

**CITY OF HAMILTON**

**PUBLIC HEALTH SERVICES**  
*Healthy Living Division*

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> February 4, 2013	
<b>SUBJECT/REPORT NO:</b> Response to Recommendations from Skinner Inquest (BOH13004) (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	<b>PREPARED BY:</b> Sue Connell (905) 546-2424, Ext. 3089  Sue French (905) 546-2424, Ext. 5255
<b>SIGNATURE:</b>	

**RECOMMENDATION**

That the Board of Health endorse Public Health Services' response to the recommendations from the Coroner's Inquest held in February, 2012.

**EXECUTIVE SUMMARY**

**Coroner's Inquest Background and Recommendations for Public Health Services**

The goal of the inquest was to identify opportunities for public education with the intent of preventing similar deaths in similar situations. As identified by the inquest, "The salient issue that arose from this death was the issue of teenage drinking and the impact on both morbidity and mortality."<sup>1</sup>

The inquest recommendations directed at Public Health Services (PHS) are as follows:

"To the City of Hamilton Public Health Service (in consultation with local School Board, the Hamilton Police Service and relevant drug and alcohol agencies for youth):

To increase public awareness and to engage the community in evidence based alcohol prevention strategies, develop a local media campaign that:

- a. highlights the prevalence of underage binge drinking in the community;
- b. highlights the health and social issues associated with alcohol abuse in teens;
- c. highlights the subject of this inquest through a video documentary of interviewing parties involved;
- d. highlights the legal consequences of underage drinking, including allowing minors to drink in your house;
- e. highlights the resources available in the community to address issues relating to underage drinking;
- f. highlights current misconceptions relating to “accepted” drinking practices;
- g. highlights signs and symptoms of alcohol poisoning (e.g. passing out does not equal :sleeping, when to call 911) and
- h. makes available statistics regarding youth’s alcohol misuse and how alcohol’s misuse can lead to risky behaviours, even death, utilizing the school’s websites as one means of communication.

**Coroner’s Comments:** Teenage binge drinking is a public health issue and Public Health Services is the lead in public education efforts. The jury heard that youths are focused on the internet and electronic communication and therefore, the internet should be a focus for education and communication with today’s youths.”<sup>1</sup>

PHS will be addressing all of the issues highlighted by the Coroner with the exception of item ‘c’ above. Creation of a video is being investigated but may not be possible due to a pending civil suit related to Christopher Skinner’s death.

This report summarizes current PHS activities already in place which address the areas the jury recommended to highlight in a media campaign. Activities which surpass the reach and impact of a stand alone media campaign, but nonetheless are effective in addressing the areas in the recommendations, will also be detailed.

***Alternatives for Consideration – See Page 11, 12***

**FINANCIAL / STAFFING / LEGAL IMPLICATIONS** (for Recommendation(s) only)

**Financial:** There are no additional funds to conduct a media campaign within the Injury Prevention Program; however, low-cost and/or free options will be pursued to implement the recommendations.

**Staffing:** No staffing impact related to this work; existing staff resources will be used.

**Legal:** No legal implications.

**HISTORICAL BACKGROUND** (Chronology of events)

**Coroner's Inquest into the Death of Christopher Skinner**

On February 13-24, 2012, a Coroner's inquest was held in Hamilton to examine the death of a youth from Waterdown. Christopher Skinner, aged 17 years, died of acute alcohol poisoning on June 6, 2010 after attending two parties where he reportedly drank heavily with other young people.

Karen Shea, Crown Counsel to the Coroner, contacted PHS on February 21, 2012 requesting PHS provide expert witness testimony about effective strategies to address youth drinking. On February 23, 2012, Sue Connell, a manager in the Healthy Living Division of PHS provided approximately 2 hours of testimony at the inquest.

The recommendations from the inquest and the verdict explanation were issued by Dr. Jack Stanborough, the Coroner presiding over the inquest. These were received by Council at its meeting on June 27, 2012. At that meeting, Council directed PHS to consult with Hamilton Emergency Medical Services (EMS) and provide a report to the Board of Health. PHS is required to provide a response to the Office of the Chief Coroner of Ontario by February, 2013.

**Progress to Date**

PHS began discussion with key decision makers from the Hamilton-Wentworth District School Board, the Hamilton-Wentworth Catholic District School Board, the Hamilton Police Services and Alternatives for Youth. To date, only one meeting has been held due to scheduling conflicts and workload demands of all parties. At the first meeting with PHS, these partners indicated they have some capacity to partner with PHS and committed to the development, creation and dissemination of a pamphlet-style resource (and associated web-based formats of such a resource). This resource will be used as one part of a media campaign and other activities by PHS to highlight the topics outlined in the recommendations. Other activities such as a community launch event and work

with local media at the time of the release of this resource are also being considered. Further meetings are to take place in 2013 to complete this work.

### **POLICY IMPLICATIONS**

No Policy implications.

### **RELEVANT CONSULTATION**

- Ron Sabo, Assistant City Solicitor, City of Hamilton provided a response to questions about the obligation for PHS to respond to the inquest recommendations and advised they are not binding. He also directed PHS to contact the Skinner family lawyer to explore his clients' ability to participate in a video.
- Neil Jones, Counsel representing the Skinner family was contacted about his clients' ability to participate in a video and advised that a pending civil suit is not necessarily a barrier for his clients' participation in a video; however, he will be contacting his clients about this request and will follow up with PHS after speaking with them.
- Brent Browett, Director, EMS, City of Hamilton was consulted about the potential involvement of EMS in collaborative work with PHS and has committed to providing staff support and assistance with initiatives related to the inquest recommendations.
- A meeting was held with PHS staff and key decision makers from the organizations identified in the inquest recommendations. Varied perspectives were presented and at this time, those participating indicated they have the capacity to work collaboratively towards the development of a pamphlet resource (and associated materials for website use) to highlight the issues identified in the inquest recommendations. The following individuals were in attendance at that meeting:
  - Pam Reinholdt, Superintendent, Hamilton-Wentworth District School Board
  - David Hoy, Supervisor-Social Work Services, Hamilton-Wentworth District School Board
  - Des Brennan, Social Work Services, Hamilton-Wentworth Catholic District School Board
  - Sergeant Harold Harris, Youth Services Coordinator, Hamilton Police Service
  - Sue Kennedy, Executive Director, Alternatives for Youth

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

(include Performance Measurement/Benchmarking Data, if applicable)

**PHS Response to Recommendations**

Canada's Federal Drug Strategy is based on a "four pillars" approach: prevention, treatment, harm reduction and enforcement.<sup>2</sup> All of these pillars are essential components of an effective strategy to address substance misuse. The inquest recommendations in totality align with these four pillars; the role of PHS identified in the recommendations falls within the domain of prevention. PHS is in agreement with the inquest recommendations as they support the role of PHS in education and prevention. However, based on available evidence, increasing education and awareness of the issues highlighted in the inquest alone is not enough to address the issue of alcohol misuse in youth.

A local media campaign is one strategy which, as part of a broader approach, can be effective in increasing public awareness and engaging the community about the issue of alcohol misuse in youth. However, on its own, a media campaign will have a limited impact and will not result in sustainable behaviour change. The following information details additional effective means to address youth substance misuse. A summary of existing and planned activities by PHS is also provided to demonstrate the PHS commitment to decreasing the harmful effects of alcohol misuse in young people.

