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**NATIONAL ANTI-DRUG STRATEGY
EVALUATION
Final Report**

May 2012

**Evaluation Division
Office of Strategic Planning and Performance Management**



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ACRONYMS

AANDC	Aboriginal Affairs and Northern Development Canada
ADMSC	Assistant Deputy Minister Steering Committee
AML/ATF	Anti-Money Laundering and Anti-Terrorism Finance
ASP	Aboriginal Shield Program
ATS	Amphetamine-Type Stimulants
CACP	Canadian Association of Chiefs of Police
CADUMS	Canadian Alcohol and Drug Use Monitoring Survey
CBSA	Canada Border Services Agency
CCSA	Canadian Centre on Substance Abuse
CDS	Canada's Drug Strategy
CDSA	Controlled Drugs and Substances Act
CICAD	Inter-American Drug Abuse Control Commission
CIHR	Canadian Institutes of Health Research
CISC	Criminal Intelligence Service of Canada
CPAF	Crime Prevention Action Fund
CPEC	Community Prevention Education Continuum
CRA	Canada Revenue Agency
CSC	Correctional Service of Canada
DARE	Drug Abuse Resistance Education Program
DAS	Drug Analysis Service
DFAIT	Department of Foreign Affairs and International Trade Canada
DOCAS	Drugs and Organized Crime Awareness Service
DSCIF	Drug Strategy Community Initiatives Fund

ACRONYMS (cont'd)

DTC	Drug Treatment Court
DTCFP	Drug Treatment Court Funding Program
DTCV	Drug Treatment Court of Vancouver
DTFP	Drug Treatment Funding Program
FAMG	Forensic Accounting Management Group
FINTRAC	Financial Transactions Reports Analysis Centre of Canada
FTE	Full-time Equivalent Employee
HC	Health Canada
INMHA	Institute of Neurosciences, Mental Health and Addiction
IPOC	Integrated Proceeds of Crime
Justice Canada	Department of Justice Canada
MDMA	Methylenedioxymethamphetamine
MGOs	Marihuana Grow Operations (Grow-Ops)
NCPC	National Crime Prevention Centre
NGO	Non-governmental organization
NNADAP	National Native Alcohol and Drug Abuse Program
NYIDP	National Youth Intervention and Diversion Program
OAS	Organization of American States
OCS	Office of Controlled Substances
ODPP	Office of the Director of Public Prosecutions
PBC	Parole Board of Canada
PCO	Privy Council Office of Canada
PHAC	Public Health Agency of Canada
PS	Public Safety Canada
PWGSC	Public Works and Government Services Canada
RCMP	Royal Canadian Mounted Police
SACY	School-Aged Children and Youth Substance Use Prevention Initiative

ACRONYMS (cont'd)

SDI	Synthetic Drug Initiative
SER	Sub-committee on Evaluation and Reporting
Strategy	National Anti-Drug Strategy of Canada
TBS	Treasury Board of Canada Secretariat
TIR Convention	Customs Convention on the International Transport of Goods Under Cover of TIR Carnets
UNODC	United Nations Office on Drugs and Crime
YJADS	Youth Justice Anti-Drug Strategy

EXECUTIVE SUMMARY

1. Strategy Background

The Government of Canada announced the National Anti-Drug Strategy (Strategy) on October 4, 2007, delivering on its platform commitment to “enact a national drug strategy with particular emphasis on youth”. The Strategy is a horizontal initiative of 12 federal departments and agencies, led by the Department of Justice Canada (Justice Canada), with approximately \$513.4 million in funding covering activities over five years from 2007/08 to 2011/12. The Strategy encompasses 20 components grouped under the Prevention Action Plan (four components), the Treatment Action Plan (six components), and the Enforcement Action Plan (ten components). Collectively, the three action plans and activities associated with the Mandatory Minimum Penalty legislation are expected to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency, and reduce production and distribution of illicit drugs. The budget for the Enforcement Action Plan totals \$205.9 million (40% of the overall budget) while the budgets for the Treatment Action Plan and the Prevention Action Plan total \$190.5 million (37%) and \$117 million (23%) respectively. An additional \$67.7 million was set aside in a frozen allotment for the four components under Mandatory Minimum Penalties. The relevant departments are now able to access this money since the Bill received royal assent in mid-March 2012.¹

The governance structure of the Strategy consists of the Assistant Deputy Minister Steering Committee (ADMSC) and four working groups on prevention and treatment, enforcement, policy and performance, and communications.

2. Purpose of the Evaluation

The purpose of this study was to evaluate the Strategy, in accordance with the Treasury Board of Canada Secretariat (TBS) requirements as set out in the 2009 TBS Directive for the Evaluation

¹ The four components associated with the Mandatory Minimum Penalties are not included in this evaluation as the Bill was not passed until March 2012.

Function. The evaluation addressed the relevance and performance (effectiveness, and efficiency and economy) of the Strategy and its three action plans. The scope of the evaluation focused on the period from 2007/08 through to 2010/11.

3. Methodology

The Strategy is a complex horizontal initiative involving broad objectives, a wide range of activities, multiple departments, and a large number of components. The methodology employed to evaluate the Strategy made extensive use of performance data, evaluations, documents, files and other data compiled on the various components and action plans. This secondary data was complemented by other lines of evidence to ensure that each component of the Strategy has adequate primary and secondary information for analysis. These lines of evidence included:

- An extensive document and file review including performance information, annual reports, and evaluation reports;
- A review of relevant literature including governmental, national and international reports and peer-reviewed publications;
- Interviews with three distinct groups of Strategy partners and stakeholders including 50 departmental representatives drawn from all 12 federal departments involved in the Strategy; 23 direct Strategy stakeholders including funding recipients, program partners and project evaluators; and 9 external Strategy stakeholders including key individuals involved in issues related to the Strategy at the provincial, territorial and municipal levels, as well as key academics and experts;
- Five learning circles staged across Canada, including three involving components of the Prevention Action Plan and two involving components of the Treatment Action Plan. In total, 44 stakeholders participated in these sessions;
- Five case studies including two related to the Prevention Action Plan, two for the Treatment Action Plan, and one related to the Enforcement Action Plan;
- An online survey of eight proponents funded under the Canadian Institutes of Health Research (CIHR) Drug Treatment Models component of the Treatment Action Plan;
- A cost-efficiency analysis; and
- Three focus groups to assist in triangulating the results of the evaluation. In total, 23 representatives from the Strategy departments participated in the focus groups.

4. Key Findings and Conclusions

All lines of evidence indicate a strong continuing need for the Strategy.

Illicit drug use is a continuing concern for Canadians, particularly given the involvement of youth and other vulnerable populations, the economic costs, concerns regarding emerging issues, and a desire for safer and healthier communities. The rate of drug use among youth aged 15 to 24 years remains much higher than that reported among adults 25 years and older. The average age of first use is just 15.7 years.² Justice Canada's 2008 report on the *Costs of Crime in Canada*³ estimated that the costs associated with illicit drug use in Canada totalled \$1.3 billion in additional health care costs for illicit drug users, \$2 billion in justice-related costs (police, courts, and correctional services), and \$5.3 billion in productivity losses for illicit drug users. Emerging issues such as illicit use of pharmaceuticals, drug-impaired driving, and major local drug issues (e.g. Marijuana Grow Operations [MGOs], compassion clubs, and gang migration) have been highlighted as areas requiring immediate attention. In addition, Canada has a role to enhance international cooperation and respond to the production and trafficking of illicit drugs, particularly marijuana and synthetic drugs. There was consensus amongst evaluation interviewees that there is a continuing need for programming that contributes to a reduction in demand for illicit drugs and disruption of illicit drug operations in a safe manner while targeting criminal organizations at the national and international levels.

