



Playbook for Action:

Implementation Guide

Playbook for Action: Implementation Guide

A practical guidance for selecting and implementing the interventions from the *Playbook for Action: Practical Interventions Small Cities Can Use to Tackle Canada's Substance Use Crisis*



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GLOSSARY OF TERMS

Adaptation: The process of modifying or adjusting existing knowledge or processes to suit new conditions, goals, or information so that they remain effective and relevant.

Community boundaries: The geographical areas that define a community, based on factors such as cultural, social, economic or administrative characteristics.

Community needs assessment: A systematic and comprehensive process used to identify the needs, challenges, strengths and available resources within a defined community.

Descriptive statistics: Statistics used to summarize and describe the main features of a dataset, providing a concise overview of its characteristics.

Environmental characteristics: Attributes that make up the natural setting of the community, including its geographic location and size, distinct neighbourhoods or districts, and physical landmarks.

Equity-deserving groups: Groups of people who, because of systemic discrimination, face barriers that prevent them from having the same access to resources and opportunities that are available to other members of society, and that are necessary for them to attain just outcomes. Equity-deserving groups include people experiencing socioeconomic or housing challenges; members of racial or ethnic minority groups; women; people with Two-Spirit, lesbian, gay, bisexual, transgender, queer, and other sexual orientations and gender identities (2SLGBTQ+); and people living in rural and remote areas.

Evidence-based interventions: Practices or programs with peer-reviewed and documented empirical evidence of effectiveness. Evidence-based interventions use a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation.

Evidence-informed practices: Practices that use the best available research evidence, combined with the expertise of practitioners and preferences of clients, to guide decision making. This approach aims to improve outcomes by ensuring that interventions are based on solid empirical findings while also considering the unique contexts and needs of individuals.

Gender: A person's personal and social identity as a man, woman or nonbinary person (someone who is not exclusively a man or a woman).

Harm reduction: An evidence-informed approach that aims to reduce health harms associated with substance use through programs, policies and practices.

Indicators: Measurable data (qualitative or quantitative) that provides information on a specific topic. For example, population size is an indicator.

Indigenous Peoples: In Canada, this term is legally defined in the *Constitution Act, 1982*, and refers to First Nations, Inuit and Métis Peoples, who are distinct groups with their own cultures, languages and traditions.

Lived and living experience: Personal knowledge gained from direct involvement or experience in activities, events or everyday life.

Population characteristics: The demographic, social and cultural traits of the individuals who make up your community.

Resource assessment: A process for identifying resources within a community to address a specific need and to identify gaps.

Stakeholder or collaborator: An individual or group who may be affected by the work, have an interest in it, or play a role in supporting or contributing to it.

Substance use crises: The parallel and interconnected health and social crises — such as the toxic drug crisis, the overdose crisis and the housing crisis — affecting communities across Canada.

Substance use health: A way of thinking about why and how people form relationships with substances, and how these relationships can affect physical and mental well-being. Developed by CAPSA, this concept moves away from an illness-based model and recognizes that health effects related to substance use exist along a spectrum that includes no use and use with varying levels of risk and benefit. Like physical health and mental health, substance use health includes strategies to maintain or improve health — not only to treat illness — across the entire spectrum.



BACKGROUND AND OVERVIEW

Communities across Canada are facing significant challenges as they respond to an ever-changing and rapidly evolving substance use crisis. Adding to the complexity are the intersections between substance use and other public health and social crises, including mental health, chronic pain and housing instability. Too often, responses have relied on top-down, one-size-fits-all approaches that overlook the power and impact that communities themselves can have (Canadian Centre on Substance Use and Addiction, 2024).

Every community is unique in the challenges it faces. One community may be experiencing high rates of overdose due to the toxic drug supply. Another may be seeing elevated rates of substance use among young people and above-average emergency department visits and hospitalizations.

Working directly with small municipalities across Canada, the Canadian Centre on Substance Use and Addiction (CCSA) developed the [*Playbook for Action: Practical Interventions Small Cities Can Use to Tackle Canada's Substance Use Crisis*](#). The playbook is a practical resource that outlines evidence-based and evidence-informed interventions (including strategies, policies, programs and services) that municipalities can draw on to meet their communities' needs. It is not intended to replace existing strategies, but to complement them and strengthen local action to improve health and well-being.

To learn more about the playbook and its development, visit CCSA's [Small Cities Initiative web page](#).

What Will This Guide Do?

This guide was created as a companion to the playbook. It walks communities through a process that combines local data, community insights and other forms of knowledge to identify the most suitable interventions to consider for implementation. The process described in this guide was informed by discussions with municipal leaders, service providers and community members, and draws on research from implementation science, public health and related fields.

It is unlikely that those leading this process will be able to implement any of the interventions in the playbook on their own. Most interventions require collaboration across sectors and orders of government. Instead, this process is intended to generate recommendations that can be shared with relevant service, government and community leaders to support implementation efforts and improve community well-being.

This guide does not provide instructions for implementing specific interventions from the playbook.

Who Is It For?

This guide is designed for anyone working to improve substance use health and well-being in their community. It may be used by municipal leaders, local service leaders, social service providers, law enforcement personnel, harm reduction and treatment providers, community coalitions, policy makers, people with lived and living experience, and others working to improve community health and well-being.

How Do I Use It?

This guide is designed to be used and adapted in whatever way best suits the needs of your community. Some communities may need to move through all the steps described here, while others may be able to skip steps to support their implementation efforts.

Helping Small Municipalities

A Playbook for Action: Practical Interventions Small Cities Can Use to Tackle Canada's Substance Use Crisis is a practical guide to evidence-based and evidence-informed interventions that can help communities respond to challenges related to substance use. It includes programs, services, approaches and strategies that communities can implement or advocate for.

Begin by reviewing the playbook and the collection of evidence-based and evidence-informed interventions it outlines. Then use this guide to prioritize, strategize and identify interventions for implementation by reflecting on the substance use challenges your community is facing, your community readiness and values, the resources available and the level of investment your community can offer.

IMPLEMENTING THE PLAYBOOK

Intersecting Health Crises

Substance use affects community health and well-being in many ways. Community members may experience the loss of family members and friends because of overdose or impaired driving, young people may suffer injuries related to high-risk substance use, and community connection, trust and safety can erode as crime connected to substance use persists.

But substance use alone has not created the conditions communities face today. Other issues — limited access to services and supports, fewer opportunities and less emphasis on skill building for youth, a shortage of affordable and accessible housing, stigma, and an increasingly toxic and unpredictable drug supply — intersect with substance use and amplify its impacts. The term “substance use crises” is intended to capture the breadth of these parallel and often interconnected crises, including the toxic drug crisis, overdose crisis and housing crisis occurring across the country.

Improving community health and well-being requires tackling these intersecting crises together through a multi-sector response (Health Canada, 2023). Communities must look beyond substance use alone to consider other factors that influence use and implement solutions that consider the whole health of individuals and the communities they live in.

Figure 1 lists core groups and sectors involved in mounting an effective, whole-health and multi-sector response. It is not meant to be comprehensive and will vary from one community to the next. Other groups and sectors not captured in the figure but worth considering include veterans, people with disabilities and newcomers.

Figure 1. Key groups and sectors involved in a whole-health response to substance use crises



What Makes a Community Healthy?

In the context of substance use crises, a healthy community is one that:

- Has access to the full spectrum of substance use health services and supports;
- Has safe, vibrant community spaces;
- Has quality education, affordable housing, nutritious food and adequate employment opportunities;
- Responds quickly and effectively to local issues;
- Prioritizes upstream prevention of harm; and
- Considers the unique challenges and needs of its most vulnerable members.

A healthy community works to reduce the factors that can negatively affect substance use health and well-being and makes it easier for people to lead healthy lives.

Substance Use and Community Health

Substance use is a complex behaviour that people experience in different ways. The term “substance use health” is a way of thinking about why and how we form relationships with substances, and how those relationships affect our broader physical and mental well-being (CAPSA, 2025). CAPSA introduced the term to move away from an illness-based model of substance use and recognize that health effects related to substance use exist along a spectrum that includes no use and use with varying levels of risk and benefit. Like physical health and mental health, substance use health includes strategies to maintain or improve health — not only to treat illness — across the entire spectrum.

Substance use is shaped by many factors. Some increase the likelihood of use (risk factors), while others reduce it (protective factors). These factors operate at both the individual and community levels (Centre for Innovation in Campus Mental Health, n.d. They range widely, from experiences such as adverse childhood events to access to education and the degree of social acceptance of substance use within a community.

The table below lists examples of risk and protective factors that influence substance use at both the individual and community levels.