The following information highlights statistics about alcohol misuse in youth, PHS activities and approaches used to address the issue.

**Alcohol Misuse in Youth**

The tragic death of Christopher Skinner is a reminder of a much broader issue affecting a large proportion of youth in Hamilton and Ontario. The harmful use of alcohol is especially fatal for younger age groups and alcohol is the world's leading risk factor for death among males aged 15-59.<sup>3</sup>

The 2011 Ontario Student Drug Use and Health Survey<sup>4</sup> (Grades 7-12) reported:

- The most commonly used drug is alcohol, with 54.9% of students surveyed reporting use during the 12 months before the survey.
- The alcohol use rate significantly increases with grade level; 17% of Grade 7 students report use during the 12 months before the survey. By Grade 12, this rate escalates to 78%.
- Overall, 22% of students in grades 7-12 report binge drinking (5 or more drinks on one occasion) at least once during the four weeks before the survey. Again, this

rate increases significantly with grade level. Grade 7 students' binge drinking rate is 1% and climbs to 40% among Grade 12 students.

Binge drinking is particularly problematic for youth because:

- It interferes with normal brain development, can cause memory loss and cognitive problems and can be linked to depression, anxiety and other mood disorders later in life.<sup>5</sup>
- It has other consequences including acute health related harms such as injuries, drinking and driving collisions, and assault in addition to social harms such as problems in school and family conflict.<sup>6</sup>

Appendix A, "Drug Use Among Students in Ontario, Highlights from the 2011 OSDUHS Study", provides more information about the Ontario Student Drug Use and Health Survey.

### **Current PHS Activities**

Consistent with the testimony given by PHS at the inquest, the Ontario Public Health Standards Prevention of Substance Misuse Guidance Document<sup>7</sup>, and information provided to the Board of Health in the recent report ([Alcohol/Substance Misuse in Hamilton-BOH 12003](#)), an effective response to alcohol-related problems must be multidimensional, involving a combination of population-level policies, targeted interventions and special services for those who are high-risk drinkers or dependent on alcohol.

Social marketing efforts alone are rarely enough to bring about change. A variety of strategies should be applied if change is to occur. Social marketing works best when policies are modified and communities are mobilized. The combined approach can change conditions, as well as socio-economic and environmental systems. Ultimately, this will have an impact on both individual behaviour and health determinants.<sup>8</sup> Other essential components of any work done to reduce alcohol misuse in youth must also include the adoption and support of healthy public policies (e.g. restricting access and availability of alcohol to youth, regulation of and impact of advertising of alcohol targeting youth). Most importantly, anything taught in a school setting must be reinforced in the community by parents, media and health policies.<sup>9</sup> It cannot be stated strongly enough that a single strategy will not achieve the desired result of reducing the incidence and harm associated with alcohol misuse.

Current and planned PHS activities to prevent alcohol misuse in youth employ a comprehensive, developmental asset-based, youth engagement approach because evidence shows this is the most effective way to prevent alcohol misuse in youth. In addition, PHS plans to continue to use evidence to guide its programming which

addresses the issue of alcohol misuse. PHS is committed to engaging the community and youth, using the media as part of the broader approach to deal with this issue.

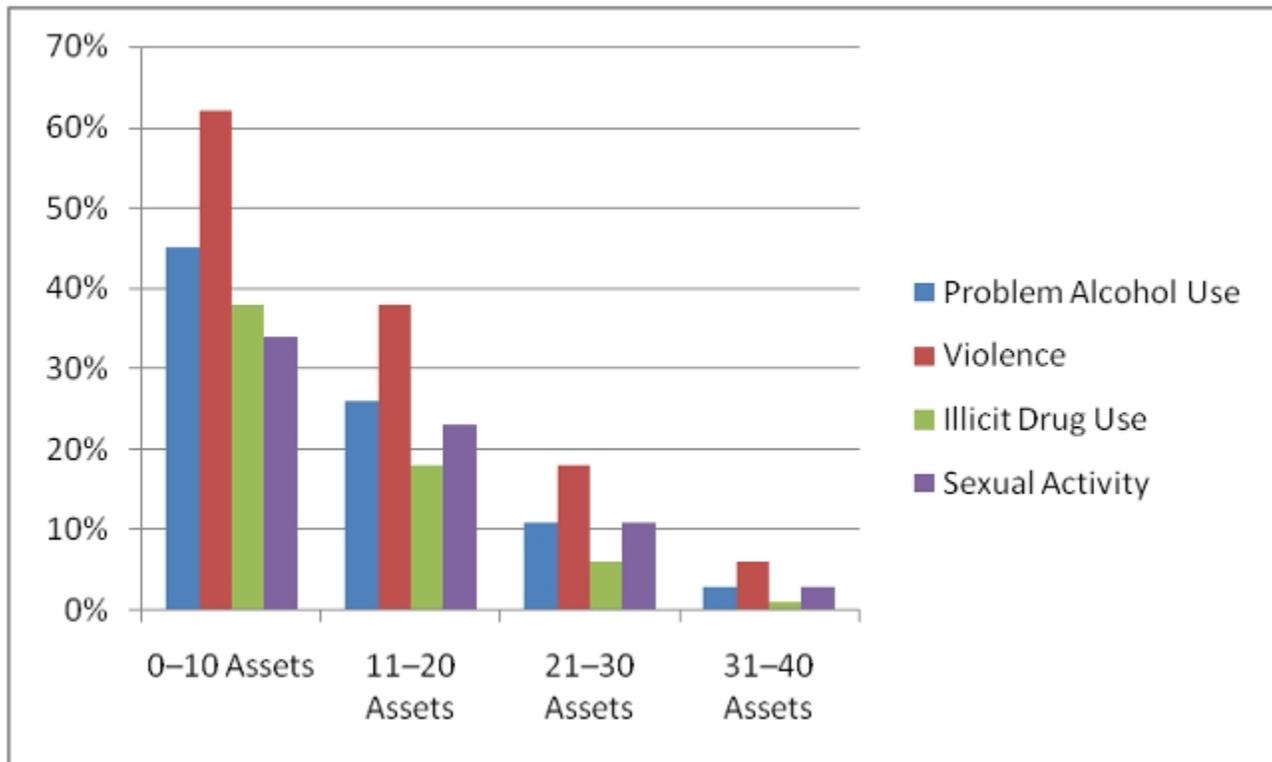
### **Developmental Assets**

Research suggests that positive youth development or a strength based approach that focuses on building youth's strengths and increasing their assets is the most effective strategy in addressing youth risk behaviour. There are 40 development assets in total. The more assets youth have, the less likely they are to engage in risk taking behaviour such as alcohol misuse.<sup>10, 11</sup>

There are two types of assets, external and internal. External assets are relationships and opportunities that young people experience in their families, schools and communities. Internal assets are competencies and values that youth develop internally to guide their behaviour and choices. The assets approach is grounded in extensive research in youth development, resiliency and prevention. Appendix B (40 Developmental Assets for Adolescents) provides a full list of the 40 developmental assets.