The Strategy is consistent with the Government of Canada's priorities and roles and responsibilities.

Almost all (98%; n=50) departmental representatives confirmed that the objectives of the Strategy are consistent with the strategic outcomes and priorities of the Government of Canada. The relevance of the Strategy and its alignment with the governmental priorities have been demonstrated through recent Speeches from the Throne (2011, 2010 and 2007) as well as the federal government's focus on tackling crime and creating safer and healthier communities. The role of the federal government is founded in key legislation and international conventions and protocols in areas relevant to the Strategy's activities.

² Health Canada. 2010. Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2010. Accessed October 4, 2011 from <http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/index-eng.php>. For cannabis - average age of initiation for youth aged 15 years and older N=13,615.

³ Department of Justice Canada. 2008. The Costs of Crime in Canada. Accessed May 16, 2011 from http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2011/rr10_5/index.html

Each of the three action plans has made considerable progress against their intended outcomes, particularly the immediate outcomes.

The Prevention Action Plan of the Strategy has demonstrated progress in increasing awareness of illicit drugs and their consequences, enhancing support for at-risk populations, and improving community knowledge. In particular, the Mass Media Campaign and Drugs and Organized Crime Awareness Services (DOCAS) have shown a major impact in increasing awareness and understanding of illicit drugs. The reoriented funding of the National Crime Prevention Centre (NCPC) and Drug Strategy Community Initiatives Fund (DSCIF) have supported projects that better enable youth, parents, caregivers and at-risk populations to make informed decisions about illicit drug use. Knowledge has been created and made available through the various activities of the Prevention Action Plan, although more work is required to facilitate community uptake of that knowledge. Evaluation participants noted that a significant change in public opinion and behaviour requires longer than a three- or four-year period to be observed and measured.

The Treatment Action Plan components are integrated sufficiently to support achievement of the Strategy objectives of developing innovative and collaborative approaches to drug treatment. All components of the Treatment Action Plan have enhanced the capacity to plan and deliver treatment services and programs. Although implementation of the Drug Treatment Funding Program (DTFP) was slower than expected, the Program has provided funding to strengthen treatment systems and treatment services in six provinces and one territory. The National Native Alcohol and Drug Abuse Program (NNADAP) has enhanced the capacity of treatment services and programs among First Nations and Inuit communities, while the Drug Treatment Court Funding Program (DTCFP) has contributed to reduced drug use behaviour and criminal recidivism compared to conventional justice system responses in the six funded sites. CIHR-Research on Drug Treatment Models, NNADAP and DTFP were highlighted as the components that placed greatest emphasis on collaboration as a means to improve responses and share knowledge regarding treatment issues. The Treatment Action Plan has enhanced provincial and territorial commitments in some areas, but there are concerns among funding recipients and departmental representatives about the sustainability of funded projects once the Strategy funding ends. Evaluation participants expressed concern regarding the potential uptake of successful pilot projects and best practices by treatment systems. The Treatment Action Plan also faced some early challenges in developing partnerships and collaborations.

The Enforcement Action Plan has made significant progress in expanding partnerships, increasing capacity and awareness of drug enforcement and other related stakeholders, and improving activities to reduce the production and movement of illicit drugs nationally and

internationally. The Strategy increased capacity for drug enforcement and prosecution of illicit drug producers and distributors, to gather and share intelligence, analyze evidence, and control and monitor controlled substances. In addition, the Enforcement Action Plan raised awareness of illicit drugs and precursor chemical issues among enforcement officers in Canada and abroad through workshops, training and information sessions as well as joint law enforcement efforts. It also contributed to international supply reduction efforts through engagement in bilateral and multilateral consultations and meetings, as well as international drug policy fora. The Strategy has contributed to increased safety in dismantling illicit drug operations through support provided during dismantlement activities, training of police officers and others involved in dismantling operations, as well as by raising awareness among the general public. A major achievement of this action plan is the development of ad hoc partnerships among its participants; for example, the Canada Border Services Agency (CBSA) and the Royal Canadian Mounted Police (RCMP) undertook a joint project to enhance their intelligence capacity and the CBSA, Health Canada, Public Safety Canada, the RCMP and Justice Canada held discussions to establish policies and procedures to advance effectiveness in controlling, handling and destroying seized precursor chemicals. There are, however, challenges in measuring impacts of this action plan since investigations take a long time and the results are not always quantifiable. It is also difficult for partners to isolate the impact of the Strategy funding from other sources of funding available for their activities. In addition, enforcement partners noted that the system for amending regulations with respect to controlling precursor chemicals is not quick enough to allow law enforcement to respond in a timely manner. Finally, it was noted that addressing the manufacture and production of illicit drugs will require a long-term concerted effort.

A variety of factors has contributed to and constrained the efficiency of the Strategy.

The Strategy has benefited from the three-pronged approach, which delivers an appropriate mix of policies, programs and services. It has built on existing resources and added new programming to fill various gaps. The Strategy features a clear focus and coordinated approach, an effective governance structure, strong leadership and commitment, and a high level of communication within and across participating departments as well as with other organizations and stakeholders. Individual components were able to efficiently utilize available resources by leveraging funding from other sources, making use of cost-effective approaches, and working closely with other departments and stakeholders.

In the short term, the efficiency of the Strategy was constrained by a number of factors including the challenges associated with creating such a large, complex horizontal initiative, and the start-up time associated with establishing new components or expanding the capacity of existing

activities. Efficiency has also been impacted by certain regulatory issues (e.g. regulatory restrictions on sharing information, processes involved in implementing amendments), competing priorities, and the limited availability of complementary services in some regions or communities. The low public profile of the Strategy may have impacted efficiency by reducing stakeholder involvement and interest in the Strategy.

Those interviewed as well as focus group participants provided suggestions on how to improve efficiency and better accomplish the Strategy's objectives. The major themes are to improve collaboration across the action plans, coordinate and strengthen knowledge transfer activities, further build on the evidence-based approach, and strengthen the links with international stakeholders.

1. INTRODUCTION

1.1. National Anti-Drug Strategy

The National Anti-Drug Strategy is a horizontal initiative of 12 federal departments and agencies, led by the Department of Justice, with new and reoriented funding⁴ covering activities over a five-year period from 2007/08 to 2011/12. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency, and reduce production and distribution of illicit drugs. Illicit drugs are defined in the *Controlled Drugs and Substances Act* (CDSA) to include opiates, cocaine and cannabis-related substances (including marihuana) as well as synthetic drugs such as ecstasy and methamphetamine. The Strategy encompasses three action plans: Prevention, Treatment and Enforcement:

- The objectives of the Prevention Action Plan are to prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use; and to develop and implement community-based interventions and initiatives to prevent illicit drug use.
- The objective of the Treatment Action Plan is to support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches.
- The objective of the Enforcement Action Plan is to contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.

The Strategy's action plans are expected to contribute to a reduction in the supply of, and demand for, illicit drugs, which ultimately contributes to safer and healthier communities.

⁴ The Strategy includes funding from the former Canada's Drug Strategy, which was reoriented to focus on illicit drug issues as part of the National Anti-Drug Strategy.