Table 1. Risk and protective factors for substance use

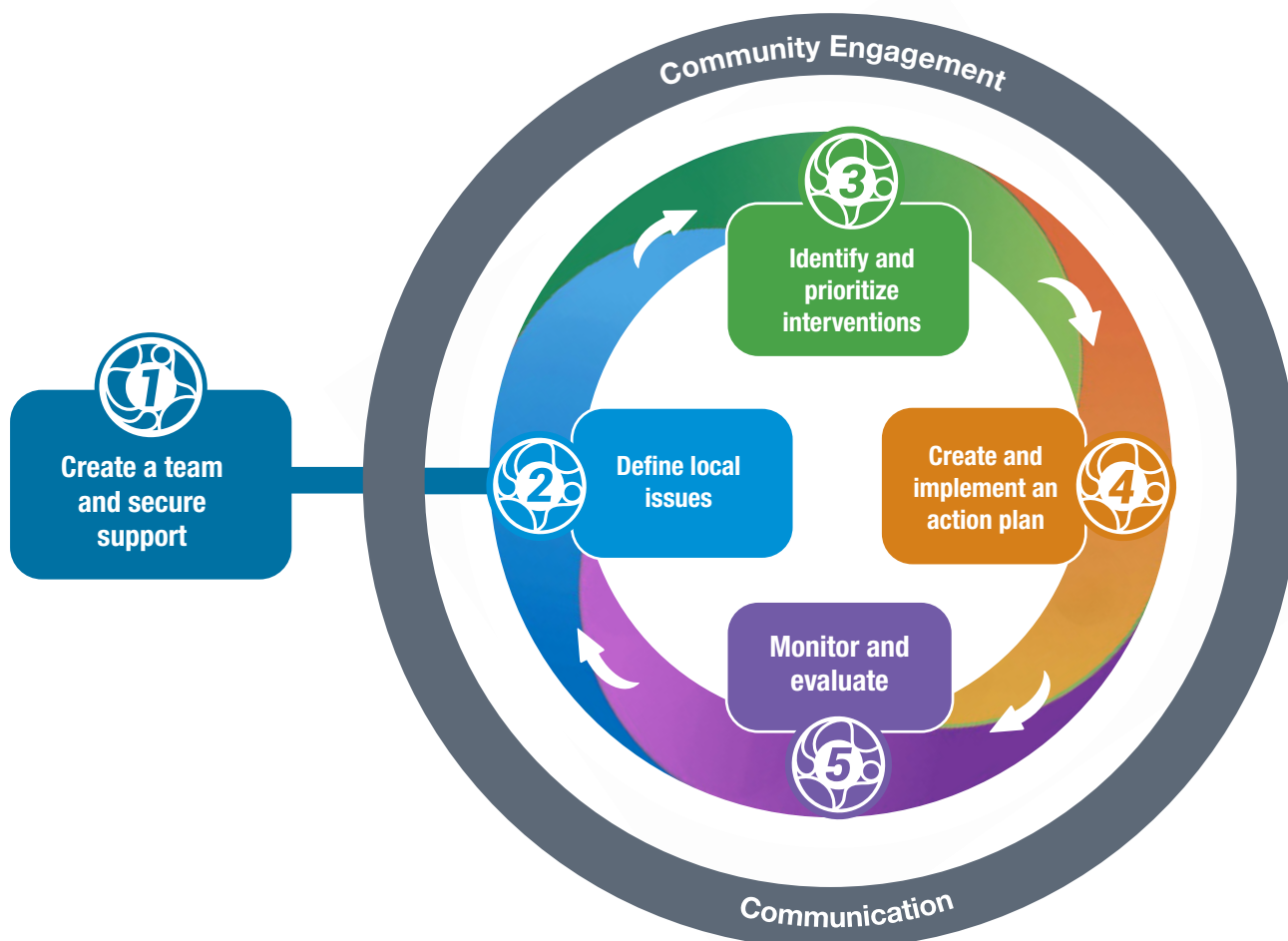
Level	Risk Factors	Protective Factors
Individual	Trauma Biological predisposition or disease Adverse childhood experiences Social pressure	Positive coping skills Supportive family relationships Strong social support networks Access to education and employment
Community	Easy access to substances High rates of unemployment Few after-school programs and activities Low community trust and cohesion Limited educational and economic opportunities	Access to social services and support (e.g., housing, childcare programs) Access to economic and financial services Stable, safe housing Strong partnerships among community organizations, local businesses, government and health care

Improving substance use health and well-being in the community involves implementing interventions that strengthen protective factors and reduce risk factors.

Recommended Process

To help you put the playbook into action and improve substance use health and well-being in your community, consider the following phases in figure 2.

Figure 2. Process for implementing the Playbook for Action



As shown in Figure 2, this process is designed to help you connect with the right people and the right information to create, implement and evaluate a plan to improve substance use health and well-being in your community. Its iterative nature recognizes that once the process is completed, the community and its context may shift — for example, changes in knowledge, attitudes or the implementation of new interventions. This evolution creates an opportunity to build on earlier efforts and assess new or changing needs so the community can continue to improve its substance use health.

The process was informed by several implementation and strategic prevention frameworks and tools, including *The Implementation Playbook* (Barwick et al., 2023), CCSA's *Adaptation Toolkit: Co-creating a Local Resource with Caregivers Supporting a Young Person with Substance Use Disorder* (2023), *Implementing the Icelandic Model for Preventing Adolescent Substance Use* (Kristjansson et al., 2019) and the Substance Abuse and Mental Health Services Administration's *Strategic Prevention Framework* (2019), along with insights gathered through conversations with leaders and residents of small and mid-size communities.

The table below outlines the steps in each phase of the process.

Table 2. Phases and steps in the implementation process

Create a Team and Secure Support	Define Local Issues	Identify and Prioritize Interventions	Create and Implement an Action Plan	Monitor and Evaluate
<ol style="list-style-type: none"> 1. Identify core team members 2. Introduce the playbook 3. Define the guiding principles 4. Secure supports and buy-in 	<ol style="list-style-type: none"> 1. Define the community 2. Engage the community 3. Identify resources 4. Collect relevant data 5. Analyze and interpret data 	<ol style="list-style-type: none"> 1. Create a list of relevant interventions 2. Engage implementers to explore interventions 3. Generate recommendations for action 	<ol style="list-style-type: none"> 1. Define the role and activities of the core team 2. Lead engagement and oversight 	<ol style="list-style-type: none"> 1. Identify relevant evaluation indicators 2. Collect evaluation data 3. Analyze and communicate results

A key component of this process is building accountability for the work and creating transparency and trust within the community. Publicly communicating results, activities, recommendations and progress helps promote engagement and build collective commitment across sectors and orders of government to address the complex issues surrounding substance use. Throughout this document, we have included suggestions for key pieces of information to consider communicating.

Taking a Whole-of-Health Approach

A whole-of-health approach considers the full spectrum of health, including prevention, harm reduction, access to services and supports, treatment and recovery, and overall health and well-being. It recognizes that health and well-being are shaped by biological, physical, psychological, social and environmental factors at both the individual and population levels. Supporting whole health requires effective collaboration across the sectors that intersect with these factors — such as education, housing, enforcement, the economy and health — to address the challenges surrounding substance use and the broader crisis.

Applying the Process

Depending on where your community is at, some steps in this process may be adapted or skipped. As you move through the process, you may revisit earlier steps to address challenges, re-strategize, or make adaptations and improvements to reach your goals. As interventions are implemented, local issues may shift or improve, which may also influence your approach and strategy.

The remaining chapters in this guide explore these phases and steps in greater detail and offer tools, tips and guidance to help you navigate each one successfully.

Celebrate the Journey

There is no set timeline for how quickly a community should move through this process. Resources, capacity and investment will all influence the pace. But through commitment, dedication and collaboration, there is hope for building safer, healthier and more resilient communities. While the substance use crisis is complex, there is no single solution. Progress will come from the many small actions we all take to create meaningful change and support a healthy community.



[CREATE A TEAM AND SECURE SUPPORT]

There is strength and skill in numbers. Before you can tackle any complex problem, you need a team of people to help you.

The first step in the process is to create a team of people who will carry out the process described in this guide and secure the support needed to successfully implement the playbook. This team could take the form of a community coalition, a working group or a committed group of people from different sectors working toward the same goal: addressing challenges related to substance use and improving the health and well-being of the community. The aim is to bring together the experience, knowledge and skills from various sectors to guide and oversee how the playbook is used by working through the steps in this guide.

The following steps can help you create a team with the right skills to implement the playbook:



Below we describe each step in greater detail and provide tips, tools and additional resources to help you create a team and secure support.

Step 1: Identify Core Team Members

Successful implementation of the playbook and this guide will require a dedicated team that can offer the commitment and skills needed to move this work forward. Success does not require expertise in substance use; it requires people who are willing to champion the work.

When deciding who should be part of this core implementation team, consider the roles, responsibilities and skills that will be needed as you move through the steps in this guide. These roles, responsibilities and skills are outlined in Table 3.

Table 3. Roles and responsibilities of core team members

Role	Responsibilities	Skills
Team lead(s)	<p>Manage and lead the team through the steps of the guide</p> <p>Provide direction and motivation to support progress</p> <p>Address challenges and help the team achieve its goals</p>	<ul style="list-style-type: none"> • Leadership • Communication • Problem-solving • Interpersonal skills • Conflict resolution
Team coordinator(s)	<p>Provide administrative support to the project lead</p> <p>Track activities, resources and budget</p> <p>Coordinate meetings and organize materials</p> <p>Support the team lead to enable smooth collaboration</p>	<ul style="list-style-type: none"> • Organization • Communication • Time management
Analyst(s)	<p>Collect and analyze community data</p> <p>Engage with data experts and organizations that hold relevant data, such as public health units, policing boards and education authorities</p>	<ul style="list-style-type: none"> • Data management and visualization • Statistical analysis • Data literacy (e.g., Structured Query Language)
Community engagement lead(s)	<p>Engage with different groups, sectors and community members</p> <p>Develop and maintain relationships to understand challenges related to substance use</p> <p>Communicate information and identify opportunities for support (financial or in-kind) and partnership</p> <p>Build influence and encourage collaboration</p>	<ul style="list-style-type: none"> • Communication • Problem-solving • Interpersonal skills • Cultural competence

When building your team, consider which groups and sectors you could draw from — those that have the skills and capacity to contribute meaningfully to this work. In the Implementing the Playbook section, we introduced potential groups and sectors to involve. While it may not be feasible for all communities to engage every group and sector, team members from different areas can bring new knowledge and perspectives. Their involvement can also increase reach, trust and buy-in within the community, which are key elements for supporting the implementation of this process, its activities and the interventions that follow.

As you assemble your team, you may find gaps in the skills you have available. If needed, consider partnering with organizations that can offer this support. Partners could include a local public health unit or a service organization focused on substance use. For example, if you are looking for a data analyst, you could connect with your local public health unit or a local hospital.

Check out the resource [Supporting Equity-Centred Engagement](#) (UI Haq, et al., 2023) to learn how to engage people in ways that put equity front and centre.

Step 2: Introduce the Playbook

Once you have identified your core implementation team, share the [playbook](#) and the implementation guide. These resources will help orient the team and create a shared understanding of the purpose, the process and the possible solutions that could be implemented in response to the challenges related to substance use in your community.

As you read through the [playbook](#) and implementation guide, it may be tempting to jump straight to identifying solutions. But it is important to follow the process outlined in this guide to develop a clear understanding of your community's challenges and needs. No single solution will fix this crisis, and any solution must address the right problems and have the trust and buy-in of the community.