Assets have tremendous power to protect youth from many different harmful or unhealthy choices. Figure 1 shows that youth with the most assets are least likely to engage in 4 different patterns of high-risk behaviour, based on surveys conducted in 2003 of almost 150,000 youth in grades 6 through 12 across the United States. Further information specific to the connection between asset building and substance abuse prevention is found in Appendix C (Building Assets to Strengthen Substance Abuse Prevention). The same kind of impact is evident with many other problem behaviours, including tobacco use, depression and attempted suicide, antisocial behaviour, school problems, driving and alcohol and gambling.

Figure 1: Protecting Youth from High-Risk Behaviours



### Current PHS Developmental Asset-Based Activities

Two staff members of the Injury Prevention Program are certified trainers in the Developmental Assets (DA) model. PHS now has the capacity to transfer this knowledge to internal staff and external partners which would allow this approach to be embedded in other programs and activities, not only those relating to alcohol misuse in youth.

Healthy Communities Healthy Youth (HCHY) Flamborough is a community based initiative in Waterdown. Addressing protective or risk factors in several domains of a young person's life including school, family, and the community can lead to positive outcomes.<sup>11</sup>

In November 2009, representatives from Flamborough school parent councils, home and school associations, local government and the community met with representatives from local schools, Hamilton Police Services, PHS, The John Howard Society of Hamilton-Burlington and Area, Alternatives for Youth, The Hamilton Wentworth District School Board, Centre for Addiction & Mental Health, and local addiction agencies to discuss the increasing concern that parents in Flamborough had about youth drug and

alcohol use. This group determined that it should move forward with a coordinated community effort to educate and engage parents and build assets in children. Agencies were already familiar with, and supportive of the DA approach. It was determined that the “Healthy Communities – Healthy Youth” initiative, a national program developed by the Search Institute to help families, schools and organizations implement the asset framework for positive youth development, would be undertaken.

HCHY is in the midst of a 3 year community implementation project designed to increase the awareness of developmental assets in the community. HCHY Flamborough has received funding from the Ontario Trillium Foundation. PHS is working with HCHY in support of this initiative which, as previously identified, is an effective strategy to reduce high risk behaviour in youth including binge drinking.

### **Youth Engagement**

One way to build assets in youth, enhance protective factors and achieve an associated reduction in risky youth behaviour is through the use of a youth engagement approach. Youth engagement is defined as the meaningful and sustained involvement of a young person in an activity focusing outside the self.<sup>7</sup>

Meaningful youth engagement produces benefits to youth and the community in which they live. Through engagement, youth gain a sense of empowerment as individuals and make healthy connections with others that are associated with reduction of risk behaviours and increased participation in positive activities that contribute to community. Research has consistently shown that when youth are involved in the planning, creation and implementation of programs and activities targeting them, these programs will be more effective. Youth engagement is a crosscutting, comprehensive, strength-based practice for effective protection, prevention and intervention on multiple issues. The community gains from the contributions that youth bring to organizations, activities and their relationships.<sup>12</sup> Appendix D (What is Youth Engagement?) provides more detailed information about youth engagement.

### **Current PHS Youth Engagement Activities**

Over the past 10 years, PHS has shown a strong commitment to sustaining practices that support youth engagement and enable PHS staff to effectively apply youth development practices and approaches. These practices and approaches are implemented through the Unfiltered Facts Youth Program and are designed to target and reach youth in 3 distinct settings; in schools, on-line and in the community. The following youth engagement activities are embedded within the model and are implemented and evaluated through the “Family of Schools” pillar:

The “Unfiltered Facts” Youth Summit and “Leadership Quest” - The Youth Summit programming is developed by youth, for youth and provides attendees with learning and

skill building opportunities in topic areas they have identified as important to them. The annual 3-day Leadership Quest builds on the Youth Summit and provides students with additional training and skills to enable them to work with their peers and the broader community on a number of topics. The inquest recommendations have been incorporated into the content and themes of both of these activities and use an asset building approach. At the most recent Youth Summit held in November 2012, a session was provided for students addressing alcohol advertising and its impact on youth drinking. This session is named “Alcworld” and was delivered by youth to their peers. Youth attending the Alcworld session can bring this information back to their Health Action Teams (HATs) at their individual schools to create a comprehensive plan to deal with alcohol misuse.

A new activity will be piloted to five schools in 2013 to supplement the Youth Summit and Leadership Quest. This activity is called “Afterdark” and is designed to introduce alternative activities which do not involve drinking to reinforce that youth can participate in social activities and have fun without using alcohol. The Youth Summit, Leadership Quest, and Afterdark all incorporate youth engagement strategies that have proven effective.<sup>13</sup>

The Alcworld and Afterdark activities have evolved from working with youth involved in PHS youth engagement activities over the past 3 years. These 2 initiatives were created to go beyond creating positive messaging for youth and ultimately provide skills to recognize and counter the aggressive pro-drinking messages which are more prevalent than positive messaging in the mass media.

Health Action Teams (HATs) are comprised of students, school staff and administration, Public Health Nurse (PHN), parents and community partners. Following the Youth Summit, PHNs in the School Program work with their HATs to address issues such as prevention of alcohol misuse in a comprehensive manner.<sup>14</sup> PHNs through their work with the HATs, along with students who are interested in tackling these issues, are able to support ongoing school-based and outreach activities. School boards in Hamilton are partners in the implementation of HAT activities.

### **Parent-Focused Activities**

Youth engage in harmful drinking for a number of reasons. Drinking appears to vary according to context and with more drinking occurring with adolescents living away from home in less restrictive environments and within a social environment that encourages the practices of pre-drinking and or drinking games.

Research shows that parents influence adolescent behaviour through role modeling but have a greater influence through parental monitoring. Parental monitoring is a key element in developing close family relationships and is the family factor most consistently associated with lower levels of adolescent drinking.<sup>15</sup> PHS, in collaboration

with the school boards, police, and Alternatives for Youth is developing a pamphlet resource to educate and inform parents of the risks associated with underage drinking, specifically binge drinking. The inquest recommendations will be incorporated into the content of the pamphlet. This resource will be used as one of the elements of the broader and sustained work which will occur to incorporate both the issues highlighted in the inquest recommendations and the other evidence-based approaches discussed in this report which must be a part of any efforts to combat the issue of alcohol misuse among in youth.

A parent focus group has been conducted in Waterdown to address the issue of underage drinking in the community; the inquest recommendations will be an integral part of the ongoing work engaging parents in the HCHY project. The two co-chairs of HCHY are now certified DA trainers and are able to provide this training to others in the community. There is a plan for HCHY with a target of providing training to 80 parents in the Waterdown community about DA. This ongoing work will be supported by PHS.

Information is also available on the PHS Injury Prevention website pages to support parents in their role of monitoring and modelling. These factors are crucial in building positive parent-child relationships. Planning is currently underway to expand the information in this area which will further support the inquest recommendations by engaging parents.

In summary, PHS is already incorporating developmental assets and youth engagement approaches in existing activities and will continue to do so, also ensuring inclusion of these approaches in future program activities. This is consistent with evidence-based practice and is an effective approach for reducing high risk behaviour in youth, including alcohol misuse.

#### **ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

Coroner's jury recommendations are not binding, however, there is a duty to provide a response with appropriate rationale to the Coroner's office. None of the recommendations are outside of the scope and mandate of PHS and there is no reason why they should not be incorporated into the work of PHS.