1.2. Purpose and Scope of the Evaluation

The purpose of this study is to evaluate the Strategy, in accordance with the Treasury Board of Canada Secretariat (TBS) requirements set out in the 2009 TBS Directive for the Evaluation Function. The evaluation addresses the relevance and performance (effectiveness, and efficiency and economy) of the Strategy and its three action plans. The scope of the evaluation covers the period from 2007/08 through to 2010/11.

1.3. Structure of the Report

This document contains five chapters, including this introduction (Chapter 1), as follows:

- Chapter 2 provides an overview of the design and implementation of the Strategy;
- Chapter 3 summarizes the methodology employed in the evaluation, including methodological limitations and challenges as well as the strategies used to address those challenges;
- Chapter 4 describes the major findings of the evaluation with respect to the relevance and performance of each of the Prevention, Treatment and Enforcement Action Plans; and
- Chapter 5 presents the major conclusions, recommendations and management response arising from the evaluation.

The Strategy Logic Model, evaluation questions and evaluation instruments are presented in appendices.

2. DESIGN AND IMPLEMENTATION OF THE STRATEGY

This chapter provides an overview of the Strategy in terms of its action plans and components, governance structure and expenditures.

2.1. Action Plans and Components

The budget for the Strategy totals approximately \$513.4 million including new funding, reoriented funding, and the former Canada's Drug Strategy (CDS) funding. The budget for the Enforcement Action Plan totals \$205.9 million (40% of the overall budget), while the budgets for the treatment and prevention action plans total \$190.5 million (37%) and \$117 million (23%) respectively. Close to \$3.4 million is also allocated for leadership, communication and evaluation of the Strategy. An additional \$67.7 million was set aside in a frozen allotment for the four components under the Mandatory Minimum Penalties⁵.

The activities of the Strategy focus on illicit drugs, as defined in the CDSA, including opiates, cocaine and cannabis-related substances (including marijuana), and synthetic drugs such as ecstasy, methamphetamine and the illicit use of pharmaceuticals.

The three action plans encompass 20 components. Table 1 contains the profile of each component identifying the responsible department, five-year budget, major activities and outputs, and key beneficiaries. Of the 12 federal departments and agencies participating in the Strategy, four are involved in more than one component: Health Canada (HC) delivers two components under each of the three action plans and leads the prevention and treatment action plans; the RCMP delivers one component under each of the three action plans; Justice Canada delivers two components under the Treatment Action Plan in addition to being the Strategy lead; and Public Safety Canada (PS) is responsible for one component under the Prevention Action Plan and Enforcement Action Plan, in addition to leading the Enforcement Action Plan. The five largest individual components, in terms of the five-year budget, account for 69% of the total

⁵ The components under the Mandatory Minimum Penalties are not included in this evaluation as the Bill did not receive royal assent until March 2012.

budget. These components include the DTFP (\$124.5 million), Marihuana and Clandestine Lab Teams/Proceeds of Crime (\$91.4 million), Drug Strategy Community Initiatives Fund (DSCIF) (\$55.2 million), Drug Analysis Service (\$49.2 million), and NNADAP (\$35.5 million).

The primary beneficiaries of the Strategy include young people and their parents, targeted at-risk or vulnerable populations, and the Canadian public. Treatment delivery agencies, educators, health professionals, police and other social service providers, researchers and practitioners are among the Strategy's secondary beneficiaries, given that the activities conducted under the Strategy facilitate and improve their work. The Strategy also involves a wide range of provincial, national and international stakeholders including governmental and non-governmental organizations (NGOs), academic institutions, communities, private sector corporations and associations, and regulated parties. The stakeholders play various roles in the Strategy including providing services, initiating new programs, conducting research and development, and providing advisory support.

Table 1: Characteristics of the Components of the National Anti-Drug Strategy⁶

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
Prevention Action Plan							
1	Mass Media Campaign	HC	\$29.8 M	A federal mass media prevention campaign to discourage youth from using illicit drugs.	<p>Consisted of a mass media campaign with two components, one targeting parents of youth aged 13 to 15 and the other targeting youth aged 13 to 15, using a variety of TV, radio, social media, web and print materials, e.g. website for parents: www.drugprevention.gc.ca and for youth: www.not4me.ca. The name changed to “drugsnot4me” in 2010 and has been part of the nationalantidrugstrategy.gc.ca website.</p> <p>As of May 2011, baseline and return-to-sample reports were available on the impacts of the parent and youth campaigns.⁷</p>	<ul style="list-style-type: none"> Youth in general Parents of young people Canadian public 	New funding under the Strategy
2	Drug Strategy Community Initiatives Fund (DSCIF)	HC	\$55.2 M	Funding program that supports national and regional prevention and health promotion projects to discourage illicit drug use among youth.	<p>Funded 103 regional and national projects as of 2010/11. Funded projects included one led by the Canadian Centre on Substance Abuse (CCSA) and regional projects that focused on increasing awareness/understanding of healthy lifestyle choices, illicit drugs and their negative consequences, improving capacity (knowledge and skills) to avoid illicit drug use, and increasing engagement of community structures, networks in health, and promotion and prevention efforts to prevent illicit drug use among youth. In 2010/11, some regions (BC, AB, MB/SK, and QC) held regional showcases or knowledge exchange events where funded project proponents were brought together to network and share results and lessons learned. A Cluster Evaluation Baseline Report of DSCIF-funded projects was prepared in March 2011.</p>	<ul style="list-style-type: none"> Youth in general At-risk/vulnerable populations Aboriginal populations Educators, professionals, police, researchers and related communities of practice 	Reoriented funding from the former CDS

⁶ The table includes re-profiled and adjusted funding from the former Canada’s Drug Strategy and new funding under the National Anti-Drug Strategy.

⁷ Although the scope of the evaluation focused primarily on the period from 2007/08 through 2009/10, additional information from 2010/11 performance reports has been incorporated in this report to present a complete review of activities to date.

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding
3 National Crime Prevention Centre (NCPC)	PS	\$20.0 M	Funding in support of evidence-based projects that aim to prevent and reduce substance-related crime among at-risk populations and communities.	NCPC's contribution to the Strategy has been funded through reorienting funding from the Crime Prevention Action Fund (CPAF), the Northern and Aboriginal Crime Prevention Fund, the Policing Corrections and Communities Fund, the Research and Knowledge Development Fund, and the Youth Gang Prevention Fund. NCPC identified over 50 Strategy-related projects as of 2010/11. These projects targeted at-risk children aged 7-12 who use substances, youth aged 13-17 who use substances and are at risk or displaying delinquent behaviour, juvenile and adult offenders no longer in correctional supervision who are addicted to substances, and Aboriginal people who are addicted to substances. In 2010, NCPC conducted a pilot data mining exercise to gather information on five projects identified as nearing completion.	<ul style="list-style-type: none"> • Young people contemplating or experimenting with illicit drugs • At-risk/vulnerable populations • Aboriginal populations • Educators, professionals, police, researchers and related communities of practice 	Reoriented funding from the National Crime Prevention Strategy.
4 Drugs and Organized Crime Awareness Service (DOCAS)	RCMP	\$12.0 M	Supports various initiatives across the country to increase awareness of the nature, extent and consequences of substance use and abuse.	Programs include the Aboriginal Shield Program (ASP), Drug Abuse Resistance Education Program (D.A.R.E.), Drug Endangered Children, Deal.org (administered by RCMP Community and Aboriginal Policing), Drugs and Sport: The Score, E-Aware, Organized Crime Awareness, Drug Awareness Officers Training, Community Prevention Education Continuum (CPEC), Racing Against Drugs Program, Prevent Alcohol and Risk-related Trauma Youth Program, Keep Straight, and Building Capacity for Positive Youth Development. ⁸	<ul style="list-style-type: none"> • Youth in general • Parents of youth • Aboriginal populations • Educators, professionals, police, researchers and related communities 	Former CDS funding

⁸ Royal Canadian Mounted Police. 2011. DOCAS Programs. Accessed March 8, 2011 from <http://www.rcmp-grc.gc.ca/docas-ssdco/prog-eng.htm>.