Step 3: Define Guiding Principles

Some team members may also have first-hand experience with the crisis, including people currently in treatment or recovery, or people who have lost a loved one. Establishing guiding principles helps create a welcoming environment and provides support if members feel triggered or overwhelmed during discussions.

Check out the Canadian Centre on Substance Use and Addiction's [Overcoming Stigma Through Language: A Primer](#), developed in partnership with CAPSA (2019). This resource explains what stigma is, how it affects people, what person-first language looks like and how to recognize stigmatizing language.

Here are some examples of guiding principles:

- Use approaches that are data-driven and evidence-based or evidence-informed.
- Set clear objectives.
- Listen without judgment.
- Practise compassion, empathy and respect.
- Be transparent.
- Use person-first language that focuses on the person rather than the behaviour.
- Avoid stigmatizing language.
- Recognize that substance use is a health issue shaped by complex health and social factors, not a moral failing.

Step 4: Secure Supports and Buy-In

One of the first steps your team will take is to identify ways to secure the supports and buy-in needed to reach your goals. This work may include securing financial resources, in-kind contributions, and building a network of relationships and partnerships.

Compensation

Offering compensation is considered best practice when engaging people with lived and living experience of substance use, equity-deserving groups and Indigenous partners. It is best to set aside a budget to compensate people for their time and insight. If compensation cannot be offered, it is important to be transparent so that people can decide whether they want to participate.

Below are examples of supports to consider. This list is not exhaustive, but a starting point as you reflect on the needs of your core team and the resources required to implement the activities in this guide.

- **Funding:** Securing financial and in-kind support (grants, sponsorships, fundraising, donations, volunteer time) can help support activities such as:
 - Community engagement — offering compensation for perspectives from community members, including people with lived and living experience, First Nations, Métis and Inuit partners and equity-deserving groups.
 - Printing materials — for communicating and engaging with the public, including meeting materials (e.g., agenda, meeting minutes) and surveys.
 - Facilities — securing spaces to host meetings or engagement activities, including community spaces the municipality can provide at no cost.
- **Material and equipment:** Supplies needed to complete activities in the guide, including internet access, a computer or laptop, an email address or social media tools.
- **Community buy-in:** A clear process for communicating updates about goals and activities. Regular communication promotes transparency, builds trust and improves understanding of community concerns and potential barriers.
- **Coaching and mentorship:** Other communities, organizations or individuals with experience in community needs assessments, engagement with the community about issues related to substance use, or program implementation and evaluation can offer valuable guidance. They can also expand your network and help increase reach and resources.
- **Local community networks, clubs and coalitions:** Identify local networks and understand their roles. These groups can offer collaboration opportunities, help extend your reach and build community trust.

Some communities have existing networks, clubs or coalitions that can be leveraged. These groups may already have community trust and can help you consult and collaborate on strategies, strengthening both your reach and credibility.



[DEFINE LOCAL ISSUES]

No two communities are alike. Some may share similar challenges, while others face issues that are entirely their own. To choose the most appropriate interventions from the playbook, you need a clear understanding of the substance use health issues affecting your community and which solutions are most suitable and relevant. One way to do this is through a community needs assessment.

A community needs assessment is a systematic and comprehensive process used to identify the needs, challenges, strengths and available resources within a defined community. It is widely used in health planning to help communities invest in services that best support their residents (Quality Improvement & Innovation Partnership, 2009). In this context, a needs assessment helps you gather the information required to understand the substance use health issues affecting your community and to select the right interventions from the playbook.

In this section, we outline the process for conducting a community needs assessment tailored to substance use and broader health needs. Each step includes guiding questions to help you identify and gather the information you need.

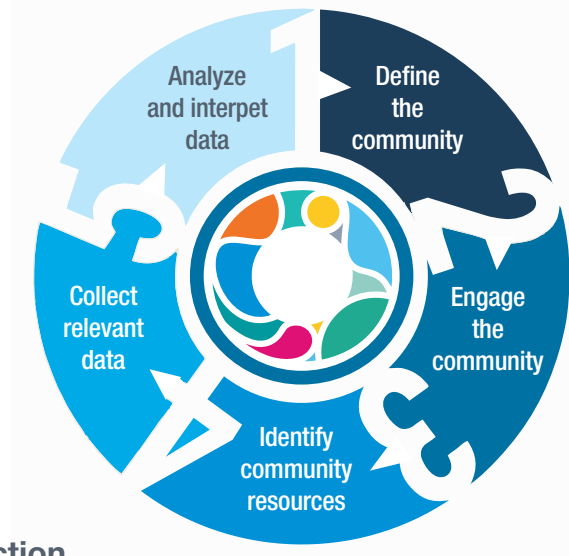
If you already have a strong understanding of the substance use issues in your community, you can complete the Needs Assessment Analysis Worksheet and move directly to Phase 3: Identify and Prioritize Interventions.

There are five steps to conducting a community needs assessment:



Figure 3 shows this process and its iterative nature. It reflects the core steps used in community needs assessments around the world (CADCA, 2019; CMHA Ontario, 2011; Kristjansson, et al., 2019; Quality Improvement & Innovation Partnership, 2009). Each step is guided by a core question or set of questions, and there is no single right way to complete the process — communities can adapt it based on their context, capacity and goals.

Figure 3. Community needs assessment process



Data Sources and Collection

There are two main ways to gather the information needed for this assessment. The first is to use existing (secondary) data collected by government and non-government organizations. Many agencies across Canada routinely collect data related to substance use, including federal departments, provincial and territorial health ministries, school boards and local public health units. Some of this information is publicly available through data tables, reports or dashboards.

If your municipality does not have public access to substance use data, you can request it directly from the agencies that collect it. These requests often come with a fee, and the available data may not meet all your needs. Before submitting a request, it is important to ask about what data exists, how it can be shared and what it will cost. In its *Community Assessment Primer* (2019), CADCA suggests asking the following questions when accessing data from secondary sources:

- What is the most current year for which data is available?
- How often is data updated?
- Is county- or city-specific data available?
- Is the data available online?
- What types of breakdowns are available (e.g., gender, age, race/ethnicity)?
- Is there a cost to obtain this data?
- How long will it take to get the data?

If substance use data is not already collected for your community, you may need to gather it yourself. Data collection can be done through surveys, focus groups or interviews. Collecting your own data allows you to tailor questions to your community and gather specific insights. However, it can be costly and requires specialized skills to design the tools, collect the information, and ensure that the data is valid, accurate and complete.

The remainder of this chapter outlines the types of data required for the assessment and where you are most likely to find it. At the end of the chapter, you will find tables, worksheets, tips and tools to guide you through the full needs assessment process.

Step 1: Define Your Community

What are the physical boundaries of your community?

What jurisdictions exist within those boundaries?

What are the key characteristics of the environment and the population?

The first step in conducting a needs assessment is to define your community. This involves identifying the physical boundaries, noting the relevant jurisdictions within those boundaries, and gathering information about environmental and population characteristics (CMHA Ontario, 2011; Quality Improvement and Innovation Partnership, 2009). Much of this information can be found through existing sources such as maps, service directories, government datasets and public records.

Physical Boundaries

Before exploring the people and places within a community, you need a clear understanding of where the community begins and ends. Physical boundaries can be defined in many ways, including municipal borders, census divisions, First Nations reserves, Treaty territories or other geographic designations.

This guide uses municipal boundaries as the physical boundaries of the community because most national data sources are structured around municipalities. However, this may not be the most meaningful approach for every community. Consider working with partners and residents to confirm the boundaries that best reflect your local context before moving to the next step.

Relevant Jurisdictions

Once you have chosen the physical boundaries, identify any jurisdictions that operate within them. Jurisdictions may include:

- Counties
- Health authorities
- School districts
- Police districts
- Neighbourhoods
- Other districts (cultural, shopping, historical, etc.)

Understanding these jurisdictions will help you determine how responsibilities, services and data are organized.

Environmental Characteristics

After the boundaries and jurisdictions are defined, explore the environmental characteristics within them. These characteristics are the physical features that shape the community's setting, including:

- Natural landmarks, such as rivers, lakes mountains and valleys; and
- Man-made landmarks, such as bridges, monuments, places of worship and historical buildings.

Maps are a great way to identify these features. Creating your own working map — one that includes neighbourhoods, districts and key landmarks — will be useful later when you assess local services and interpret data.

Population Characteristics

Defining your boundaries also enables you to examine the characteristics of the people who live within them. Population characteristics include the demographic, social and cultural traits of your community (Winnipeg Regional Health Authority, 2004). These traits can include:

- Population size
- Language characteristics
- Representation of visible minority groups
- Housing needs
- Postsecondary attainment
- Indicators of prosperity

Table 4. Population characteristic indicators

Indicators	Data Measures
Population size	Municipal population estimates
Basic demographics	Age, sex at birth and gender
Ethnocultural statistics	Ethnicity, visible minority status and religious affiliation
Immigrant statistics	Place of birth, immigrant status and period of immigration
Language statistics	Knowledge of official languages, first official language spoken and knowledge of other languages
Prosperity statistics	Housing, poverty rates and postsecondary attainment

What Is Gender?

Gender refers to an individual's personal and social identity as a man, woman or nonbinary person (a person who is not exclusively a man or a woman). Gender includes the following concepts:

- Gender identity, which refers to the gender that a person feels internally and individually; and
- Gender expression, which refers to the way a person presents their gender, regardless of their gender identity, through body language and aesthetic choices such as clothes, hairstyle or makeup, which may have traditionally been associated with a specific gender.

A person's gender may differ from their sex at birth and from what is indicated on their current identification or legal documents, such as a birth certificate, passport or driver's licence. A person's gender may also change over time (Statistics Canada, 2024b).

Some people may not identify with a specific gender.

Much of the information described in this section can be found through open-source datasets published by government and non-government agencies. Statistics Canada provides population estimates through its [census reporting](#) (2022), while its [Data Visualization Tool for Municipalities](#) (2024a) offers population characteristics for municipalities across Canada.