There are no staffing implications and work will be done within the existing staff complement.

The production and content of a video documentary may be influenced by legal action being pursued by the Skinner family. At the time of the writing of this report, contact

with the family has been initiated, but it is unknown if the family will participate with PHS. Additionally, their contribution may be limited as a result of a pending civil suit. PHS is committed to working with the family in a respectful manner should they choose to participate in the production of a video documentary.

Existing program funds would be used for all costs to produce a video.

If a video cannot be made, PHS will ensure key messages for parents and youth about alcohol use are communicated in its other activities.

### **CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)**

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

#### ***Healthy Community***

Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

### **APPENDICES / SCHEDULES**

Appendix A – OSDUHS 2011 Highlights

Appendix B – Developmental Assets for Adolescents

Appendix C – Building Assets to Strengthen Substance Abuse Prevention

Appendix D – What is Youth Engagement?

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<sup>1</sup> Skinner Inquest Verdict Explanation, June 2, 2012, page 8.

<sup>2</sup> Substance Abuse Issues and Policy in Canada: I Canada's Federal Drug Strategy. (2006). Library of Parliament.

<sup>3</sup> World Health Organization. (2011). Global status report on alcohol and health. Switzerland. Retrieved from [http://www.who.int/entity/substance\\_abuse/publications/global\\_alcohol\\_report/msbgsruprofiles.pdf](http://www.who.int/entity/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf)

<sup>4</sup> Centre for Addiction and Mental Health, (2011). Ontario Student Drug Use and Health Survey.

<sup>5</sup> The Chief Public Health Officer. (2011). Report on the state of public health in Canada-youth and young adults-life in transition.

<sup>6</sup> Murray, K. (2007). Is there a "low risk" drinking level for youth? Exploring the harms associated with adolescent drinking patterns. University of New Brunswick.

<sup>7</sup> Prevention of Substance Misuse Guidance Document. (2009). Standards, Program and Community Development Branch, Ministry of Health Promotion. <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/PreventionOfSubstanceMisuse.PDF>

<sup>8</sup> Health Canada. Best practices and prospects for social marketing in public health. Available from: [http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tutorial-guide/appendix-annexe\\_a-eng.php](http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/tutorial-guide/appendix-annexe_a-eng.php)

<sup>9</sup> Paglia, A. and Room, R. (1998) Preventing Substance Use Problems Among Youth: A Literature Review & Recommendations. Addiction Research Foundation Division, Centre for Addiction and Mental Health.

<sup>10</sup> Retrieved November 16, 2012 from <http://www.search-institute.org/>

<sup>11</sup> Canadian Centre on Substance Abuse. (2010). Canadian standards for community-based youth substance abuse prevention. Retrieved from [http://www.ccsa.ca/2010\\_CCSA\\_Documents/2010\\_CCSA\\_Community-based\\_Standards\\_en.pdf](http://www.ccsa.ca/2010_CCSA_Documents/2010_CCSA_Community-based_Standards_en.pdf)

<sup>12</sup> Key Messages According to the Centre of Excellence. Retrieved from the Centre of Excellence for Youth Engagement [www.engagementcentre.ca](http://www.engagementcentre.ca)

<sup>13</sup> Phuong, P., N., Vandepol, M., Perkins, C., (2011). Delaying the onset of alcohol and substance use among youth, summary of principles of promising practices in the literature, Region of Waterloo Public Health.

<sup>14</sup> Joint Consortium for School Health.(2009). School-family-community partnerships, addressing substance use in Canadian schools. Retrieved from <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20SchoolFamilyCommunity%20v1.pdf>

<sup>15</sup> Wettlufer, A., Manafo, E., Giesbrecht, N., (2011). High-risk drinking among adolescent and youth adult males: prevention and harm reduction opportunities. Substance Misuse Prevention Team and Injury Prevention Team, Peel Public Health, Regional Municipality of Peel, Ontario.

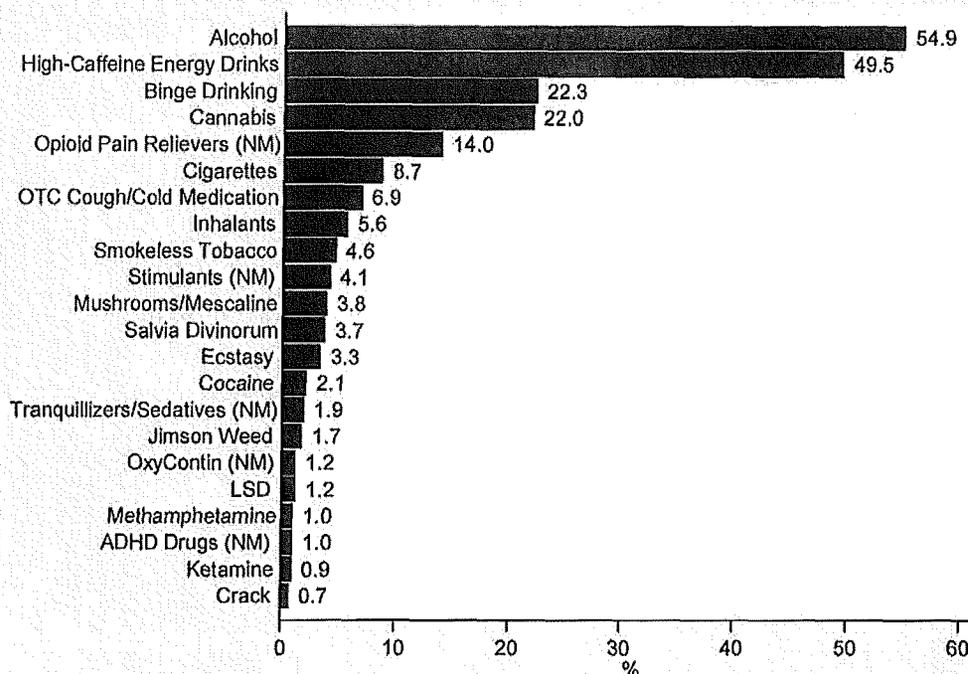
## Drug Use Among Students in Ontario: Highlights from the 2011 OSDUHS

This eBulletin highlights the main alcohol, tobacco and other drug use findings from the 2011 *Ontario Student Drug Use and Health Survey* (OSDUHS), and selected trends since 1977. The OSDUHS is a repeated, cross-sectional, anonymous survey of 7<sup>th</sup>- to 12<sup>th</sup>-graders in Ontario, with the purpose of monitoring drug use, mental and physical health, and risk behaviours. Conducted every two years since 1977, the OSDUHS is the longest ongoing school survey in Canada and one of the longest in the world.

As seen in Figure 1, the 2011 OSDUHS shows that the most common drug of choice among students is alcohol,

as 55% of students reported drinking more than a few sips of alcohol during the 12 months before the survey. Half of all students report consuming highly caffeinated energy drinks in the past 12 months, and over one-fifth (22%) report binge drinking at least once during the month before the survey. Cannabis is the most common illicit drug, as 22% report use at least once in the past year. The non-medical (NM) use of a prescription opioid pain reliever (such as Percocet<sup>®</sup>, Tylenol No. 3<sup>®</sup>) at least once in the past year was reported by 14% of students. Cigarette smoking during the past year was reported by 9% of students.