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
Treatment Action Plan							
1	Drug Treatment Funding Program (DTFP)	HC	\$124.5 M ⁹	Provides financial support to assist provinces and territories strengthen treatment systems, invest in early intervention treatment services for at-risk youth, and focus on high needs areas.	Provided funding through two separate components: strengthening treatment systems and support for treatment services. As of 2010/11, 21 projects received funding under the DTFP, with an additional 8 projects approved for funding. Funded projects included a project to deliver critical treatment services and programs in the Downtown Eastside of Vancouver, a national project led by the CCSA and other projects across 10 of the 13 provinces and territories. An implementation evaluation of the DTFP was completed in March 2011.	<ul style="list-style-type: none"> • Treatment delivery agencies and services • Health professionals and other related communities of practice • Canadian public 	Former CDS funding, new funding under the Strategy
2	National Native Alcohol and Drug Abuse Program (NNADAP)	HC	\$35.5 M	Funding provided to improve treatment services for First Nations and Inuit populations with a focus on youth and their families.	Key activities included the NNADAP Renewal Process (consisting of an evidence-based review, consultations with regional and community partners, and development and launch of a renewed framework for on-reserve addiction services); the creation of the NNADAP Renewal Leadership Team (a national committee of First Nations service providers, health administrators, Elders, researchers, and other key partners who are guiding the implementation of the renewed framework); treatment centre modernization/re-profiling (to strengthen and expand services with a focus on services for women, youth and families), which has included re-orienting or expanding the programming of 36 treatment centres since 2007; workforce development (strategies and incentives to enhance treatment worker certification and competency) under which the percentage of certified addiction treatment centre workers rose to 77% (157 of 204) in 2011/12, up from 68% (186 of 272) in 2010/11; and Mental Wellness Team pilot projects (eight pilot projects in First Nations and Inuit communities across Canada).	<ul style="list-style-type: none"> • Targeted at-risk or vulnerable populations • First Nations and Inuit people • Treatment delivery agencies and services • Addiction treatment centre staff and community-based addiction workers 	Former CDS funding, new funding under the Strategy

⁹ This total includes 2012/13 funding (\$12.3 M) that was re-profiled to DTFP support for treatment services for at-risk youth to accommodate their spending delays.

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
3	Youth Justice Anti-Drug Strategy (YJADS)	Justice Canada	\$6.8 M	Funding program to support the development of treatment programs at various stages of the youth justice system to help youth who have drug dependencies and are in conflict with the law.	Funded 18 projects in 2010/11, 39 in 2009/10, 11 in 2008/09 and 3 in 2007/08, with some projects receiving funding over several years. Projects included innovative intervention/treatment strategies for youth in conflict with the law, training and knowledge-sharing among criminal justice personnel, youth service providers and health care professionals, and research and evaluation. In 2010/11, Justice Canada held a two-day forum with representatives and researchers from funded projects to explore effective approaches for dealing with youth in conflict with the law and with drug abuse issues.	<ul style="list-style-type: none"> • At-risk/vulnerable populations • Treatment delivery agencies and services 	New funding under the Strategy to address illicit drug use under the Youth Justice Fund
4	Drug Treatment Court Funding Program (DTCFP)	Justice Canada	\$16.2 M	Funding program to support drug treatment courts (DTCs), including social services to reduce drug use, enhance social stability of drug-addicted offenders, and reduce criminal recidivism.	Six DTCs were funded, including one in each of the following cities: Toronto, Vancouver, Edmonton, Winnipeg, Ottawa and Regina. The DTCFP Summative Evaluation was completed in March 2009.	<ul style="list-style-type: none"> • Offenders 	Former CDS funding
5	National Youth Intervention and Diversion Program (NYIDP)	RCMP	\$3.4 M	Provide tools and training to front-line members of the RCMP to consider alternatives to charging youth and to refer at-risk youth to community and treatment programs.	The Program was piloted in eight sites (Arviat, Nunavut; Prince George, Williams Lake, Surrey Wrap, BC; Grande Prairie, AB; Charlottetown, PEI; Sussex, NB; and Happy Valley/Goose Bay, NL) between 2007/08 and 2010/11. RCMP members were trained on risk and protective factors and in the use of a formal screening tool to identify youth at risk of re-offending. Consultation with community programs, youth workers and provincial family services was conducted to develop protocols and reach agreement on referral procedures. An NYIDP Implementation Review was completed in March 2011.	<ul style="list-style-type: none"> • Young offenders contemplating or experimenting with illicit drugs 	New funding under the Strategy (Funding for this component ended March 31, 2012)

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
6	Research on Drug Treatment Models	CIHR	\$4.0 M	Funding program that supports research on the development, improvement and evaluation of drug treatment models.	As of 2010/11, CIHR's Institute of Neurosciences, Mental Health and Addiction (INMHA) had provided funding for 18 grants including 11 Catalyst Grants, 3 Research Team Grants (partially funded under the Strategy), 2 Operating Grants, and 2 Knowledge Synthesis Grants. Examples of research topics include the application of research-based interventions, driving while under drug influence, understanding simultaneous polysubstance use, and non-medical use of prescription opioid analgesics in Canada. The CIHR-INMHA Substance Abuse Treatment and Prevention Initiative Workshop was held in October 2010 in Ottawa. In addition, a report was produced in 2011 on Mapping of Systematic Reviews on prevention, treatment and/or harm reduction for illicit drug use to help CIHR-INMHA identify research gaps and needs.	<ul style="list-style-type: none"> • Treatment delivery agencies and services • Health professionals and other related communities of practice across the treatment continuum • Canadian public 	New funding under the Strategy
Enforcement Action Plan							
1	National Coordination of Efforts to Improve Intelligence, Knowledge Management, Research, and Evaluation	PS	\$4.0 M	Provides national horizontal policy coordination to improve intelligence, knowledge management, research, and evaluation pertaining to illicit drug issues.	Provided leadership across the Enforcement Action Plan, held consultations, participated in the Synthetic Drug Initiative meetings, hosted workshops nationally including the Emerging Issues in Drug Enforcement Workshop in Montreal in November 2010 and the Illicit Use of Pharmaceuticals Workshop in Vancouver in June 2011, and coordinated initiatives internationally to identify new issues and encourage dialogue among groups that are not normally involved in enforcement discussions. PS also contributed to innovative projects and research (e.g. Intelligence-led Anti-Gang Strategy led by the Ottawa Police Service).	<ul style="list-style-type: none"> • Strategy and enforcement partners • Researchers, health professionals and other related communities of practice across the enforcement continuum • Canadian public 	Former CDS, new funding under the Strategy
2	Prosecution and Prosecution-related Services	ODPP	\$9.9 M	Provides prosecution and prosecution-related services to support RCMP investigations and charges.	Dedicated 25 in-house full-time equivalent employees (FTEs), nationally distributed, to Strategy activities in 2010/11 (the number dedicated to the Strategy increased from 9.5 FTEs 2009/10 and 7.5 in 2008/09) to deal with incremental prosecutions and related workload generated by new RCMP investigative and criminal intelligence officers as well as to disseminate information to Crown Prosecutors on new legislation pertaining to illicit drugs.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Canadian public 	New funding under the Strategy