Step 2: Engage the Community

What substance use and other health-related concerns are top of mind for community members?

What events may have shaped the substance use health and well-being of the community?

What are residents' perceptions about substance use in your community?

The second step in the assessment process is to engage the community on the issues you are aiming to address. People who live and work in the community bring important knowledge, perspectives and lived experiences that can deepen your understanding of local challenges and what has been done or could be done to respond.

In this step, you will connect with the community to learn about their concerns related to substance use, the events that may have shaped the local context, and how residents perceive substance use and its impacts. Engagement can include key informant interviews, focus groups and community forums. You can also consult historical sources, such as local news articles, municipal reports and public records, to understand past events that influence today's circumstances.

Individuals and Groups to Engage

Substance use affects many parts of a community, spanning sectors, organizations, agencies and community groups (Canadian Substance Use Costs and Harms Scientific Working Group, 2023; Government of Canada, 2025). When deciding who to engage, aim to be inclusive and gather a broad range of perspectives.

Consider engaging:

- People from the community who use substances;
- Groups that experience disproportionate harms from substance use, including youth, First Nations, Inuit and Métis people, 2SLGBTQ+ people, racialized groups, unhoused people and women;
- People who frequently interact with people who use substances or those at risk of harms from substance use through their work, including health and social service providers, first responders, law enforcement and bylaw personnel, peer support workers, people working in trades and others;
- Local organizations, coalitions and networks focused on substance use;
- Local community associations; and
- Community residents.

As you begin engaging with the community and people working in the substance use health space, your list of people to engage with may grow. Be sure to keep a list of those you engage during this step, as they may be helpful later in the process.

Equity Considerations

Equity is an important consideration when engaging the community and the individuals and groups within it. An equity-centred approach emphasizes fairness, impartiality and the inclusion of people with diverse identities, ideas and experiences, so that all voices are heard, valued and understood.

McMaster's [Supporting Equity-Centred Engagement](#) (Ul Haq, et al., 2023) resource provides information, tools and resources to help you support equitable engagement and create a meaningful and supportive experience for all.

Step 3: Identify Community Resources

**What resources exist in the community to reduce harms related to substance use?
What resources exist in the community to improve quality of life?**

In addition to identifying the needs and challenges in your community, a needs assessment also involves identifying your community's strengths (CADCA, 2019).

A resource assessment is a process for identifying resources in a community to address a specific need, as well as identifying gaps. It allows a community to capitalize on its strengths and build upon existing resources (CADCA, 2019; CMHA Ontario, 2011).

In this step, the resources you will want to capture include interventions (programs, services and supports), infrastructure, third spaces, organizations and networks in the community that work to reduce harms related to substance use and support broader community health, along with any gaps in these resources.

The Role Community Can Play

No single organization offers the full range of services and supports, including healthcare, housing, benefits and entitlement, and legal, economic and educational resources required to meet the whole-person needs of the population it serves.

Re-engaging community members from Step 2 can help you identify the breadth of resources in your community.

Interventions

The first resources to identify during your assessment are any interventions — services, supports, policies or programs — that exist in your community that can improve substance use health, prevent harm and support broader well-being.

The playbook outlines more than 50 interventions that can contribute to these outcomes and provides a great starting point for your assessment. You can find a list of these interventions in the Playbook for Action.

Refer to the [playbook](#) for more information about each of the evidence-based interventions.

The Community Intervention Summary Worksheet found at the end of this chapter can help you map the interventions available in your region. Use this, along with the Needs Assessment Guiding Questions, to understand which interventions you have in place and where there may be gaps.

Infrastructure

When you think about resources to support substance use health and well-being, it is easy to overlook the critical role that infrastructure plays in enhancing quality of life. Infrastructure includes both physical structures and the systems that support essential services, including:

- Roads, bridges and public transportation
- Water and sewage systems
- Energy grids
- Communication networks (e.g., internet and phone lines)
- Social infrastructure such as schools, hospitals and libraries

Online maps and open-source datasets such as [GEO.ca](#) can help you identify and map the core infrastructure in your community.

Third Spaces

Third spaces are places outside the home and workplace where all people in the community can socialize, build community and connect with others. These spaces are important for community health, as they support social connection, sense of community and belonging outside of the home and workplace (Finlay et al., 2020).

When identifying third spaces as part of this assessment, focus on spaces that are not centred on alcohol, such as bars or clubs.

Third spaces can include:

- Public parks, including skate parks and splash pads
- Conservation areas and green spaces
- Community centres
- Libraries
- Gyms
- Cafés and coffee shops
- Places of worship

Online tools such as the Canadian Urban Institute's Main Street Map can be a helpful starting point for identifying third spaces in your community. Community members themselves can also be helpful in identifying third spaces.

Making Geospatial Data Accessible to All

[GEO.ca](https://geo.ca) is an open-source digital platform where you can access, analyze and map geospatial data in Canada. The platform houses thousands of datasets and reflects collaboration across federal, provincial and territorial data providers, including Health Canada, the Department of Justice, Transport Canada, and provincial and territorial governments.

Main Street Map

The Canadian Urban Institute's [Main Street Map](#) is an open-access tool that enables users to evaluate housing, services and civic infrastructure in cities and towns across Canada. It is the first research tool to use main streets as the primary unit of analysis, allowing any user to make the case for their main street.

The Measuring Main Streets platform is part of the Research Knowledge Initiative from Housing, Infrastructure and Communities Canada. It was developed by the Canadian Urban Institute in partnership with Environics Analytics and Open North.

Networks and Coalitions

Community members have long organized around shared priorities with the hope of making a change. This is true of substance use, too. Over the years, many networks, coalitions and community groups have been established that can influence community health and well-being and intersect with the substance use. This work includes networks and coalitions dedicated to:

- Substance use and harm reduction
- Youth
- Parents and families
- Older adults

Non-profit Organizations

Non-profit organizations are associations, clubs or societies that are organized and operated for social welfare, civic improvement, recreation or other purposes that are not for profit (Government of Canada, 2025). These organizations include:

- Charities (e.g., YMCA, Boys and Girls Clubs, Girl Guides, Scouts, Mothers Against Drunk Driving)
- Indigenous organizations (e.g., local friendship centres)
- Faith-based organizations (e.g., The Salvation Army)
- Social welfare organizations (e.g., United Way, Children’s Aid Society, Association for New Canadians)
- Membership organizations (e.g., Rotary Clubs, 4H Clubs)
- Foundations (e.g., Community Foundations of Canada)
- Professional associations (e.g., Canadian Nurses Association, Canadian Association of Chiefs of Police)
- Recreational clubs (e.g., sports clubs, arts and crafts groups, book clubs and social clubs)

For the purpose of this assessment, focus on identifying non-profit organizations that directly or indirectly support substance use health and broader community well-being, including organizations working in substance use, mental health, public safety, housing, poverty reduction, youth services, 2SLGBTQ+ communities, Indigenous communities and education.



Step 4: Collect Relevant Data

What substances are being used in the community, by whom, and to what extent?

How, and to what extent, does substance use impact the community?

To what extent do factors exist within the community that influence substance use or contribute to harms?

Getting the Data You Need

To identify the unique substance use health and related needs of the community, you will need to gather local data in three key areas:

1. Rates and patterns of substance use
2. Costs and harms related to substance use
3. Factors in the community that contribute to substance use and related harms

At the end of this chapter, three tables outline indicators for each of these areas and suggest where you are likely to find relevant data.

Rates and Patterns of Use

To understand the local substance use landscape and how it compares with other communities, you first need to identify what substances are being used in the community and by whom. This requires local prevalence data.

Prevalence refers to the proportion of a population that engages in specific behaviour at a given point in time (National Institute of Mental Health, n.d.). However, prevalence alone does not provide a complete picture.

How people use substances also matters. Method of use, frequency, intensity and duration all influence the types and severity of harms people may experience. Certain methods of consumption, as well as more frequent or intense use, are associated with a higher risk of harm.

For this reason, in addition to prevalence, you should collect information on patterns of use, including how often substances are used and the quantity typically used at a given time.

Categories of Substances

CCSA recommends gathering data on the following categories of substances, at a minimum, to support consistency and comparability across data sources:

- Alcohol
- Tobacco
- Cannabis
- Cocaine
- Opioids
- Other central nervous system (CNS) depressants
- Other CNS stimulants
- Other substances

Costs and Harms Related to Substance Use

The impacts of substance use on a community are wide-ranging and can be observed across multiple sectors and settings. These impacts take many forms and can affect individuals, systems and services.

CCSA's [Canadian Substance Use Cost and Harms project](#) outlines four main areas where substance use contributes to harms and costs: health care, lost productivity, criminal justice and other direct costs (Canadian Substance Use Costs and Harms Scientific Working Group, 2023).

Conditions Attributable to Substance Use

Frequent or heavy use of substances such as alcohol, tobacco and cannabis is associated with a range of health conditions. These include diabetes, cardiovascular conditions, respiratory conditions (e.g., chronic obstructive pulmonary disease and tuberculosis), and some cancers, including cancers of the trachea, stomach, bladder, kidney and cervix.

To learn more about how substance use can affect health, visit [CSUCH.ca](https://www.csuch.ca).

To assess the impact of substance use on individuals and local systems and services, you will need to gather data in the following areas:

- Rates of health conditions or events attributable to substance use, including drug poisonings and deaths related to substance use;
- Healthcare service use for conditions attributable to substance use, such as emergency department visits for alcohol poisoning or surgeries for cancers related to substance use;
- Rates of crimes attributable to substance use, including violations of the *Controlled Drugs and Substances Act* and traffic violations related to driving after using alcohol, other drugs or both; and
- The impact of substance use on local employment and productivity, including rates of short and long-term disability associated with conditions attributable to substance use.

Factors Influencing Substance Use or Contributing to Harm

Both individual- and community-level factors can increase the likelihood that people will use substances and experience related harms (Centre for Innovation in Campus Mental Health). Understanding these factors, and the extent to which they are present in the community, supports a more complete understanding of why substance use occurs and where action may be most effective.