**Figure 1**  
Percentage of Ontario Students in Grades 7–12 Reporting Using the Drug at Least Once in the Past Year, 2011 OSDUHS (N=9,288)



Notes: binge drinking refers to past month; NM=non-medical use, without a doctor's prescription; OTC=over-the-counter, used for non-medical purpose; estimates for the past year use of heroin, doda, mephedrone, and BZP pills were suppressed due to small numbers

## Demographic Correlates of Student Drug Use

**Sex:** Males are significantly more likely than females to use over-the-counter (OTC) cough/cold medication to get high, smokeless tobacco, mushrooms/mescaline, salvia divinorum, jimson weed, LSD, and ketamine. Females are significantly more likely than males to use stimulants pills (NM). There were no significant differences between males and females on the alcohol-related measures including past year alcohol use, binge drinking, drunkenness, and harmful or hazardous drinking.

**Grade/Age:** There are significant increases by grade for most of the drug use measures: alcohol, energy drinks, binge drinking, cannabis, opioid pain relievers (NM), cigarettes, OTC cough/cold medication, smokeless tobacco, stimulants (NM), mushrooms/mescaline, salvia divinorum, ecstasy, cocaine, tranquilizers/sedatives (NM), OxyContin (NM), and LSD. Inhaling glue or solvents decreases with grade.

**Region:** Compared with the provincial average, Toronto students are less likely to use alcohol, energy drinks, cannabis, cocaine, and to binge drink; Northern students are more likely to use alcohol, energy drinks, cannabis, cigarettes, cocaine, and to binge drink; Western students are more likely to use energy drinks and less likely to use smokeless tobacco; and Eastern students do not differ from the provincial average on any drug use measure.

## Trends in Student Drug Use

### Recent Trends, 1999–2011 (Grades 7–12)

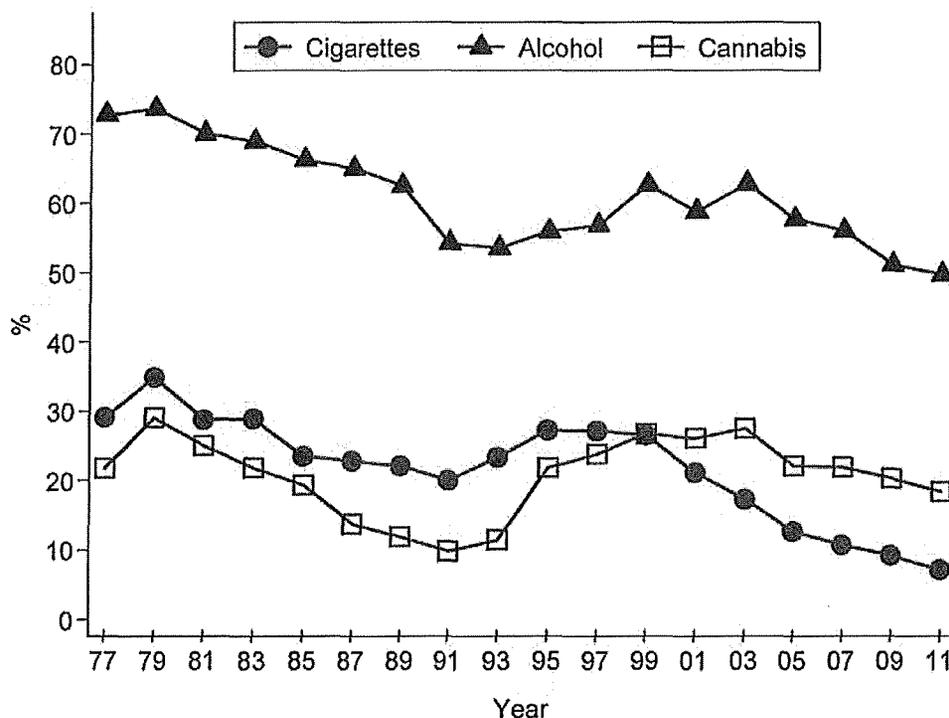
Since the previous survey in 2009, there were significant declines in the percentage of students reporting past year use of cigarettes, cannabis, and opioid pain relievers (NM). Past year use estimates for many drugs are significantly lower in 2011 compared with the 1999 estimates, including alcohol, binge drinking, cannabis, cigarettes, mushrooms, ecstasy, and cocaine.

### Long-Term Trends, 1977–2011 (Grades 7, 9, 11 only)

Long-term trends are available for 15 drug use measures. In general, there is a common pattern: a peak in use during the late 1970s, a decline in use during the late 1980s or early 1990s, a second peak in the late 1990s or early 2000s, followed by another decline.

Selected drug use trends are presented in Figure 2. The prevalence of cigarette smoking shows a substantial decline over the past decade, and the 2011 estimate is the lowest on record. Alcohol use shows a steady declining trend since 1979, and use in 2011 is significantly lower than the peaks found in the late 1970s and late 1990s/early 2000s. Cannabis use peaked in 1979, declined significantly in the late 1980s/early 1990s, and increased again in late 1990s/early 2000s. Although there has since been a steady decline, the 2011 estimate remains higher than the low levels evident in the late 1980s/early 1990s.

**Figure 2**  
Percentage of Ontario Students in Grades 7, 9, and 11 Reporting Smoking Cigarettes, Drinking Alcohol, and Using Cannabis in the Past Year, 1977–2011 OSDUHS



### Methods

CAMH's *Ontario Student Drug Use and Health Survey* (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. The 2011 survey, which used a stratified (region, school level) two-stage (school, class) cluster design, was based on 9,288 students in grades 7 through 12 from 40 public and Catholic school boards, 181 schools, and 581 classes. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between October 2010 and June 2011. Seventy-one percent of selected schools, and 62% of eligible students in those schools, participated. All survey estimates presented were weighted, and variance and statistical tests were corrected for the complex sampling design. The 2011 sample is representative of over one million Ontario students in grades 7 through 12.

Note that in cycles prior to 1999, only students in grades 7, 9, and 11 were surveyed. Therefore, long-term trends (1977–2011) are limited to only these three grades. The relatively recent trends (1999–2011) are based on all grades from 7 through 12.

### Measures & Terminology

- **Past year alcohol use** is defined as drinking any type of alcohol during the 12 months before the survey. Use includes consumption on special occasions, but excludes sips just to try it.
- **Binge drinking** is defined as drinking 5 or more drinks on the same occasion at least once during 4 weeks before the survey.
- **Hazardous or harmful drinking** was measured with the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT measures an established high-risk pattern of drinking that increases the likelihood of future medical and physical problems, or indicates harmful consequences of use already experienced. The reference period is the past 12 months before the survey.
- **Past year cigarette smoking** is defined as smoking at least one cigarette daily or smoking occasionally during the past 12 months. Those who smoked a few puffs or less than one whole cigarette in the past 12 months are not considered to be smokers.
- **Past year use:** used the drug at least once during the 12 months before the survey. Cases that responded “don’t know what [the drug] is” were considered non-users.
- **Non-medical (NM) drug use:** used the drug without a prescription, or without a doctor’s supervision, at least once during the 12 months before the survey. Note that “non-medical” use does not necessarily *solely* reflect recreational use or to use to “get high.”
- **Non-medical use of opioid pain relievers** was measured with the question “*In the last 12 months, how often did you use pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) without a prescription or without a doctor telling you to take them? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)*”
- **Region:** The survey design divides the province into the following four regions: Toronto; Northern Ontario (Parry Sound District, Nipissing District and farther north); Western Ontario (Peel District, Dufferin County and farther west); and Eastern Ontario (Simcoe County, York County and farther east).

