting and there was much interest in the project.
- City fully endorsed the initiative.
- City clerk served as the project coordinator.
- Four sub-committees created which focused on the Four Pillars.
- Individuals identified to chair the four sub-committees.

5. Needs Assessment

- Completed needs assessment and a resource inventory.
- Consultation process was extensive as it included representatives from all the surrounding communities.
- Extensive consultation essential as a large part of visible problem in Thompson is related to its role as the largest urban centre in the area. It attracts people from the entire region.

6. Accomplishments

- Initial community meeting held.
- Four sub-committees created.
- Vision statement produced.
- Needs assessment and resource inventory completed.
- City support for the initiative secured.
- Priorities identified.
- Community awareness raised.
- Existing interagency group addressing youth issues is poised to take the leadership on the follow-up to the initiative with municipal support.

7. Challenges

- Current procedures, practices, and funding limit the ability of the existing service providers in the community to act.
- Flexibility required to create local solutions.
- No place in the community where youth can go and feel safe.
- Community resources stretched thin.
- Lag time between needs assessment and action lead to discontinuity.
- Community wanted to see action in the short-term.
- Working on all four pillars at once; could have started by looking at only one at the outset.
- Absolutely need a full-time coordinator.
- Partners protected their territories; this has to be overcome if the initiative is to be successful.
- Highly political on the reserves.
- Getting over “whose problem is it?” mentality and working together.
- Individually, the problem is overwhelming.
- Difficult if adults are engaging in or otherwise supporting illegal behaviour.
- Most people involved were service providers working in the community.
- A lot of apathy in the community; need to find a way to overcome it.
- Difficult to include business community.

8. Suggestions and Lessons Learned

- Complete the needs assessment before calling the first large community meeting to avoid the lag between meetings and action.
- Having data will give the community something concrete to respond to. In this community, the needs assessment identified youth and family issues as a priority and the community can get behind these issues and act in the short-term.
- Data validates the process.
- Education and prevention activities can get underway quickly.
- Short-term results are needed to encourage others to continue involved.
- Action plan needs to give everybody something to do.

9. Resources Contributed

- Meeting rooms and in-kind support.
- Partners attended meeting for six months then trailed off as needs assessment and resource inventory were completed.
- North Central Development undertook needs assessment and resource inventory at no cost to the city. It required significant resources to complete the research in Thompson and the surrounding communities, do the analysis, and write the report.
- The city paid for the coordinator beyond what was provided in the FCM grant and allocated a significant sum to the current budget (\$70,000).

10. Sustainability

- Take existing resources and re-deploy them in a focused manner.
- Need an interagency connection and ongoing partnerships.
- Need someone to help find different funding sources funding.
- Need a coordinator.