At the individual level, factors can include:

- Prevalence of health conditions, such as mental illness, chronic pain and chronic illnesses, including diabetes and hypertension.
- Social determinants of health, including experiences of adverse childhood events, poverty, employment, literacy rates and access to affordable housing.
- Social and cultural connection, including loneliness, isolation, loss of connection to culture and limited participation in community life.

Open Access to Data

Some government and non-government organizations provide dashboards with municipal-level data related to substance use and related harms, including:

- Government of Alberta's [Substance Use Surveillance System](#);
- Government of Ontario's [Substance Use and Harms Tool](#); and
- British Columbia Centre on Disease Control's [BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)

At the community level, factors can include:

- Access to health and social services and supports, including the proportion of community members with a primary care provider;
- Community attitudes toward substance use, including negative and stigmatizing attitudes, as well as positive attitudes, such as viewing substances like alcohol as socially acceptable; and
- Access to and availability of substances, including the number of alcohol or cannabis retail outlets.

The Data Indicators and Sources table at the end of this chapter provides indicators to help you assess these factors and identify where to find relevant data. Step 5: Analyze and Interpret Data

Which substances are used most?

Which substances are associated with the greatest harms or costs?

What factors most strongly influence substance use in the community?

What factors contribute most to harms related to substance use?

Analyzing and interpreting data is one of the most challenging aspects of a comprehensive needs assessment. This step involves making sense of a large volume of information and identifying clear priorities for action. The questions below are intended to guide your analysis and help you interpret the data gathered through the needs assessment process.

The goal is to identify indicators of concern that may warrant action. Keep in mind that patterns and impacts may differ by substance. For example, alcohol may be more socially accepted than other substances, which can influence patterns of use and harm.

The Needs Assessment Analysis Worksheet supports this step by helping you document findings in a consistent way. The worksheet aligns with the playbook and supports identification of standardized outcomes that connect to relevant interventions and tools. It also captures key information needed for later steps, including action planning and monitoring and evaluation.

1. Which substances are used most often?

Consider the top three substances.

- a. Are there differences across gender, age group, ethnicity or other identity factors?
- b. Have patterns of use changed over time?

2. Which substances are associated with the greatest harms or costs?

- a. Which substances are associated with the highest number of deaths or injuries?
- b. Which substances contribute to the greatest number of hospitalizations and emergency department visits?
- c. Are there unusually high rates of crime related to substance use, such as impaired driving or drug trafficking?
- d. Which substances are most commonly involved in crimes related to substance use, including trafficking or production?

3. What factors contribute most to substance use and related harms?
 - a. Are there unmet needs in the community, such as to high rates of individuals who are in need of housing, are unemployed or do not have access to a primary care provider?
 - b. Are rates of co-occurring health conditions, such as mental illness or chronic pain, higher than expected?
 - c. Are there long waitlists for substance use or mental health services?
 - d. Are substances more accessible in your community than in others?
 - e. What community attitudes toward substance use are present, including stigma or social acceptance?

Communication and Community Engagement

Substance use is a sensitive topic that affects communities in different ways. Communicating clearly and consistently about your work to understand and address substance use helps build trust, strengthen partnerships and support meaningful engagement with people most affected.

After completing this phase, consider how to share the following information:

- Team membership, objectives and overall vision
- Ways community members can support or get involved in the work
- Key findings from the community needs assessment
- Next steps and anticipated timelines

Worksheets, Tables and Additional Resources

List of Interventions from the Playbook for Action

- School-based prevention programs
- Integrated youth services (IYS)
- Screening, brief intervention and referral to treatment (SBIRT)
- Tobacco and nicotine cessation programs
- Integrated competencies for workforce development
- Interdisciplinary pain management
- Community coalitions
- Public education and awareness campaigns
- Comprehensive school health
- Health warnings on alcoholic beverages
- Standard drink guidance
- Intoxication management services and sobering centres
- Mobile or assertive outreach teams
- Needle and syringe programs
- Overdose outreach programs
- Take-home naloxone programs
- Community drug alerts and bulletins
- Drug content monitoring
- Managed alcohol programs (MAPs)
- Prescribed access programs
- Supervised consumption sites (SCSs)
- Life skills programs
- Primary and shared care models
- Hospital-affiliated addiction teams
- Opioid agonist therapy (OAT)
- Outpatient treatment programs
- Indigenous land-based healing programs
- Psychological and behavioural support programs
- Residential and inpatient treatment programs
- Virtual care models
- Withdrawal management programs
- Rapid access addiction medicine (RAAM) clinics
- Community reintegration programs
- Multidisciplinary and interdisciplinary support teams
- Family skills programs
- Mutual aid programs
- Patient navigation programs
- Peer support programs
- Physical activity programs
- Continuing medical education for municipal frontline staff
- Centralized and coordinated access
- Community and population health administrative data
- Stigma reduction practices
- Trauma- and violence-informed care (TVIC)
- Low-barrier transitional employment supports
- Employee assistance programs (EAPs)
- Workplace substance use policies
- Municipal housing action plans
- Mandatory alcohol screening (MAS)
- Sobriety checkpoints
- Crime prevention through environmental design (CPTED)
- Community-oriented policing
- Coordinated policing teams — joint force operations (JFOs)
- Municipal community safety and well-being plans
- Municipal encampment response strategies
- Municipal bylaws
- Administrative sanctions
- Crime, violence and substance use prevention programs
- Community drug strategies

Needs Assessment Guiding Questions

What are the physical boundaries of the community?

What relevant jurisdictions exist within the community's physical boundaries?

What substance use and other health-related concerns are top of mind for community members?

What events may have shaped the substance use health and well-being of the community?

What are the perceptions among residents about substance use in the community?

What resources exist in the community to reduce harms related to substance use?

What resources exist in the community to improve quality of life?

What substances are being used in the community, by whom, and to what extent?

How, and to what extent, does substance use impact the community?

To what extent do factors exist within the community that can influence substance use or contribute to related harms?

Which substances are used most often?

Which substances are associated with the greatest harms?

What factors most strongly influence substance use?

What factors contribute most to harms related to substance use?



Community Intervention Summary Worksheet

Intervention Indicate the name of the strategy, program, service or policy	Funding Source(s) List sources of funding that support the intervention	Implementer(s) Indicate the organization(s) or agency(ies) responsible for delivering the intervention	Population Served Note who the intervention is intended to serve	Key Contact(s) Indicate the primary point of contact for the intervention (name, email, phone number, website)
Sample Intervention	Funding Source(s)	Implementer(s)	Population (Served)	Key Contact(s)
Rapid access to addiction medicine (RAAM) clinic	Provincial or territorial health authority	Public health units; hospitals	Adults seeking support for alcohol or opioid use	Alex Chen Alex.chen@abcd.com; 555-555-5555

Data Indicators and Sources

Data Area	Indicators	Where to Get Local Data*	Where to Get Provincial, Territorial or Federal Data†
Rates of use	<ul style="list-style-type: none"> Prevalence estimates by substance, including available information by age, gender and other demographic factors 	<ul style="list-style-type: none"> Public health units School boards Universities, colleges and other postsecondary institutions 	<ul style="list-style-type: none"> CCSA's Canadian Substance Use Costs and Harms (CSUCH): Prevalence Estimates Tool Statistics Canada's Levels of Drugs in the Wastewater of Canadian Government of Canada's Drug and Alcohol Use in Canada, General Population Government of Canada's Drug and Alcohol Use in Canada, Youth Government of Canada's Canadian Postsecondary Education Alcohol and Drug Use Survey
Patterns of use	<ul style="list-style-type: none"> Patterns of use of different substances, including available information by age, gender and other demographic factors Methods of use of different substances, including available information by age, gender and other demographic factors 	<ul style="list-style-type: none"> Public health units School boards 	<ul style="list-style-type: none"> Government of Canada's Drug and Alcohol Use in Canada, General Population Government of Canada's Drug and Alcohol Use in Canada, Youth Government of Canada's Canadian Postsecondary Education Alcohol and Drug Use Survey Government of Canada's Cannabis Use (Non-medical) in Canada Government of Canada's Canadian Tobacco and Nicotine Survey Statistics Canada's Canadian Community Health Survey
Health care	<ul style="list-style-type: none"> Number of deaths related to substance use, by substance, health condition, age, gender and other available demographic factors Number of overdose incidents, by substance, age, gender and other available demographic factors Number of naloxone doses administered Number of emergency medical service calls for overdose incidents 	<p>For data on deaths related to substance use:</p> <ul style="list-style-type: none"> Provincial or territorial offices of the chief coroner or chief medical examiner <p>For data on overdose incidents and naloxone administration:</p> <ul style="list-style-type: none"> Local emergency medical services, emergency health services, paramedic services or fire services <p>For data on naloxone kit distribution:</p> <ul style="list-style-type: none"> Provincial and territorial ministries of health 	<ul style="list-style-type: none"> CCSA's CSUCH Visualization Tool Canadian Institute for Health Information's Mental Health and Substance Use: Indicators Public Health Agency of Canada's Opioid- and Stimulant-Related Harms in Canada Public Health Ontario's Substance Use and Harms Tool BC Centre for Disease Control's Unregulated Drug Poisoning Emergency Dashboard Government of Alberta's Alberta Substance Use Surveillance System Government of Nova Scotia's open access on Numbers and Rates of Substance-Related Fatalities in Nova Scotia