- **95% confidence interval (CI)** shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the “true” population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Significant difference** refers to a difference between estimates that is statistically different at the  $p < .05$  level, or lower, after adjusting for the sampling design, and thus not likely due to chance alone.

### Source

Paglin-Boak, A., Adlaf, E.M., & Mann, R.E. (2011). *Drug use among Ontario students, 1977-2011: Detailed OSDUHS findings* (CAMH Research Document Series No. 32). Toronto, ON: Centre for Addiction and Mental Health. [Available online at <http://www.camh.net/research/osdus.html>]

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For information on the CAMH population health surveys, please visit our webpage: [http://www.camh.net/research/population\\_life\\_course.html](http://www.camh.net/research/population_life_course.html)

Media Enquiries: Tel: 416-595-6015

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.



**External Assets**

- Support**
  - 1. **Family support**—Family life provides high levels of love and support.
  - 2. **Positive family communication**—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
  - 3. **Other adult relationships**—Young person receives support from three or more nonparent adults.
  - 4. **Caring neighborhood**—Young person experiences caring neighbors.
  - 5. **Caring school climate**—School provides a caring, encouraging environment.
  - 6. **Parent involvement in schooling**—Parent(s) are actively involved in helping young person succeed in school.
- Empowerment**
  - 7. **Community values youth**—Young person perceives that adults in the community value youth.
  - 8. **Youth as resources**—Young people are given useful roles in the community.
  - 9. **Service to others**—Young person serves in the community one hour or more per week.
  - 10. **Safety**—Young person feels safe at home, school, and in the neighborhood.
- Boundaries & Expectations**
  - 11. **Family boundaries**—Family has clear rules and consequences and monitors the young person's whereabouts.
  - 12. **School boundaries**—School provides clear rules and consequences.
  - 13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring young people's behavior.
  - 14. **Adult role models**—Parent(s) and other adults model positive, responsible behavior.
  - 15. **Positive peer influence**—Young person's best friends model responsible behavior.
  - 16. **High expectations**—Both parent(s) and teachers encourage the young person to do well.
- Constructive Use of Time**
  - 17. **Creative activities**—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
  - 18. **Youth programs**—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
  - 19. **Religious community**—Young person spends one or more hours per week in activities in a religious institution.
  - 20. **Time at home**—Young person is out with friends "with nothing special to do" two or fewer nights per week.

**Internal Assets**

- Commitment to Learning**
  - 21. **Achievement Motivation**—Young person is motivated to do well in school.
  - 22. **School Engagement**—Young person is actively engaged in learning.
  - 23. **Homework**—Young person reports doing at least one hour of homework every school day.
  - 24. **Bonding to school**—Young person cares about her or his school.
  - 25. **Reading for Pleasure**—Young person reads for pleasure three or more hours per week.
- Positive Values**
  - 26. **Caring**—Young person places high value on helping other people.
  - 27. **Equality and social justice**—Young person places high value on promoting equality and reducing hunger and poverty.
  - 28. **Integrity**—Young person acts on convictions and stands up for her or his beliefs.
  - 29. **Honesty**—Young person "tells the truth even when it is not easy."
  - 30. **Responsibility**—Young person accepts and takes personal responsibility.
  - 31. **Restraint**—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
- Social Competencies**
  - 32. **Planning and decision making**—Young person knows how to plan ahead and make choices.
  - 33. **Interpersonal Competence**—Young person has empathy, sensitivity, and friendship skills.
  - 34. **Cultural Competence**—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
  - 35. **Resistance skills**—Young person can resist negative peer pressure and dangerous situations.
  - 36. **Peaceful conflict resolution**—Young person seeks to resolve conflict nonviolently.
- Positive Identity**
  - 37. **Personal power**—Young person feels he or she has control over "things that happen to me."
  - 38. **Self-esteem**—Young person reports having a high self-esteem.
  - 39. **Sense of purpose**—Young person reports that "my life has a purpose."
  - 40. **Positive view of personal future**—Young person is optimistic about her or his personal future.



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# INSIGHTS & EVIDENCE

Promoting Healthy Children,  
Youth, and Communities

## IN BRIEF

### Tapping the Power of Community Building Assets to Strengthen Substance Abuse Prevention

#### The Question

In what ways can Search Institute's developmental assets\* framework and its grassroots approach to mobilizing community capacity strengthen substance abuse prevention efforts?

#### The Bottom Line

Because of the power of developmental assets in young people's lives, asset building offers innovative strategies for building community capacity to ensure that fewer young people engage in substance abuse and other high-risk behaviors, and that more young people thrive.

#### The Evidence

Cross-sectional and longitudinal research shows that developmental assets play a powerful role in preventing alcohol, tobacco, and other drug (ATOD) use across diverse samples of youth (Figure A).

The developmental assets framework and the mobilization strategies it suggests hold promise for building capacity through community-centered approaches. There are three dimensions to this approach:

- Cultivate community readiness and commitment.
- Create an infrastructure in the community.
- Build community capacity through five "action strategies," each of which speaks to a domain of capacity within community: engaging adults, mobilizing young people, activating sectors, invigorating programs, and influencing civic decisions.

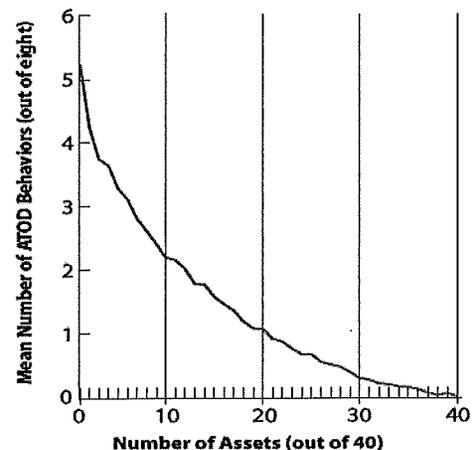
Building developmental assets points toward opportunities for community-centered practices that have the po-

\* The developmental assets framework is a science-based typology of relationships, opportunities, skills, and other strengths that promote young people's healthy development. They are organized into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity. The complete framework is found in Display 1 of the full report, and more information is available at [www.search-institute.org](http://www.search-institute.org).

FIGURE A

#### Developmental Assets and ATOD Use

The more developmental assets\* young people experience, the less likely they are to engage in eight types of alcohol, tobacco, and other drug use. For example, this chart shows that those young people who experience more than 20 assets engage, on average, in fewer than one of the eight forms of ATOD use measured.

