

## Substance Use Prevention and Health Promotion

The intended audience has a basic level of competency in the practice of health promotion and substance use prevention. The term “substance use” is used in this document to reflect a broad understanding of use within the context of the overall health of the population.

### What Are They?

Prevention and health promotion are related, but distinct in practice. In the substance use field, prevention identifies and seeks to avoid problem behaviours and social harms amongst individuals. The focus is largely on delaying, reducing or eliminating alcohol, tobacco and illicit drug use, and reducing risk.

Health promotion in the substance use field works at a broader level than substance use prevention, with the aim of strengthening health, well-being and resiliency, reducing stigma, and addressing the root causes of harmful behaviours. Health promotion addresses the social and personal impact of substance use from a public health perspective.

Public health is concerned with protecting and improving the health of populations. This often requires the use of both substance use prevention and health promotion strategies. For example, establishing a minimum drinking age protects the entire community by reducing the drinking opportunities of youth—those who are most likely to engage in high risk behaviours—and consequently prevents incidents of drinking and driving (prevention). Reducing the drinking opportunities for youth also protects and promotes healthy youth development (health promotion).

### How Does a Combined Approach Work?

Substance use across the full continuum—use, abuse, dependency, addiction—presents a range of complex social problems, including chronic disease, crime, violence, and physical and emotional abuse. In spite of this, levels of use leading to potential harm are oftentimes accepted in social situations. For example, what is often considered the social use of alcohol exceeds the recommended guidelines for low-risk drinking.<sup>1</sup> Influencing these types of cultural norms is a necessary part of reducing population-level harm.

An approach combining substance use prevention and health promotion has emerged as a promising practice to prevent and reduce the use of, and the harms related to, substance use. This approach provides an opportunity to respond effectively to the complexity of substance use.<sup>2</sup>

The primary goals of a prevention and health promotion approach in the substance use field are to:

- Promote equity in health;
- De-normalize substance use;

**The Essentials of....** is a series that offers evidence-based guidance and practical information to enhance practice in the substance use field. The topics complement CCSA's *Competencies for Canada's Substance Abuse Workforce*.

- Prevent or delay use;
- Reduce the harms associated with use; and

Reduce stigma and discrimination against people who use.

There are multiple strategies for reaching these goals. While it is easy to find simple solutions that feel helpful in the short term, it is important to look at reliable evidence for long term and comprehensive approaches. Short term strategies that focus on health education alone have not been proven effective.<sup>3,4</sup> The use of testimonials or scare tactics, another common element of short term strategies, has been shown to be both ineffective and potentially harmful.<sup>5</sup>

Comprehensive strategies that have been shown to be effective in reaching the goals are:

- Building healthy public policy;
- Creating supportive environments for health;
- Strengthening community action for health;
- Developing personal skills; and
- Reorienting health services.<sup>6</sup>

In addition, substance use prevention and health promotion require substance-specific strategies; these are detailed below.

## Prevention and Health Promotion Strategies Specific to Substance Use

Strategies specific to substance use seek, for a given substance, to reduce:

- The available supply;
- Individual and cultural demand; and
- Individual and societal potential for harm.<sup>7</sup>

These strategies work at the individual, community and environmental levels where risk and resilience factors interact in complex ways: each person has a unique set of strengths and weaknesses; each substance poses unique characteristics and addictive potential; every environment (family, friends, culture and living condition) adds distinct elements of risk or resiliency. Each of the following substance-specific strategies offers opportunities for health policy change.

**Supply reduction** works at the environmental level to reduce the physical availability of the substance in question. For example:

- Reducing the hours and days during which alcohol can be sold limits the availability of alcohol and by extension, reduces levels of consumption and related harms.
- Increasing the cost of a substance reduces the availability and reduces use.

**Demand reduction** works at the individual, community and environmental levels to reduce people's demand for the substance in question. For example:

- Performing brief interventions with at-risk drinkers works at the individual level (providing guidance, recommending action and following up) and serves to motivate individuals to drink less during their next drinking occasion.
- Restrictions on advertising alcohol or tobacco products work at the environmental level to reduce individual and communal demand for substances.

**Harm reduction** works at the individual, community and environmental levels to reduce harm to people using substances, as well as to people around the substance user, without necessarily changing an individual's pattern or level of substance use. For example:

- Policies on random breath-testing of drivers encourage those who have over-consumed to find ways to reach their next destination without driving themselves. This works at an environmental level to protect the individual and the community from accident and injury, reduces the societal burden of healthcare costs and de-normalizes drinking and driving in the community.
- Safer bar initiatives train servers in managing aggression and violence. This training reduces the social burden of alcohol-related harm, as well as protects individuals.

Deciding what strategy to use and when requires an evidence-based framework that supports effective planning and decision making. An evidence-based population health framework (detailed below) supports the goals and strategies of substance use prevention and health promotion.