Data Indicators and Sources

Data Area	Indicators	Where to Get Local Data*	Where to Get Provincial, Territorial or Federal Data†
Health care	<ul style="list-style-type: none"> • Number of hospitalizations related to substance use, by substance, health condition, age, gender and other available demographic factors • Number of emergency department visits related to substance use, by substance, health condition, age, gender and other available demographic factors • Number of surgeries for conditions related to substance use, by substance, age, gender and other available demographic factors • Number of people diagnosed with health conditions related to substance use, by substance, health condition, age, gender and other available demographic factors 	<p>For data on hospitalizations, emergency department visits and surgeries related to substance use:</p> <ul style="list-style-type: none"> • Local hospitals <p>For data on health conditions related to substance use:</p> <ul style="list-style-type: none"> • Local hospitals 	
Lost productivity	<ul style="list-style-type: none"> • Number of people on short-term disability related to substance use • Number of people on long-term disability related to substance use 	<ul style="list-style-type: none"> • Local union chapters • Local employers 	<ul style="list-style-type: none"> • CCSA's CSUCH Visualization Tool
Criminal justice	<ul style="list-style-type: none"> • Number of impaired driving incidents, by substance, age, gender and other available demographic factors • Number of incidents involving the production, trafficking, sale or distribution of illicit substances, by substance, age, gender and other available demographic factors • Number of administrative fines or sanctions for impaired driving, by substance, age, gender and other available demographic factors 	<ul style="list-style-type: none"> • Local police services, provincial police services and the RCMP 	<ul style="list-style-type: none"> • CCSA's CSUCH Visualization Tool • Canadian Institute for Health Information's Mental Health and Substance Use: Indicators • Statistics Canada's Police-Reported Crime Statistics in Canada, 2024

Data Indicators and Sources

Data Area	Indicators	Where to Get Local Data*	Where to Get Provincial, Territorial or Federal Data†
Chronic conditions	<ul style="list-style-type: none"> • Rates of mental illness, by illness type, age, gender and other available demographic factors • Rates of heart disease, by age, gender and other available demographic factors • Rates of diabetes, by age, gender and other available demographic factors • Rates of hypertension, by illness type, age, gender and other available demographic factors • Rates of chronic pain, by illness type, age, gender and other available demographic factors • Rates of cancer, by age, gender and other available demographic factors 	<ul style="list-style-type: none"> • Public health units 	<ul style="list-style-type: none"> • CCSA's CSUCH Visualization Tool • Canadian Institute for Health Information's Mental Health and Substance Use: Indicators
Social determinants of health	<ul style="list-style-type: none"> • Average annual income per person or household • Employment rates, by age, gender and other available demographic factors • Proportion of people living in permanent, suitable housing • Life expectancy, by age, gender and other available demographic factors • Self-rated mental health, by age, gender and other available demographic factors • Sense of belonging, by age, gender and other available demographic factors • Literacy levels, by age, gender and other available demographic factors • Proportion of people living in poverty • Rates of postsecondary education attainment, by age, gender and other available demographic factors • Average number of adverse childhood experiences, by age, gender and other available demographic factors • Proportion of people with a primary care provider 	<ul style="list-style-type: none"> • Local public health units 	<ul style="list-style-type: none"> • Health Canada's Health Inequalities Data Tool

Data Indicators and Sources

Data Area	Indicators	Where to Get Local Data*	Where to Get Provincial, Territorial or Federal Data†
Social and cultural connectivity	<ul style="list-style-type: none"> Percentage of people reporting feelings of loneliness, isolation or both, by age, gender and other available demographic factors Rates of participation in community activities, by age, gender and other available demographic factors Percentage of people reporting experiences with stigma Percentage of people reporting experiences of racism 	<ul style="list-style-type: none"> Local public health units 	<ul style="list-style-type: none"> Statistics Canada's Canadian Social Survey
Access and availability	<ul style="list-style-type: none"> Number of cannabis retail outlets per square kilometre Number of alcohol retail outlets per square kilometre Number of special occasion permits granted 	<p>For data on retail outlets:</p> <ul style="list-style-type: none"> Navigation apps (e.g., Google Maps, Apple Maps) Local business bureaus Municipality <p>For data on special occasion permits:</p> <ul style="list-style-type: none"> Municipality 	<ul style="list-style-type: none"> Government of Canada's Authorized Cannabis Retailers in the Provinces and Territories
Community attitudes toward substance use	<ul style="list-style-type: none"> Percentage of people who hold positive attitudes toward substance use, by substance Percentage of people who hold negative attitudes toward substance use, by substance Percentage of people who hold stigmatizing beliefs about substance use 	<ul style="list-style-type: none"> Public health units 	<ul style="list-style-type: none"> Statistics Canada's Canadian Perspectives Survey Series

* This table lists the organizations and agencies in the community that are most likely to collect, store or share relevant data. It provides a starting point for identifying the data you need. In some cases, additional data may need to be collected through surveys or other methods to address gaps in local data.

† Comparing local data with provincial, territorial and federal sources can help you understand how your community fits within the broader context.

Needs Assessment Analysis Worksheet

Indicator of Concern List each indicator of concern identified through your analysis	Evidence of Need List the evidence that supports the indicator of concern	Contributing Factors List contributing factors identified through the analysis	Problem Statement Write a clear problem statement that describes the indicator of concern	Target Behaviour(s) Describe the behaviour or behaviours you want to address	Target Outcome (Standardized) From the list of standardized outcomes, select all outcomes that align with the behaviour or behaviours you want to address
Sample Indicator	Evidence of Need	Contributing Factors	Problem Statement	Target Behaviour(s)	Target Outcome (Standardized)
Cannabis use among youth	Rates of cannabis use among young people aged 12 to 18 are higher than the provincial average The local school board reports increasing incidents of cannabis use on school property	The community has a high density of cannabis retail outlets Youth-serving organizations report limited spaces for young people to gather outside of school and home Community members report positive attitudes toward cannabis use	Young people in the community are engaging in cannabis use at higher rates than expected, increasing the risk of harms related to substance use	Reduce cannabis use among young people	Reduced crime related to substance use Reduced health harms related to substance use Reduced or prevented substance use among young people Reduced or discontinued use of a particular substance of concern Improved access to services and supports Improved experiences with services and supports Improved social determinants of health Shifted attitudes and perceptions Stronger community cohesion and connection

Indicator 1	Evidence of Need	Contributing Factors	Problem Statement	Target Behaviour(s)	Target Outcome (Standardized)
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From the list below, select all outcomes that align with the behaviour or behaviours you want to address:

- Reduced crime related to substance use
- Reduced health harms related to substance use
- Reduced or prevented substance use among young people
- Reduced or discontinued use of a particular substance of concern
- Improved access to services and supports
- Improved experiences with services and supports
- Improved social determinants of health
- Shifted attitudes and perceptions
- Stronger community cohesion and connection

Indicator 2	Evidence of Need	Contributing Factors	Problem Statement	Target Behaviour(s)	Target Outcome (Standardized)
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From the list below, select all outcomes that align with the behaviour or behaviours you want to address:

- Reduced crime related to substance use
- Reduced health harms related to substance use
- Reduced or prevented substance use among young people
- Reduced or discontinued use of a particular substance of concern
- Improved access to services and supports
- Improved experiences with services and supports
- Improved social determinants of health
- Shifted attitudes and perceptions
- Stronger community cohesion and connection

Indicator 3	Evidence of Need	Contributing Factors	Problem Statement	Target Behaviour(s)	Target Outcome (Standardized)
-------------	------------------	----------------------	-------------------	---------------------	-------------------------------

From the list below, select all outcomes that align with the behaviour or behaviours you want to address:

- Reduced crime related to substance use
- Reduced health harms related to substance use
- Reduced or prevented substance use among young people
- Reduced or discontinued use of a particular substance of concern
- Improved access to services and supports
- Improved experiences with services and supports
- Improved social determinants of health
- Shifted attitudes and perceptions
- Stronger community cohesion and connection



[IDENTIFY AND PRIORITIZE INTERVENTIONS]

Now that you have documented the results of your analysis and identified indicators of concern, you are ready to use the playbook to identify relevant interventions. The steps below are intended to help you map the results of your analysis to appropriate interventions.

The following steps can help you prioritize community needs and identify interventions:



Create a list of relevant interventions



Engage implementers to explore interventions



Generate recommendations for action

Step 1: Identify Core Team Members

For each indicator of concern identified through your needs assessment, create a list of relevant interventions using the [Intervention Selection Tool](#) – Prototype.

Use the standardized outcomes identified in the far-right column of your Needs Assessment Analysis Worksheet to create this list. The tool identifies interventions in the playbook that align with the outcome you selected.

Not all interventions generated will apply to local needs. Use information gathered through the needs assessment, along with information in the tool (e.g., target populations and target substances), to refine the list.

Once you have a list of interventions that align with your indicator of concern, document them using the Needs Assessment Analysis Worksheet. Use the results of the community resource assessment to identify which interventions are already in place.

Step 2: Engage Implementers to Explore Interventions

Once you have a list of interventions that align with key indicators of concern, it is time to explore what implementation could involve. Using the Community Intervention Summary Worksheet, identify the sectors, leaders or organizations responsible for implementing each intervention.

Engage those responsible for implementing the interventions to explore the questions below. These discussions can help you gather information that was not available through the resource assessment or the Community Intervention Summary Worksheet.

For interventions already in place:

- a. Is the intervention working as intended?

Consider the top three substances.

- i. If yes, document the evidence available.
- ii. If not, identify possible improvements to strengthen effectiveness.
- iii. If you are unsure, identify whether evaluation could be started to assess effectiveness.

For new interventions:

- b. Are there plans in the community, region or province to implement any of these interventions?
 - i. If yes, document who is leading this work.
 - ii. If not, document whether past attempts were made and what can be learned from them.
- c. Who has the authority to implement the intervention?
- d. What logistical and operational requirements apply to implementation?
- e. What is needed (e.g., resources, supports and approvals) to put the intervention in place?
- f. What can the core team contribute to support implementation?
- g. What unintended impacts could result from implementing the intervention?
- h. How might the intervention affect groups that experience disproportionate harms related to substance use, including women, 2SLGBTQ+ people, racialized people and Indigenous people?

Document the main findings of these discussions using the Intervention Exploration Worksheet.

Step 3: Generate Recommendations for Action

Once you have a clear understanding of which interventions are already in place, what has worked, and what needs improvement, you are ready to generate recommendations for action. Addressing complex issues such as substance use takes time and may require a phased approach. Consider framing recommendations for the short term, medium term and long term.

Short-, Medium- and Long-term Recommendations

Short-term recommendations are actions that can be taken within the next six months. For example, funding could be pursued to evaluate an existing local intervention.