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
3	Office of Controlled Substances (OCS)	HC	\$26.0 M	Operates an inspection program that aims to control and monitor controlled substances and precursor chemicals.	Expanded its inspection program by hiring two new inspectors in Alberta and four in Ontario in 2007/08, to monitor movement of controlled substances and precursor chemicals to prevent their diversion to the illicit drug market. Carried out inspections of dealers licensed under the <i>Precursor Control Regulations</i> , <i>Narcotic Control Regulations</i> , Parts G and J of the <i>Food and Drug Regulations</i> and the <i>Benzodiazepines and Other Targeted Substances Regulations</i> , as well as other security regulations. OCS also enhanced communication with enforcement agencies.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Landlords, investors, and property managers • Legitimate chemical and pharmaceutical industry • Canadian public 	Former CDS, new funding under the Strategy
4	Drug Analysis Service (DAS)	HC	\$49.2 M	Provides scientific advice, trains police and border officers in safe dismantling of drug labs, analyzes drugs and provides expert testimony.	Allocated two FTEs to the Toronto lab, in 2007/08, to analyze seized materials, provide training to law enforcement officers to increase awareness of trends and safety in dismantling clandestine labs, aid in investigations of illicit drug operations to ensure they are dismantled in a safe manner and provide expert testimony in court. In 2010/11, DAS completed the reorganization of the national office following the regional transformation, streamlined its processes to become more efficient and met with prosecutors and police forces to discuss options to control the workload.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Prosecution agencies (e.g. ODPP) • Canadian public 	Former CDS, new funding under the Strategy

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding	
5	Marihuana and Clandestine Lab Teams/ Proceeds of Crime	RCMP	\$91.4 M	Undertakes investigations of criminal activities related to marihuana grow-ops (MGOs) and Clandestine Drug Laboratories (Clan Labs).	Dedicated additional resources augmented existing Clan Lab and MGO teams across Canada, to address related areas of drug enforcement, criminal intelligence, technical support, proceeds of crime, liaison officers and internal services, to enforce relevant legislation. RCMP teams also undertook training to raise their awareness of synthetic drugs and precursor chemical issues and of how to safely dismantle illicit drug operations. Working groups were formed, including one with multiple federal departments to interface on the Synthetic Drug Initiative. The Initiative was introduced in 2009 and is designed to eliminate the production and distribution of illegal synthetic drugs in Canada and target precursor chemical smuggling at Canada's borders. The RCMP engaged in a Joint Forces Operation with the Canada Border Services Agency (CBSA) Intelligence Directorate to enhance intelligence-sharing on the smuggling of precursor chemicals into Canada.	<ul style="list-style-type: none"> • Federal partners (e.g. CBSA) • Enforcement agencies • Canadian public 	Former CDS, new funding under the Strategy
6	Intelligence Development and Field Support Division, Analysis and Scientific Services	CBSA	\$12.7 M	Manages the flow of goods and people coming into Canada, including preventing cross-border smuggling of domestic marihuana and trade in other illicit drugs and precursor chemicals.	Enhanced human resources and acquired equipment to address cross-border smuggling of domestic marihuana and trade in other illicit drugs and precursor chemicals, including funding 11 FTEs in precursor chemical intelligence across all eight regions, 8 FTE lab positions, and 3 FTEs dedicated to Strategy-related criminal investigations as of 2010/11. In October 2010, CBSA hosted a Precursor and Synthetic Drug Workshop bringing together domestic and international partners. Also, a CBSA Headquarters Intelligence-led Joint Forces Operation with the RCMP was developed in support of the CBSA Precursor Chemical Diversion Project and the RCMP Synthetic Drug Initiative. CBSA is a vital partner in the Synthetic Drug Initiative.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Legitimate chemical industry • Canadian public 	New funding under the Strategy

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding
7 Special Enforcement Program	CRA	\$4.2 M	Undertakes audits of individuals and organizations suspected of criminal activities.	Dedicated six FTEs, two in each of the high-risk tax service offices (i.e. Montreal, Toronto, and Vancouver) to perform audits of persons known or suspected of deriving income earned from marihuana and synthetic drug production and distribution operations, and to reassess tax dollars owing, based on leads received from the RCMP, the Financial Transactions Reports Analysis Centre of Canada (FINTRAC), as well as provincial and municipal police.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Canadian public 	New funding under the Strategy
8 Forensic Accounting Management Group (FAMG)	PWGSC	\$1.6 M	Provides forensic accounting services to law enforcement about specific investigations, responding to RCMP demand.	As of 2010/11, dedicated two FTEs to participate in and support Integrated Proceeds of Crime (IPOC) investigations and prosecutions related to the production and distribution and possession of illicit drugs, as well as to MGOs and clandestine laboratories, to act as an expert witness in criminal investigations, and to produce forensic accounting reports which explain how money is linked to the criminal activity that may be submitted as evidence in prosecutions.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Canadian public 	New funding under the Strategy
9 Financial Intelligence	FINTRAC	\$2.5 M	Provides financial intelligence to support RCMP investigations and informs the RCMP of suspicious activity based on reports from financial industry.	Dedicated six FTEs to support Strategy files as of 2010/11, providing financial intelligence that supports law enforcement in investigations and prosecutions of persons who handle money generated by the production and distribution of illicit drugs.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Canadian public 	New funding under the Strategy

Component	Department	Total Budget (2007/08 to 2011/12)	Overview	Major Activities and Outputs (2007/08 to 2010/11)	Key Beneficiaries	Sources of Funding
10 Annual Contributions to United Nations Office on Drugs and Crime (UNODC) and Organization of American States - Inter-American Drug Abuse Control Commission (OAS-CICAD)	DFAIT	\$4.5 M	Provides contributions to multilateral development organizations in order to develop global capacity to combat illicit drug production and trade.	Provided financial assistance to the UNODC in fulfilling its mandate to build capacity in the fight against drugs and international crime at the global level, with a particular focus on the Americas; and to the OAS-CICAD.	<ul style="list-style-type: none"> • Enforcement agencies (e.g. RCMP) • Federal partners (e.g. PS) • International partners (e.g. OAS-CICAD and UNODC) • Enforcement agencies and governments in developing countries • Canadian public 	Former CDS

2.2. Governance

The governance structure of the Strategy consists of the Assistant Deputy Minister Steering Committee (ADMSC) and four working groups on prevention and treatment, enforcement, policy and performance, and communications. Meeting about once a year, the ADMSC oversees implementation of the Strategy, making decisions necessary to advance the initiative, where required, and ensuring appropriate and timely outcomes for the initiative as well as accountability in the expenditure of initiative resources. The ADMSC also prepares questions for the consideration of Deputy Ministers, where appropriate. The Committee is chaired by Justice Canada and also includes Assistant Deputy Ministers (as appropriate) from HC, PS, RCMP, Correctional Service of Canada (CSC), Office of the Director of Public Prosecutions (ODPP), CBSA, Department of Foreign Affairs and International Trade Canada (DFAIT) and Canada Revenue Agency (CRA) as well as the Privy Council Office of Canada (PCO) and the TBS.

Four Director General-level working groups oversee the development and implementation of various aspects of the Strategy and report to the ADMSC. As noted above and in Table 2, not all Strategy partners are involved in the ADMSC or the Policy and Performance Working Group. It is also noted that other departments who are not funded through the Strategy are members of these groups.