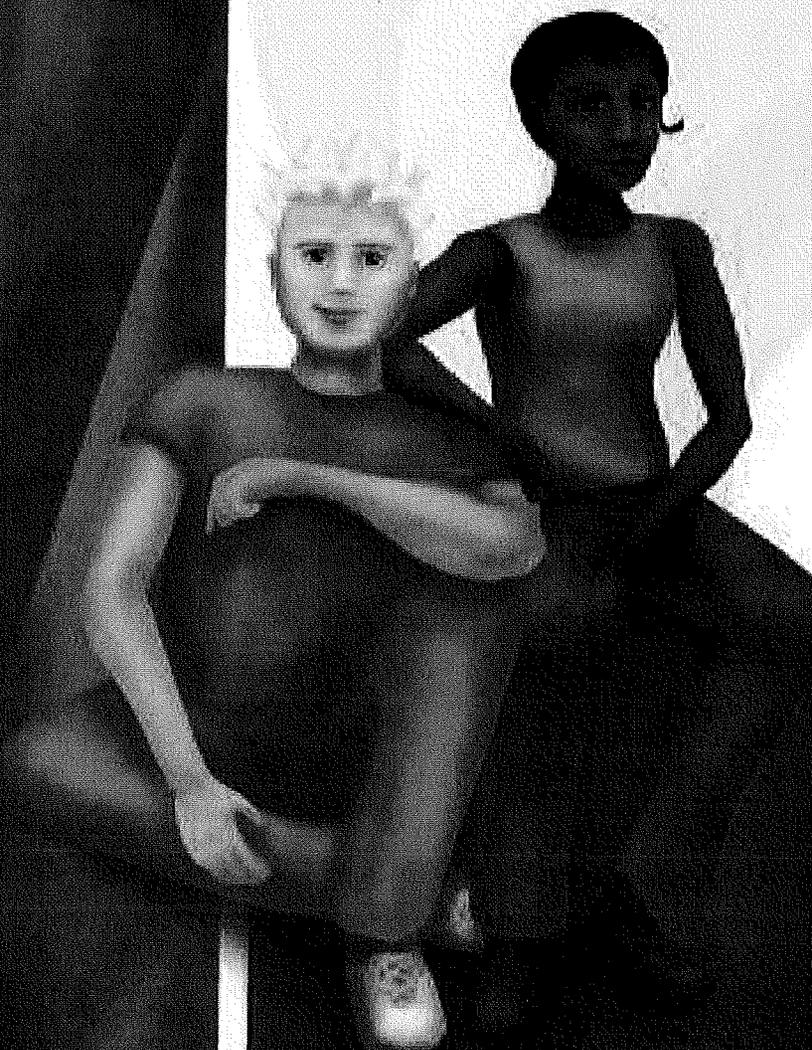


The eight forms of ATOD use included in this analysis are alcohol use, binge drinking, drinking and driving, cigarette use, smokeless tobacco use, marijuana, inhalants, and other illicit drugs.

tential to "blend and braid" science-based principles with asset-based community building.

This page is condensed from Benson, P. L., Roehlkepartain, E. C., & Sesma, A. Jr. (2004, March). Tapping the power of community: The potential of asset building to strengthen substance abuse prevention. Search Institute Insights & Evidence 2 (1), which is available for free downloading at [www.search-institute.org/research/Insights](http://www.search-institute.org/research/Insights).

# WHAT IS YOUTH ENGAGEMENT ?



# WHAT IS YOUTH ENGAGEMENT?

**Y**outh engagement is the meaningful participation and sustained involvement of a young person in an activity, with a focus outside of him or herself. The kind of activity in which the youth is engaged can be almost anything - sports, the arts, music, volunteer work, politics, social activism - and it can occur in almost any kind of setting.

## WHERE DOES IT HAPPEN ?

**O**ne way of thinking of youth engagement is in terms of where it occurs. The following are some different kinds of activities, organizations, and contexts in which engagement can occur:

- community organizations (e.g., doing volunteer work helping people)
- youth organizations (e.g., help plan events, run programs)
- music (e.g., playing in a band, school orchestra)
- sports
- ethnic/cultural organizations
- work/career/employment
- school
- social activism (e.g., working on an issue for social change)
- politics (e.g. volunteering for a political party)
- religion/spirituality

## HOW DO ENGAGED YOUTH ACT?

**H**ow do we know from a youth's behaviour that he or she is engaged in an activity or with a particular organization? There are a number of things that can indicate engagement:

### **An engaged youth**

- performs the activity or spends time with the organization frequently
- talks to others about the activity/organization
- initiates the activity him/herself (rather than at the suggestion or urging of others)
- participates actively and regularly, with a specific purpose in mind
- brings other people to the activity/organization and seeks out others with similar interests
- leads and organizes others who are involved in the activity/organization
- advocates energetically on behalf of the activity/organization
- seeks adult support and structure when needed, acts independently when appropriate

# WHAT IS YOUTH ENGAGEMENT ?

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**N**ot all youth are engaged to the same extent or in the same way. A youth may show interest in an activity/organization by simply attending meetings or activities, and paying close attention to what is happening (without necessarily saying anything or participating actively). A youth may show leadership by bringing others to the activity/organization and helping to organize the activities of others, or by advocating on behalf of the activity/organization.

More research is needed to understand the impacts of various activities and what makes engagement meaningful for different youth in different activities. Also, we need to better understand how youth get involved in the first place; what helps keep them involved; and in which situations, in what activities, and for which youth does engagement lead to positive benefits. We do know that it is important for youth to connect to the activity and find it meaningful.

## HOW DO ENGAGED YOUTH THINK?

**H**ow do we know from the way a youth thinks that he or she is engaged in an activity or with an organization?

### **An engaged youth**

- thinks the activity/organization is an important one
- is well-informed about the activity/organization
- sees an important sense of purpose in the activity/organization

### **Web Resources**

#### **[www.engagementcentre.ca](http://www.engagementcentre.ca)**

The Centre of Excellence for Youth Engagement is a diverse collaboration of Canadian organizations and universities that are concerned with young people's futures. This site has many web resources.

#### **[www.mcs.bc.ca](http://www.mcs.bc.ca)**

"The McCreary Centre Society is a small non-profit organization concerned with the health of young people in British Columbia." Visit this site for a concise introduction to youth participation.

#### **[www.mcs.bc.ca/yyps/](http://www.mcs.bc.ca/yyps/)**

A fun site that uses a grocery store metaphor to provide excellent information about youth participation. A one-stop youth participation shop.

#### **[www.search-institute.org](http://www.search-institute.org)**

"Search Institute is an independent non-profit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities."

#### **[www.cydjournal.org](http://www.cydjournal.org)**

"CYD Journal promotes youth and adults working together in partnership to create just, safe, and healthy communities." Some free articles available.

#### **[www.freechild.org](http://www.freechild.org)**

"The mission of the Freechild Project is to advocate, inform, and celebrate young people taking progressive action to change the world."

# WHAT IS YOUTH ENGAGEMENT ?

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## HOW DO ENGAGED YOUTH FEEL?

How do we know from the kinds of feelings that a youth has that he or she is engaged?