Medium-term recommendations are actions that can be taken within the next one to two years. For example, formal evaluations could be completed for interventions already in place to assess effectiveness and identify opportunities for improvement.

Long-term recommendations are actions that can be taken over three years or more. For example, a new intervention from the playbook could be implemented, or large-scale changes could be made to improve an existing intervention.

Pour chaque recommandation, identifiez le destinataire, à savoir la personne ou le groupe ayant l'autorité ou la compétence nécessaire pour mettre en œuvre la recommandation.

Un modèle pour la consignation des recommandations, ainsi qu'un exemple, est fourni dans le gabarit pour les recommandations de stratégies.

Substance use is a complex issue that affects communities across Canada. A single intervention will not address the issue. Progress depends on a range of practical, evidence-informed actions taken over time.

After completing this phase, consider how to share the following information:

- Recommendations for action
- Sectors, orders of government and resources involved, and the role each can play
- Ways community members can support the work, get involved or provide feedback
- Next steps and timelines

Worksheets, Tables and Additional Resources

Intervention Exploration Worksheet

Indicator of Concern	Relevant Interventions List interventions that address the indicator of concern	Implementer(s) Indicate the organization(s) or agency(ies) that deliver the intervention in your community	Funder(s) Indicate the organization(s) that provide funding for the intervention	Implementation State Indicate whether the intervention already exists or is new	Recommendations from Implementers Document key findings from consultations with implementers

Recommendations for Action Template

Recommendation	Target of Recommendation (e.g., Implementer, Funder)
<p>Example:</p> <p>Short term: Seek funding to evaluate a local inpatient treatment program</p> <p>Medium term: Evaluate the inpatient treatment program to assess effectiveness</p> <p>Long term: Implement changes based on evaluation findings</p>	Director of the inpatient treatment program; local treatment centre



[CREATE AND IMPLEMENT AN ACTION PLAN]

Now that you have identified priority interventions and developed recommendations for actions, the next step is to create and implement an action plan. The purpose of the action plan is to clarify the role the core team will play in supporting implementation, while engaging community partners and stakeholders who have the authority and influence to carry out the recommendations.

The core team is not responsible for implementing the recommendations directly. Many interventions will fall outside the team's authority or jurisdiction. Instead, the core team acts as a steward and champion for the work by providing guidance, engaging with implementers and monitoring progress toward achieving the recommendations.

This chapter outlines the steps and considerations involved in creating and implementing an action plan. Each step includes tips, tools and additional resources to support development and implementation.

At the end of the chapter, you will find tables, worksheets and other resources to support action planning and implementation.

Create and Implement an Action Plan

The following steps can help you create and implement an action plan:



Define the role and activities of the core team



Engage implementers and stakeholders and provide oversight

Step 1: Define the Role and Activities of the Core Team

As the core team, you serve as stewards of the recommendations for action. This role includes helping create the conditions needed for implementation, such as partnerships and engagement, acting as champions for the work and providing oversight to monitor progress.

Who Is Responsible?

While the playbook offers a list of evidence-based and evidence-informed interventions that may be relevant to the needs of your community, not all interventions fall within a single community's authority or jurisdiction. Many may require partnerships, investment or action across multiple orders of government. Regardless, there is always a role for the community to play, such as public education, advocacy or engagement.

Key roles of the core team in supporting implementation include:

- **Accountability:** The core team monitors progress toward implementing short-, medium- and long-term recommendations. This work includes establishing mechanisms for implementers to report on progress and identifying ways to communicate progress to the public.
- **Advocacy:** The core team serves as a champion for the recommendations and the process that led to them. This includes building awareness, securing support and engaging with stakeholders who have the authority and influence to implement the recommendations.
- **Strategic partnership development:** The core team identifies and engages sectors and partners that can support implementation. This approach may include different orders of government, community organizations, businesses and community members. Broad support and shared ownership strengthen the likelihood of successful implementation.

Step 2: Engage Implementers and Stakeholders and Provide Oversight

Strong relationships are essential to successful implementation. Engagement at this stage focuses on identifying and working with implementers (those who have the authority to implement the interventions from the recommended actions) and stakeholders.

Engaging Implementers

In Phase 3, you identified the implementers associated with each recommendation. At this stage, build on those conversations to share the recommendations, clarify expectations and support implementation. The goal is to transfer ownership of each recommendation to those with the authority to act.

Engaging Stakeholders

A stakeholder engagement strategy supports implementation by identifying, mapping and prioritizing stakeholders and determining appropriate engagement approaches. Effective engagement helps move recommendations into action.

Consider the Sectors

When identifying and engaging stakeholders, consider which sectors have the skills, resources and influence to support implementation. Engaging stakeholders across sectors can introduce new perspectives, strengthen trust and increase community buy-in, all of which support effective implementation of the action plan.

Stakeholder Mapping

The following stages are adapted from [The Ultimate Stakeholder Mapping Playbook](#) (Borealis, 2022).

Stage 1: Identify Relevant Stakeholders

The goal is to identify individuals, groups and organizations that may be impacted by, or have an impact on, implementation of the recommendations for action. This process may result in a long list. At this stage, the focus is on being comprehensive and specific.

To identify relevant stakeholders, consider the following questions:

- Who will be impacted by this work?
- Who can, will or needs to support this work?
- Who may oppose this work?

Examples of potential stakeholders include:

- Local health authorities
- Researchers
- Elected representatives
- Police and emergency service providers
- Program planners
- Local businesses
- First Nations, Inuit and Métis communities
- Media
- People with lived and living experiences
- Youth

Stage 2: Categorize Stakeholders

Once you have compiled your list of stakeholders, organize them into broad categories. In some cases, categories may be further divided into subgroups. Some stakeholders may even fall under one or more categories.

To support categorization, consider:

1. Which individuals, groups or organizations share common interests or needs?
2. What characteristics or roles do they have in common?

Table 5. Example of stakeholder categorization

Government Authorities and Decision Makers	Service Providers	Businesses	Indigenous Partners and Equity-Deserving Groups
Elected representatives	Police and emergency service providers	Local businesses	First Nations, Inuit and Métis communities
Policy makers	Primary care providers	Media	People with lived and living experience
Local, provincial and federal regulatory bodies			

Stage 3: Analyze and Prioritize Stakeholders

After you have identified and categorized these stakeholders, assess how and when to engage them. Consider:

- Why engagement with each stakeholder is important
- How and how often engagement should occur
- Opportunities and risks associated with engagement
- Levels of influence or decision-making authority
- Levels of interest in the work
- Potential impacts of the work on each stakeholder

Several models can be used to support this analysis, including:

- Saliency Model: Assesses stakeholders based on power, legitimacy and urgency
- Stakeholder Knowledge Base: Examines levels of awareness, knowledge and support
- Stakeholder Relationship Mapping: Explores relationships, dependencies and potential conflicts
- Stakeholder Value Network: Considers the contributions and benefits stakeholders bring to the work

When analyzing stakeholders, consider their motivations to support or oppose the work and how this may influence implementation.

Stage 4: Engage Stakeholders

With your stakeholders identified, categorized and prioritized, develop an engagement strategy. While approaches will vary, an effective strategy typically addresses the following questions:

1. Who will lead engagement with which stakeholder?
2. What is the purpose of the engagement and the desired outcome?
3. What communication methods and tools will be used?
4. What is the timeframe for engagement?
5. How will information from engagement be shared with the core team and other stakeholders, as appropriate?

For an example, refer to the Sample Stakeholder Engagement Strategy Template at the end of this chapter.

Communication and Community Engagement

Communicating the action plan clearly and consistently supports awareness, trust, accountability and sustained engagement.

After completing this phase, consider how to share the following information:

- The role of the core team in providing oversight
- Which sector or orders of government will lead each recommendation
- How community members can support, get involved or provide feedback
- How updates will be shared with the community
- Next steps and timelines

Stakeholder interests and perspectives may shift over time. Engagement strategies may need to be adjusted as conditions change.

Oversight

As noted above, one of the key responsibilities of the core team is to share recommendations for action with implementers. This work does not end with that handoff. It is also important to monitor progress toward achieving the recommendations. This includes taking stock of facilitators, barriers, changes in the operating environment, political considerations and the evolving needs of the community.

Ongoing monitoring helps both the core team and implementers to adjust strategies and adapt interventions as needed to stay aligned with shared goals.

To support this work, the core team will need to create structures and mechanisms for implementers to report on progress and share insights about challenges and opportunities. This information can also support reporting back to the public. Reporting approaches may include surveys, update meetings or shared tracking documents. Regardless of the approach, the goal is for the core team to remain accountable through oversight, act as champions for the recommendations and support transparency, trust and community buy-in.

Community Coaches

Communities across Canada are developing innovative responses to the complex challenges of substance use, from low-barrier employment and housing initiatives to providing opioid agonist therapies directly from ambulances.

Regardless of where a community is in its journey to address challenges related to substance use, there are opportunities to learn from others who have successfully implemented interventions.

For each intervention in the playbook, an example is provided of a program or community that has implemented the approach. Consider learning more about these examples and connecting with those who have experience implementing the intervention you are exploring.



City of Fredericton Community Safety Task Force

Like many municipalities across Canada, the City of Fredericton faces significant pressures related to substance use, mental health challenges and chronic homelessness.

In response, city council established a Community Safety Task Force to identify recommendations and a coordinated path forward. The task force brought together partners across different orders of government, Indigenous leadership, the business community, service providers and residents to collaborate on actions to address these challenges.

The task force identified 47 recommendations, organized under five central themes:

- Leadership, governance and coordination: Establishing an oversight committee and strengthening interagency collaboration to support accountability and progress.
- Community safety and crime prevention: Investing in public safety infrastructure and supporting community-based initiatives.
- Policing and justice system reform: Advancing responsive and specialized policing and advocating for targeted improvements to the justice system.
- Mental health, addiction and crisis response: Expanding access to care, supporting the mental health workforce and strengthening stabilization services.
- Housing solutions and homelessness prevention: Implementing immediate and transitional housing options and developing a comprehensive housing strategy.