Table 2: Working Group Structure of the Strategy

National Anti-Drug Strategy Working Group Structure and Areas of Responsibility					
Working Group	Chair	Departments Represented		Primary Area of Responsibility	Average Number of Meetings
Prevention and Treatment	Health Canada	<ul style="list-style-type: none"> • HC • PS • Justice • RCMP 	<ul style="list-style-type: none"> • CSC • DFAIT • PHAC • CIHR 	Oversees the development and implementation of the prevention and treatment action plans	2-3 meetings/year
Enforcement	Public Safety Canada	<ul style="list-style-type: none"> • PS • RCMP • CBSA • CSC • PBC • ODPP 	<ul style="list-style-type: none"> • Justice • HC • DFAIT • CRA • PWGSC • FINTRAC 	Oversees the development and implementation of the Enforcement Action Plan.	1-2 meetings/year

National Anti-Drug Strategy Working Group Structure and Areas of Responsibility					
Working Group	Chair	Departments Represented		Primary Area of Responsibility	Average Number of Meetings
Policy and Performance	Justice Canada	<ul style="list-style-type: none"> • Justice • HC • PS • RCMP • CSC • ODPP 	<ul style="list-style-type: none"> • CBSA • DFAIT • PCO • TBS • AANDC 	Oversees the development and articulation of policy directions and outcomes for the Strategy and the work of the Sub-committee on Evaluation and Reporting. (SER).	4 meetings/year
Communications	Justice Canada	<ul style="list-style-type: none"> • Justice • HC • PS • RCMP • CBSA 	<ul style="list-style-type: none"> • CSC • DFAIT • PCO 	Oversees communication of the Strategy, including making decisions necessary to advance communication of the initiative and ensuring coordination of communication efforts and exchange of information by all partners.	1-3 meetings/year

In addition to the Directors General working groups, several sub-groups were developed to support Strategy coordination efforts. The SER, which has representatives from all partners, is responsible for the implementation and management of the reporting and evaluation activities for the Strategy. The Prevention and Treatment Sub-committee on Federal Continuum of Responses was established in 2008/09 as a horizontal working group that identifies and maps a common continuum of programs and services across federal departments to support the prevention and treatment objectives of the Strategy. The Sub-committee was developed, in part, as a result of recommendations made during the Implementation Evaluation of the Strategy.¹⁰ The Enforcement Action Plan Working Group was also supplemented by meetings of several sub-groups, including quarterly meetings of the RCMP-led Synthetic Drug Initiative (SDI) and the creation of a sub-group in 2010 to discuss possible changes to the regime governing storage and disposition of offence-related property. A sub-group¹¹ of the Communications Working Group, with advisors from the Departments of Justice, Health, PS, RCMP, CBSA and CSC met six to eight times per year. The sub-group of Communication Officers played a supporting role to ensure regular collaboration on and coordination of Strategy communication activities and ensured that all communications were consistent, complementary and positioned in support of the Strategy.

¹⁰ Evaluation Division, Department of Justice Canada. 2010. National Anti-Drug Strategy Implementation Evaluation. <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/10/nasie-snaef/index.html>

¹¹ The Sub-group for Communications is not part of the formal governance structure of the National Anti-Drug Strategy.

The governance structure of the Strategy is supported by the Youth Justice and Strategic Initiatives Section, Department of Justice, which leads the Strategy, and is therefore responsible for collecting all information from the other departments on Strategy implementation. Strategy partners report annually through the Justice Canada Departmental Performance Report.

2.3. Expenditures

Table 3 compares the budgeted and the actual spending under each of the components for the first four years since the Strategy was initiated (i.e. from 2007/08 to 2010/11).¹²

Table 3: Strategy Expenditures from 2007/08 to 2010/11¹³

Component		Department	2007/08 to 2010/11	
			Planned Spending (\$ Millions)	Actual Spending (\$ Millions)
Prevention Action Plan				
1	Mass Media Campaign	HC	\$23.0	\$21.1
2	Drug Strategy Community Initiatives Fund	HC	\$46.8	\$39.9
3	National Crime Prevention Centre multiple funds (including CPAF)	PS	\$20.6	\$28.8
4	Drugs and Organized Crime Awareness Service	RCMP	\$12.0	\$8.0
<i>Total</i>			<i>\$102.4</i>	<i>\$97.8</i>
Treatment Action Plan				
1	Drug Treatment Funding Program	HC	\$109.0	\$43.9
2	National Native Alcohol and Drug Abuse Program	HC	\$25.1	\$25.5
3	Youth Justice Anti-Drug Strategy	Justice	\$5.3	\$3.7
4	Drug Treatment Court Funding Program	Justice	\$14.7 ¹⁴	\$14.7
5	National Youth Intervention and Diversion Program ¹⁵	RCMP	\$2.7	\$1.8
6	Research on Drug Treatment Models	CIHR	\$3.1	\$1.7
<i>Total</i>			<i>\$159.9</i>	<i>\$91.3</i>

¹² Department of Justice Canada. 2011. Departmental Performance Reports (2007/08 to 2010/11). Accessed January 9, 2012 from <http://www.justice.gc.ca/eng/dept-min/pub/dpr-rr/index.html>.

¹³ Figures in this table were calculated based on amounts reported in the Department of Justice Canada Departmental Performance Reports and do not incorporate re-profiled and adjusted funding amounts.

¹⁴ This amount includes \$2M spent in 2007/08 under HC, but for the purposes of this document, it is reported under Justice.

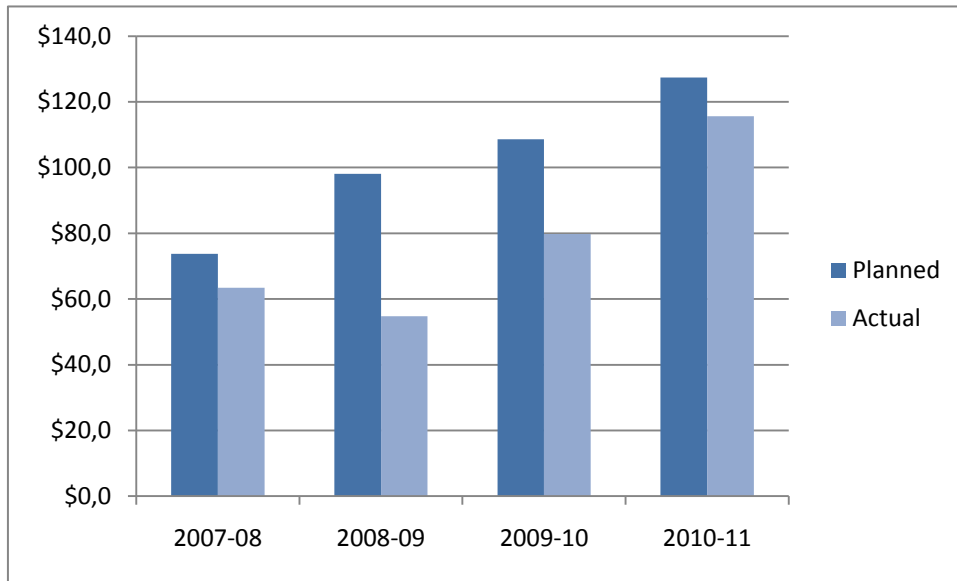
¹⁵ Funding for this component ended March 31, 2012.