### **A Population Health Framework for Addressing Substance Use**

Public health has in recent years adopted a population health approach to prevention and health promotion that offers the opportunity to address the root causes of ill health such as lack of access to safe housing, unhealthy food and a below-living wage. Determinants of health that directly impact health, well-being and the likelihood of becoming involved with or staying involved with substances include employment, education, coping skills, income and social support networks. The issues can be addressed through social policy and actions that decrease risk factors and increase protective factors for health at a population level.

A population health framework<sup>8</sup> provides focus, direction and a basis on which to prioritize work. The work requires many choices about where to place limited time and resources. Do we work with youth, adults or seniors? Do we focus the work on alcohol, street drugs, tobacco or prescription opiates? Do we work in schools, with community health boards, or municipal or provincial governments? Do we work to improve working environments, improve food security, provide health education or create increased capacity for communities to address substance use issues? The possibilities are overwhelming.

A population health framework prioritizes issues of greatest population impact. If 80% of the people in the community are impacted by alcohol use and 5% are impacted by cocaine use, the priorities at a population-level will be to focus on the negative impacts of alcohol use. Cocaine use would be attended to, but would be understood in relation to the overall health status of the community.

A population health framework also works to create equity in health. When equal access to resources exist, communities are more likely to be happy, healthy and able to cope with life's problems. As the gap between rich and poor, healthy and unhealthy increases, people become at greater risk for overall lower health status, including greater risk for substance use and abuse. Health inequity—the unfair and avoidable differences in health status—has been identified globally as a social justice issue. The root causes of health inequity are often the root causes of substance use. These causes include poverty, gender and race inequity, and trauma. A population health approach addresses substance use broadly, across a range of both legal and illegal substances.

### **The Day-to-Day Practice of Prevention and Health Promotion**

A planned approach with clear goals, indicators of success and evaluation is recommended for effective prevention and health promotion interventions. While planning is critical, the work requires flexibility and implementation is incremental. For example, creating community readiness will need to be done simultaneous to working with government (municipal or provincial) to implement public

policy. Prior to implementation, consider the following three essential phases to prevention and health promotion planning.<sup>9</sup> Day-to-day work will be informed and guided by this plan.

## 1. Assess the community's strengths and needs

- Identify the issue of primary concern (e.g., excessive drug use by high school teens).
- Research the issue: review health data (e.g., Canadian Community Health Survey), past efforts and lessons learned with an eye for diversity and gender differences.
- Connect with community resources (strengths) and key stakeholders (e.g., schools, librarians, researchers, public health staff, teachers, parents), and identify gaps and needs in resources.
- Determine community and organizational commitment, human and financial resources.
- Identify and understand how your theoretical choices and your personal biases guide your work. Adapt as necessary.

## 2. Plan the approach and implement it

- Define the population to focus on, as determined by a thorough assessment: identify demographics and psychographics including age, culture, gender, sex and socioeconomic status.
- Build citizen engagement and participation. Identify and engage those who are typically invisible or left out. Support community capacity with resources and expertise. Build enthusiasm.
- Identify and work in the most appropriate settings. For example, if working with a general population of youth, likely partnerships would be with schools.
- Identify the interventions that will likely have the biggest impact: Changes in public policy are known to be the broadest reaching and have impact over the long term. Identify policy opportunities.
- Develop and nurture key partnerships and secondary networks through partnership agreements and the creation of networks (e.g., colleagues, community organizations, engaged citizens), and identify additional non-traditional collaboration opportunities across jurisdictions.

## 3. Develop a comprehensive framework for evaluation and reflection

- Incorporate on-going program evaluation from the beginning of the health promotion planning process.
- Clarify the intended outcomes of the health promotion strategy, as stated in the identified goals and objectives for the target populations.
- Engage stakeholders in developing and implementing the evaluation and in disseminating the results. This promotes engagement and increases the likelihood that the recommendations arising from the evaluation will be implemented.

Consider and adjust for unintended consequences of well-intentioned programs.

## Implications for Substance Use and Allied Professionals

There are many diverse places where people go when looking for help with their own or someone else's substance use. Allied professionals in primary health care, public health, community services, family resource centres, employment services and many other government and non-government organizations respond to substance use issues on a day-to-day basis. Common misconceptions of

substance use as an individual's choice or as a sign of failure are slow to change. In order to change cultural norms about substance use, substance use must be recognized as a multi-faceted health issue. It is equally essential that substance use and allied professionals become equipped to engage problem prevention and health promotion activities under a population health framework.

Prevention and health promotion practitioners need to work with all sectors of society to create public will for health policy change. The overwhelming burden of disease rests with those least able to afford it and those least able to respond. Encouraging professionals to embrace the underlying values of health promotion and thus take action on stigma and social injustice will be critical.

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## Selected Resources

### *Population Health* (2013)

Website with information on the population health approach, determinants of health, and other descriptions and terminology.