### **An engaged youth**

- cares about the activity/organization with which he or she is involved
- derives a sense of belonging from the activity/organization and feels connected to the people in the activity/organization
- finds the activity or participation in the activity fun or enjoyable
- feels that the activity is meaningful - that it's an important and worthwhile thing to be doing
- feels that the activity is an important part of his or her identity
- derives a sense of pride, accomplishment or satisfaction from achievements in the activity/organization
- gains a feeling of competence and sense of control over events related to the activity or organization (agency, effectance)
- feels disappointment, sadness or frustration when participation in the activity is blocked or things are not going well

### **An engaged youth needs adults**

- adult support is a key ingredient of effective youth engagement
- adults who support youth need support from their organizations

## **References**

The definition and description of youth engagement that we use at the Centre of Excellence for Youth Engagement comes from our own theoretical work (see Pancer & Pratt, 1999; Pancer, Rose-Krasnor & Loiselle, 2002); other theories of youth engagement (see Mahoney, Schweder & Stattin, 2002; Nakamura, 2001); our own narrative studies of the involvement of youth from across Canada (see the Centre of Excellence for Youth Engagement web-site, at [www.engagementcentre.ca](http://www.engagementcentre.ca)); and from the insights of youth involved on a daily basis in the work of the Centre.

Mahoney, J.L., Schweder, A.E., & Stattin, H. (2002). *Structured after school activities as a moderator of depressed mood for adolescents with detached relations to their parents.* *Journal of Community Psychology*, 30(1), 69-86.

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# WHAT HAPPENS WHEN YOUTH GET ENGAGED ?

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**W**hen youth are engaged, they may experience many significant benefits. Researchers have found links between engagement and several different kinds of positive health outcomes, including the following:

## — **Decreased alcohol use**

Grade 7 students who were involved in planning alcohol-free activities for their schools reduced their drinking significantly more than did students who only participated in the activities. <sup>1</sup>

## — **Decreased marijuana and hard drug use**

Students in grades 8, 10 and 12 who reported being involved in extra-curricular activities were less likely to use both soft drugs such as marijuana and hard drugs such as cocaine and heroin than students who were less involved. <sup>2</sup>

## — **Lower rates of school failure and drop-out**

Students who were involved in extra-curricular activities were less likely to drop out of school than students who were not. This was particularly true for youth from poor families and youth with poor social and academic skills. These young people were 5 times less likely to drop out than similar youth who weren't engaged. <sup>3</sup>

## — **Lower rates of sexual activity and pregnancy in girls**

Girls who were involved in a national volunteer program were 41% less likely to become pregnant as teens, when compared with girls who were not involved in the program. <sup>4</sup>

## — **Lower rates of anti-social and criminal behaviours**

Boys and girls who were more involved in extra-curricular activities were less likely to be arrested for criminal offenses as young adults than those who did not participate in extra-curricular activities. <sup>5</sup>

## — **Lower rates of depression**

Eighth graders who participated in structured after-school activities had significantly lower levels of depression than those who did not participate in such activities. <sup>6</sup>

# WHAT CAN YOU DO?

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## THINGS YOU CAN DO TO ENGAGE YOUNG PEOPLE:

- **Involve youth in decisions that affect their lives.** Youth engagement can begin in the family, and expand to school, community organizations, and governments. Talk to young people informally and formally about issues that are important to them. Involve them in decisions and in developing and running youth programs. Hold youth forums, include young people on boards or committees that make decisions about how their schools, social services and municipalities are run, or strike youth advisory committees that will provide input on important decisions.
- **Create opportunities for young people** to work in partnership with adults on important social problems and issues such as racism, poverty, and the environment.
- **Encourage youth to help one another with their problems** (for example, through peer-helping programs).
- **Promote youth leadership** by encouraging young people to plan and facilitate meetings and activities.
- **Help bring young people together** to work creatively in action-based events such as workshops, conferences or exploring new activities
- **Assist young people in developing skills** that will allow them to advocate better on their own behalf and create programs and activities that will engage other youth. For example, provide young people with opportunities to learn research skills, or community development skills such as community mapping.
- **Actively listen to, and respect the ideas of, young people.** Assist them to connect with organizations and institutions that can support them in executing those ideas, take action on issues that concern them, or explore new skills and activities (like outdoor adventuring, a new sport, environmental action, volunteering at a food bank).
- **Support the adults and organizations** who effectively support and work with youth in meaningful ways.



# WHAT CAN YOU DO?

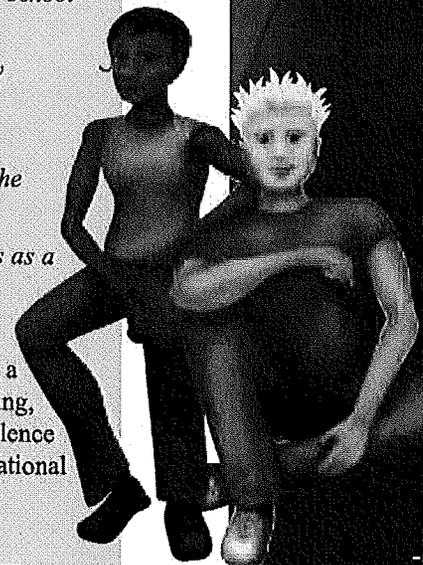
## THINGS TO BE AWARE OF:

- engagement can be a long slow process with lots of "ups" and "downs"
- the process is as important as the product
- it's important for adults to avoid taking control of projects or activities just because they want things to get done "right" or quickly
- when working with youth, adults should think about what they can learn from young people, not just what they can teach them
- adults who work in partnership with youth need to learn how to give up control, "depower" themselves, and share power with young people
- youth involvement has to be meaningful, and not just "token"
- one young person doesn't necessarily speak for all young people, but for him or herself, or sometimes the organization they have been chosen to represent
- adults need to be flexible about things like etiquette, dress, the times and dates of meetings
- food is a good way to bring young people (and adults!) out to a meeting or an activity
- when working with young people, it's important to be open-minded and respectful of differences, and to expect the same from the young people

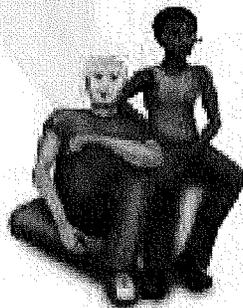
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The *What Can You Do* and *Things to Be Aware Of* sections were written by Marla Pender, a young person actively involved in the Centre, who has been doing youth facilitator training, engagement, and adult ally training and evaluation for 6 years. See also the Centre of Excellence for Youth Engagement web-site, at [www.engagementcentre.ca](http://www.engagementcentre.ca) for reviews of other organizational literature and the results of a program scan of 78 organizations on effective practices.



The Centre of Excellence for Youth Engagement is a nation-wide collaboration of partners, led by The Students Commission, committed to understanding and encouraging youth engagement. Every day within the Centre of Excellence for Youth Engagement adults partner with youth employees and volunteers in every aspect of work - administration, communications, research, policy development and more. This partnership has benefitted youth and adults alike, and has made the Centre of Excellence for Youth Engagement a strong voice in the field of youth development.



CENTRES OF EXCELLENCE FOR CHILDREN'S WELL-BEING

## Youth Engagement

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### La Fédération de la jeunesse canadienne-française (FJCF)

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### Tiny Giant Magazine The Students Commission (TG/SC)

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[www.tgmag.ca](http://www.tgmag.ca)

### Youth Launch / Nutana Integrated School-Linked Services

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### Wilfrid Laurier University's Community Psychology Program

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