Component		Department	2007/08 to 2010/11	
			Planned Spending (\$ Millions)	Actual Spending (\$ Millions)
Enforcement Action Plan				
1	National Coordination of Efforts to Improve Intelligence, Knowledge Management, Research, and Evaluation	PS	\$3.2	\$2.8
2	Prosecution and Prosecution-related Services	ODPP	\$6.0	\$6.6
3	Office of Controlled Substances	HC	\$12.4	\$9.7
4	Drug Analysis Service	HC	\$38.3 ¹⁶	\$36.1
5	Marihuana and Clandestine Lab Teams/Proceeds of Crime	RCMP	\$64.4	\$50.0
6	Intelligence Development and Field Support Division, Analysis and Scientific Services	CBSA	\$8.9	\$7.8
7	Special Enforcement Program	CRA	\$3.2	\$2.7
8	Forensic Accounting Management Group	PWGSC	\$1.0	\$1.0
9	Financial Intelligence	FINTRAC	\$1.8	\$1.6
10	Annual Contributions to UNODC and CICAD	DFAIT	\$3.6	\$3.6
<i>Total</i>			\$142.8	\$121.9
GRAND TOTAL			\$405.1	\$311.0

As indicated, some funding was re-profiled or lapsed under various components of the Strategy, particularly the DTFP which took longer than expected to negotiate agreements with the provincial and territorial governments. Figure 1 compares the annual planned and actual spending of the Strategy during the first four years of implementation. The budget increased during each of the first four years, as components moved towards full implementation. However, slower than expected implementation of certain new components (particularly the DTFP) meant that the percentage of the planned budget which was actually expended decreased from 86% in the first year to 56% in the second year, before increasing to 73% in 2009/10 and 91% in 2010/11. Over the four-year period, actual spending was equal to 77% of planned spending.

¹⁶ Planned and actual spending include former funding from the CDS and new funding under the Strategy

Figure 1: Strategy Planned and Actual Spending from 2007/08 to 2010/11 (\$ Millions)¹⁷



¹⁷ Figures in this chart were calculated based on amounts reported in the Department of Justice Canada Departmental Performance Reports and do not incorporate re-profiled and adjusted funding amounts.

3. EVALUATION METHODOLOGY

3.1. Method of Study

In accordance with the TB Evaluation Policy, the evaluation addresses issues of continued relevance, effectiveness, and demonstrated efficiency and economy of the Strategy. The evaluation questions are presented in Appendix B. The evaluation was designed in three phases. The first phase, which involved development of an evaluation plan and methodological tools, was finalized in April 2011. The second phase consisted of the collection of qualitative and quantitative data from multiple lines of evidence and was completed in December 2011. The third phase consisted of data analysis and the development of this final evaluation report.

The evaluation design takes into consideration the Strategy's characteristics, specifically, that it is a complex, horizontal initiative involving multiple departments, a large budget, broad objectives, with three action plans comprising many components at varying levels of implementation maturity. Some of these components are very large and offer programming at a national or provincial scale; others are more modest where the reach and impact would more likely be measured at a local or community level. Given all of these considerations, the evaluation analysis is conducted largely at the action plan level so that the collective impact of the components can be assessed.

Since the development of the Strategy, the partners have emphasized the need for collecting and analyzing ongoing performance information. The evaluation design incorporated a significant document and file review that made extensive use of performance data, evaluations, documents, files and other information compiled on the various components and action plans.

Multiple lines of evidence were used to complement the document and file review, including a literature review; interviews with key informants; a series of learning circles, case studies and an online survey focused on specific components within each action plan; a cost-efficiency analysis; and a series of focus groups. Taken together, the learning circles, case studies and online survey focused on eight of the ten components under the prevention and treatment action plans. In

addition, a case study was conducted involving the inter-relationships among components of the Enforcement Action Plan.

3.1.1. Document and File Review

An extensive review of documents was conducted to collect information on all core evaluation issues pertaining to relevance and performance of the Strategy. This methodology proved to be an efficient way to access comprehensive information on the activities, outputs, challenges and achievements of all 20 components of the Strategy that have been carried out so far. Some of the key materials reviewed included the Strategy's foundational policy and program documents (e.g. Reports on Plans and Priorities, Departmental Performance Reports for the participating departments, and references to the Strategy in Speeches from the Throne), terms of reference and meeting minutes of committees and working groups, the 2010 National Anti-Drug Strategy Implementation Evaluation, evaluation reports of some components, and surveys and statistics produced by the various components. In addition, an extensive review was conducted of the detailed annual performance information (from 2007/08 to 2010/11) prepared by each component on their activities and outcomes.

3.1.2. Literature Review

The literature review focused on illicit drug use among youth and other segments of the population as well as illicit drug production, trafficking, importation and exportation, and illicit drug treatment services in Canada. In addition to peer-reviewed publications, the literature included reports prepared by Justice Canada (e.g. Costs of Crime in Canada) and other federal government departments (e.g. the Criminal Intelligence Service of Canada [CISC] Report on Organized Crime, and the RCMP Report on the Illicit Drug Situation in Canada); non-government organization publications (e.g. the Canadian Association of Chiefs of Police Drug Abuse Committee and the CCSA reports; workshop proceedings); and national surveys such as the Uniform Crime Reporting Survey (Canadian Centre for Justice Statistics), the Canadian Alcohol and Drug Use Monitoring Survey (HC), the Youth Smoking Survey (HC), and the Canadian Addiction Survey (HC). International reports were also reviewed, including the Hemispheric Drug Strategy by OAS/CICAD, the International Narcotics Control Strategy Report (U.S. Department of State), and the World Drug Report 2010 (United Nations).

Literature was also reviewed on other horizontal initiatives in Canada (e.g. the Federal Tobacco Control Strategy, the Federal Initiative to Address HIV/AIDS in Canada, and the Youth

Employment Strategy) as well as drug policies and strategies in other countries. The information collected through these documents allowed us to compare the Strategy with other similar strategies at national and international levels. Appendix C provides a list of types of literature reviewed.

3.1.3. Interviews

All 12 departments involved in the Strategy were asked to identify candidates for interviews. The candidates proposed by the SER were invited to participate in an interview. In addition, snowball sampling¹⁸ was used to recruit additional Strategy stakeholders for interviews. In total, 82 interviews were completed with three distinct groups of Strategy partners and stakeholders.

Nine different interview guides were developed for various groups of interviewees who had involvement in one, or more than one, of the three action plans as well as for those who were involved in the Strategy as a whole.¹⁹ A description of each group of interviewees is as follows:

- 50 departmental representatives participated in the evaluation interviews. Eighteen interviewees were involved in multiple action plans, five were involved in the Prevention Action Plan only, nine were involved in the Treatment Action Plan only, and 18 were partners of the Enforcement Action Plan. Representatives were from all partner departments.
- 23 direct stakeholders including funding recipients (14), partners involved in program delivery (7), a project evaluator, and program consultants of the Prevention, Treatment, or Enforcement Action Plans. Strategy stakeholders had been involved with the Strategy for an average of four years.
- 9 external stakeholders including key individuals involved in issues related to the Strategy at the provincial, territorial and municipal levels as well as key academics and experts. External stakeholders have been involved in their respective area of activities for an average of 22 years, with a minimum of seven years, and maximum of 36 years.

¹⁸ Stakeholder participants were asked to recommend other stakeholders to be contacted for an interview. A total of 15 stakeholders (7 direct and 8 external stakeholders of the Strategy) were interviewed through this technique.

¹⁹ Appendix E presents the evaluation instruments used in this study.

3.1.4. Case Studies

Five case studies were conducted to examine the extent to which the Strategy has achieved its intended outcomes and to deepen our understanding of the themes, performance and impacts of the action plans. Case studies focused on describing Strategy-funded projects or operational scenarios.