An important part of this work is the oversight committee, which is responsible for regularly reporting progress to the public. This reporting supports accountability, transparency and ongoing dialogue with residents of Fredericton.

Read the [report](#) to learn more how the City of Fredericton is working toward these recommendations (City of Fredericton, 2025).



Worksheets, Tables and Additional Resources

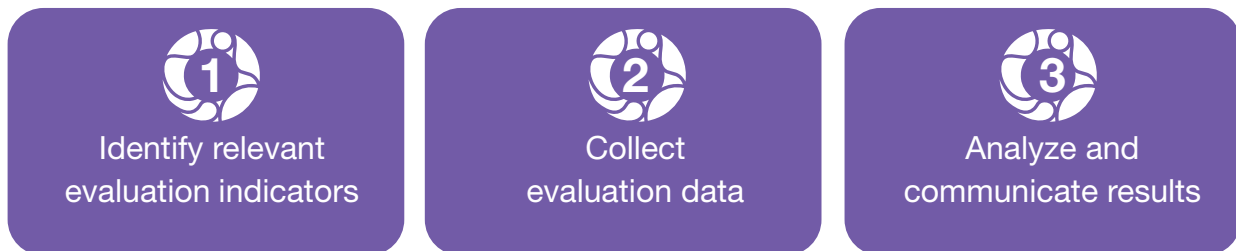
Sample Stakeholder Engagement Strategy Template

Stakeholder	Category	Level of Influence and Support	Engagement Lead	Engagement Approach	Engagement Tool(s)	Frequency
Police chief	Service providers	Manage closely	Team lead	Advocate	In-person meetings; email	High
Medical officer of health	Service providers	Manage closely	Team coordinator	Advocate/Consult	In-person meetings; email	High
First Nations Chief	Indigenous partners and equity-deserving groups	Meet their needs	Community engagement lead	Consult	In-person meetings; email	Medium
CEO of local mining business	Businesses	Keep informed	Team coordinator	Inform	In-person meetings; email	Low



Monitoring and evaluation are essential parts of community work, yet they are often overlooked. Evaluation helps you understand what worked, what did not, and what could be improved in future efforts. Because implementation is intended to be iterative, evaluating the work supports learning and continuous improvement over time.

To evaluate the recommendations generated from this process, you will need to:



Step 1: Identify Relevant Evaluation Indicators

The process outlined in this guide is designed to produce tailored recommendations that respond to the community needs and support lasting impact. To evaluate this work, gather data that speaks to:

- The process used to develop the recommendations
- The outcomes and impacts of the recommendations

Process Indicators

The implementation process emphasizes the use of local knowledge and data and draws on principles and practices related to community engagement. It is intended to be collaborative, cross-cutting and focused on people who experience the greatest harms related to substance use.

Assessing process indicators involves examining how closely the core team followed the steps in this guide and how well the guiding principles identified in Phase 1 were reflected in practice.

The Process Indicators table at the end of this chapter lists example indicators and related measures. These were drawn from existing evaluation guides and toolkits, including the Queen Mary University of London's [Public Engagement Evaluation Toolkit](#) (n.d.) and the [Conference Board of Canada's Strong Engagement, Strong Outcomes playbook](#) (Brown et al., 2022). Choose indicators from this list to create a tailored evaluation approach that fits your local context and capacity.

Outcome and Impact Indicators

Developing tailored recommendations is only part of the work. Evaluation also involves understanding how the recommendations are being used and what effects they are having in the community. This assessment includes determining whether the recommendations are useful and relevant for implementers and whether they are being acted on by those with the authority to make changes.

Outcome and impact evaluation can also help identify longer-term effects, such as changes in knowledge or attitudes related to substance use or the development of new or stronger relationships within the community. This type of data is often collected through surveys.

The Outcome and Impact Indicators table at the end of this chapter provides example indicators and measures drawn from the same evaluation resources noted above. Choose indicators that best reflect the outcomes you want to assess.



Step 2: Collect Evaluation Data

Once relevant indicators have been selected, collect the data needed for evaluation. Evaluation data is often collected through anonymous surveys, which allow participants to share experiences and feedback in a safe and confidential way.

Process data can be collected throughout implementation. Consider gathering this information after major engagement activities and at the end of each major step in the guide.

Outcome and impact data is typically collected after recommendations have been shared with implementers and the community. Some indicators, such as perceived relevance or usefulness, can be assessed soon after recommendations are shared, while others may take more time to come to emerge.

Consider beginning outcome and impact evaluations shortly after recommendations are shared and revisiting evaluation at three- or six-month intervals, depending on capacity and context.

Step 3: Analyze and Communicate Results

After collecting evaluation data, analyze the results and share the findings. Evaluation helps identify what worked well, what did not and how future efforts can be strengthened. Because the process is iterative, findings can inform future rounds of planning and implementation.

Evaluation also supports accountability. Sharing results with participants and the broader community helps maintain transparency and trust. Results may be communicated through summary reports, impact stories or other formats appropriate to the audience.

Communication and Community Engagement

After completing this phase, consider how to share the following information:

- Progress toward achieving each recommendation
- Results from evaluation of this process and its impacts, for example, how the process affected the community and perceptions of the recommendations
- Ways community members can support the work, get involved or provide feedback
- How community members can access more information
- Next steps and timelines

Worksheets, Tables and Additional Resources

Process Indicators

Indicator	Engagement Tool(s)	Frequency
Adherence to implementation process	Extent to which the core team followed the recommended process, including creating a team and securing support, defining local issues, identifying and prioritizing interventions, creating and implementing an action plan, and monitoring and evaluating progress	<ul style="list-style-type: none"> Number of recommended steps completed (out of five)
Adequately informed	Extent to which people engaged in the process feel informed about the process and its goals	<ul style="list-style-type: none"> Percentage of people engaged who report having the information they need Percentage of people engaged who report a good or very good understanding of the process and its goals
Input integration	Extent to which community input and perspectives are reflected in outputs, such as recommendations	<ul style="list-style-type: none"> Percentage of people engaged who report that their input and perspectives are reflected in outputs
Two-way communication	Extent to which communication between the core team and people engaged in the process is accessible and responsive	<ul style="list-style-type: none"> Percentage of people engaged who report that the team is accessible and responsive through communication channels such as email or phone
Timely communication	Extent to which information about the initiative, including key updates, is shared in an accessible and timely way	<ul style="list-style-type: none"> Percentage of people engaged who report being informed of important updates in a timely way
Plain language	Extent to which project materials, reports and presentations use in plain language	<ul style="list-style-type: none"> Percentage of people engaged who report that project materials, reports and presentations were easy to understand
Accountability	Extent to which the core team responds to community inquiries in a timely and consistent way	<ul style="list-style-type: none"> Percentage of correspondence from community members responded to by the core team within 24 hours
Trust	Extent to which trust is established between the core team and the community	<ul style="list-style-type: none"> Percentage of people engaged who report a high or very high level of trust in the team
Addressing barriers	Extent to which the core team identifies and addresses barriers to participation	<ul style="list-style-type: none"> Percentage or people engaged who report it was easy or very easy to participate in the process

Worksheets, Tables and Additional Resources

Process Indicators

Indicator	Engagement Tool(s)	Frequency
Diverse representation	Extent to which engagement includes a range of experiences, identities and perspectives	<ul style="list-style-type: none"> • Perspectives gathered reflect a range of substance use health experiences • Perspectives gathered represent a range of age groups and genders
Equity-deserving groups	Extent to which engagement includes people and groups most impacted by substance use	<ul style="list-style-type: none"> • Percentage of people engaged from equity-deserving groups, including people experiencing socioeconomic or housing challenges, racialized groups, women, 2SLGBTQ+ people, and people living in rural or remote areas
Indigenous representation	Extent to which First Nations, Inuit and Métis community members and representative organizations are engaged in the process	<ul style="list-style-type: none"> • Number of Indigenous organizations engaged in the process • Percentage of people engaged who identify as Indigenous • Percentage of people engaged who are from local First Nations, Inuit and Métis communities

Outcome and Impact Indicators

Outcome indicators	Definition	Potential Measures
Relevance – Implementers	Extent to which recommendations align with the roles and mandates of implementers	<ul style="list-style-type: none"> Percentage of implementers who report that the recommendations align with their roles and mandates
Relevance – Community	Extent to which recommendations reflect community needs	<ul style="list-style-type: none"> Percentage of implementers who report that the recommendations align with community needs
Practicality	Extent to which recommendations can be acted on or put into place	<ul style="list-style-type: none"> Percentage of implementers who report that the recommendations are achievable
Use	Extent to which recommendations are being acted on by implementers	<ul style="list-style-type: none"> Number of recommendations acted on by implementers

Impact indicators	Definition	Potential Measures
Attitudes	Extent to which attitudes change as a result of engagement	<ul style="list-style-type: none"> Percentage of people engaged who report a change in attitudes as a result of the engagement
Knowledge and awareness	Extent to which knowledge and awareness change as a result of engagement	<ul style="list-style-type: none"> Percentage of people engaged who report gaining new knowledge or awareness as a result of the engagement
Understanding	Extent to which understanding changes as a result of engagement	<ul style="list-style-type: none"> Percentage of people engaged who report a change in understanding as a result of the engagement
New skills	Extent to which new skills are gained through engagement	<ul style="list-style-type: none"> Percentage of people engaged who report gaining new skills as a result of the engagement
New connections	Extent to which new connections are formed through engagement	<ul style="list-style-type: none"> Percentage of people engaged who report making new connections as a result of the engagement
Strengthened connections	Extent to which existing connections are strengthened through engagement	<ul style="list-style-type: none"> Percentage of people engaged who report stronger connections with community members and other leaders as a result of the engagement
Enduring connectivity	Extent to which interactions continue outside of planned engagement activities	<ul style="list-style-type: none"> Percentage of people engaged who report connecting with others outside of organized engagement activities
Behaviour change	Extent to which behaviour changes as a result of engagement	<ul style="list-style-type: none"> Percentage of people engaged who report a change in behaviour as a result of the engagement

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