Source: Public Health Agency of Canada

Available at [www.phac-aspc.gc.ca/ph-sp/](http://www.phac-aspc.gc.ca/ph-sp/)

### *Portfolio of Canadian Standards for Youth Substance Abuse Prevention (2010)*

Set of three guidebooks on standards for prevention programs – in schools, in communities, and in families. Sets out practical process of planning, selection, implementing and evaluating an evidence-informed initiative. Guidebooks also available individually.

Source: Canadian Centre on Substance Abuse

Available at [www.ccsa.ca/Eng/topics/Children-and-Youth/Drug-Prevention-Standards/Pages/default.aspx](http://www.ccsa.ca/Eng/topics/Children-and-Youth/Drug-Prevention-Standards/Pages/default.aspx)

### *Prevention and Evaluation Resources Kit (PERK): A Manual for Prevention Professionals (2010)*

Compilation of evidence-based prevention principles, planning rules and evaluation tips. Lists additional resources. Chapters include needs assessment, goals, content and objectives, strategies and delivery, feasibility check, implementation and process evaluation, and outcome evaluation.

Source: European Monitoring Centre for Drugs and Drug Addiction

Available at [www.emcdda.europa.eu/attachements.cfm/att\\_105843\\_EN\\_Manual4PERK.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_105843_EN_Manual4PERK.pdf)

### *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention (2009)*

Provides basic guidance to policymakers and program managers interested in launching a family skills training program at the universal or selective level. Includes 12 basic principles of effective programs and how to choose the most appropriate one. Explores challenges and how to overcome them, cultural adaptations, recruitment and retention, training, evaluation and sustainability.

Source: United Nations Office on Drugs and Crime

Available at [www.unodc.org/documents/prevention/family-guidelines-E.pdf](http://www.unodc.org/documents/prevention/family-guidelines-E.pdf)

### *School-based Drug Abuse Prevention: Promising and Successful Programs (2009)*

Identifies risk and protective factors for drug use, elements of good practice for drug use prevention, and key aspects of effective school-based approaches (both targeted and universal).

Source: National Crime Prevention Centre

Available at [www.publicsafety.gc.ca/cnt/rsrscs/pblctns/sclbsd-drgbs/sclbsd-drgbs-eng.pdf](http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/sclbsd-drgbs/sclbsd-drgbs-eng.pdf)

### *Health Promotion in Action: From Local to Global Empowerment (2008)*

Using a population health lens, authors offer a range of strategies to reduce health inequities and improve the health of the population.

Source: Palgrave MacMillan Publishing

Available through [www.palgrave.com/us/book/9780230007222](http://www.palgrave.com/us/book/9780230007222)

### *A Question of Influence (2008)*

Resource for those teaching Grades 7–9, built on current school-based alcohol and other drug education best practices. Separate sections for each grade include learning plans, slides, and student handouts.

Source: Education and Early Childhood Development (Nova Scotia)

Available at [www.druged.ednet.ns.ca/index.html](http://www.druged.ednet.ns.ca/index.html)

### *Evaluating Health Promotion Programs: Introductory Workbook (2016)*

Describes ten in-depth steps to evaluating a health promotion program, including engaging stakeholders; assessing resources; designing the evaluation; determining appropriate methods and procedures; collecting, analyzing and interpreting data; and disseminating results.

Source: Public Health Ontario

Available at [http://www.publichealthontario.ca/en/erepository/Evaluating\\_health\\_promotion\\_programs\\_workbook\\_2016.pdf](http://www.publichealthontario.ca/en/erepository/Evaluating_health_promotion_programs_workbook_2016.pdf)

*Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities (2007)*

Provides comprehensive, culturally-appropriate approaches to meet health promotion needs of ethnocultural communities. Addresses working with community partners, gathering and analyzing information, planning the initiative, translating and adapting, working the plan, and evaluation. Includes links to many helpful online resources.

Source: Centre for Addiction and Mental Health

Available at [www.camh.ca/en/hospital/Documents/www.camh.net/About\\_CAMH/Health\\_Promotion/Community\\_Health\\_Promotion/Culture\\_Counts\\_Guide/culture\\_counts\\_guide140907.pdf](http://www.camh.ca/en/hospital/Documents/www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/culture_counts_guide140907.pdf)

*Youth Voices on the Prevention and Intervention of Youth Substance Abuse (2005)*

Report of qualitative study examining voices and views of youth in northern British Columbian city. Includes stories and experiences with drugs and alcohol. Discusses youth-driven research and highlights successes and challenges of youth researchers conducting research with their peers.

Source: Centre of Excellence for Children and Adolescents with Special Needs

Available at [www.unbc.ca/assets/centreca/english/piysa.pdf](http://www.unbc.ca/assets/centreca/english/piysa.pdf)

*Health Promotion Foundations Course (2017)*

An online self-study course in nine modules that introduces health promotion concepts, theories and resources, orients learners to resources, and describes how to take action on health issues.

Source: Public Health Ontario

Available at

[www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/HealthPromotion/Pages/HP-Foundations.aspx](http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/HealthPromotion/Pages/HP-Foundations.aspx)

ISBN 978-1-77178-169-5

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of the Government of Canada.