Four case studies were completed of selected projects funded under various components of the prevention and treatment action plans. The methodology for these case studies included a review of documents and outputs, interviews with project representatives, sponsors, partners, and other stakeholders, as well as site visits, when possible. In total, 13 representatives were interviewed including three project leads, four project staff and six project partners. The projects were selected based on the results of the document and literature reviews, in consultation with the managers of the selected components and the SER. The selection of cases considered various criteria including location, target group, level of completion/progress, level of reporting, and availability of outcome information.

Table 4: List of Case Studies

Component	Project (Program)	Location	Project Start Date	Target Population
Prevention	School-Aged Children and Youth Substance Use Prevention Initiative (SACY)-expansion (DSCIF)	Vancouver, B.C.	2008/09	Youth in schools
Prevention	Velocity (NCPC)	St John's, N.L.	2009/10	At-risk youth in community
Treatment	In Roads (DTFP)	Edmonton, Calgary and Red Deer, AB	2009/10	At-risk youth and non-profit organizations that are in contact with at-risk youth
Treatment	Native Horizons Treatment Centre (NNADAP Modernization)	Hagersville, ON	2010/11	Treatment services for Aboriginals First Nations and Inuit

In addition, a case study of the Enforcement Action Plan was undertaken to demonstrate the horizontal collaborative approach in enforcement activities. The study described how information flows among partners and how the work of a group of Strategy partners contributes to the work of other partners. The selection of the RCMP MGO and Clandestine Lab teams for case study was made considering the results of the document review, issues frequently raised during interviews, the complexity of the component, and the high level of partnership and coordinated responses that are required to disrupt MGOs in a safe manner. The mapping

resulting from this scenario was comprehensive and covered the activities of all enforcement partners as they progressed from intelligence-gathering to charges and disruption of illicit drug operations.

3.1.5. Learning Circles

Five learning circles²⁰ were conducted with stakeholders to provide deeper insight into the Strategy's themes, performance and impacts "on the ground." The sessions brought together groups of stakeholders associated with the Prevention or Treatment Action Plans to discuss what has been achieved, their challenges, and what has been learned in relation to reaching outcomes. With the exception of one session, the learning circles were incorporated into planned meetings, workshops or training sessions that occurred during the evaluation period and were organized by the Strategy partners. The SER assisted in identifying such opportunities and organizing the activities. Forty-four stakeholders participated in the circles.

Table 5: List of Learning Circles

Component	Program	Location	Participants	Number of Participants
Prevention	DSCIF	Vancouver, B.C.	Representatives from projects funded by DSCIF	17 participants (in two concurrent sessions)
Prevention	DOCAS-Aboriginal Shield Program	Saskatoon, SK	Representatives of various organizations who were trained to deliver the ASP (e.g. RCMP, police, First Nations representatives, and youth workers)	9 participants
Treatment	YJADS	Ottawa, ON	Researchers in the area of youth substance abuse, managers and staff of Youth Justice-funded treatment projects, and project evaluators	7 participants
Treatment	NYIDP	Grand Prairie, AB	Representatives from RCMP and organizations to which young offenders were referred for assessment and treatment	11 participants

²⁰ A learning circle was not conducted for the Enforcement Action Plan. Given the nature of the components under the Plan, there are only a very limited number of direct stakeholders who could have been considered for a learning circle.

3.1.6. Online Survey

An online survey was conducted to obtain information on a component of the Treatment Action Plan which was not otherwise the focus of a case study or a learning circle. The survey was sent to a list of 23 proponents of projects funded under the CIHR Research on Drug Treatment Models, of whom eight proponents completed the survey. The information collected complemented the data obtained through interviews of stakeholders.

3.1.7. Cost-efficiency Analysis

Reflecting the recommendations of the cost-effectiveness feasibility study prepared for the Strategy in 2010, a template was developed and distributed to representatives associated with funding components of the prevention and treatment action plans. This template was designed to collect data on component costs, inputs and outputs. Based on the data, comparative tables were developed for three components of the Prevention Action Plan and four components of the Treatment Action Plan. As the Strategy's investments in enforcement activities represent incremental additions to the overall investment made by the partners in related activities, the Enforcement Action Plan components representatives did not complete the template, but the components were included in the overall cost-efficiency analysis.

3.1.8. Focus Groups

Following a presentation of the preliminary findings to the SER, three focus groups were conducted to explore issues raised in the evaluation findings and to validate certain findings. Each group focused on a different topic including collaboration and cooperation across strategy partners, communication and information sharing, and effectiveness and efficiency. In total, 23 representatives from the Strategy departments participated in the focus groups.

3.2. Limitations, Challenges and Mitigation Strategies

The evaluation encountered some challenges and limitations that are outlined below:

- **Ability to aggregate impacts:** Given the wide range of activities, intended outcomes and performance indicators associated with the Strategy, it is difficult to quantify and aggregate program outcomes in a meaningful yet concise way. A variety of qualitative research methods have been used to address this issue.

- **Reliance on input from departmental representatives and direct stakeholders.** The ability to obtain direct input from the key target of the Strategy (e.g. at-risk youth, offenders, and Aboriginal people) is limited by the size of the evaluation as well as by privacy rights. This issue has been addressed, in large part, through the extensive document review, particularly evaluation and survey reports, as well as case studies of individual programs that directly worked with the Strategy's target groups. Furthermore, given the complexity and breadth of the Strategy, awareness of the full range of Strategy activities is low among the external stakeholders who were interviewed (i.e., key individuals involved in illicit drug prevention, treatment, and enforcement at the provincial, territorial and municipal levels, as well as key academics and experts). Most of the external stakeholders that were interviewed, therefore, were not in a position to provide specific input on the overall Strategy or even individual action plans. This emphasis on departmental representatives and direct stakeholders could have led to potential bias in responses; however, this was mitigated, as much as possible, through the use of multiple lines of evidence as well as validating findings through other primary and secondary research.
- **Attribution:** It is difficult to attribute particular outcomes to the Strategy relative to other resources, programs and trends affecting the target groups. In some cases, the funding under the Strategy was used to expand existing capacity rather than to establish new initiatives or services; as such, it is difficult to attribute particular impacts to the new resources provided under the Strategy versus previously existing resources. This challenge has been addressed by encouraging key informants to provide specific examples of activities or projects when discussing impacts. In addition, the document review and case studies of specific activities or projects further captured impacts attributable to the Strategy.
- **Limited data available on program delivery costs:** Individual components provided information on program budgets and expenditures. However, given the range of representatives who may be involved in particular activities and the absence of activity-based costing data, it is often not possible to determine the specific resources dedicated to the Strategy. In turn, this has made it more difficult to assess program economy and efficiency. To respond to this limitation, qualitative questions on program efficiency were included in the key informant interviews.
- **Inconsistent performance data:** In some instances, the annual performance reports contained inconsistent performance indicators across the Strategy components. This made it difficult to aggregate qualitative data and to present the impacts that have occurred over the four-year evaluation period. To mitigate this challenge, references to single-year accomplishments were included, with a focus on more complete activities as well as

balancing those figures with a qualitative assessment of trends and major accomplishments over the four years.

Overall, the study limitations were mitigated, as much as possible, through the use of multiple lines of evidence and triangulation of data to demonstrate reliability and validity of the findings.

4. SUMMARY OF THE MAJOR FINDINGS

This chapter summarizes the key findings of the evaluation gathered from all lines of evidence, grouped by evaluation issues (relevance, effectiveness, and efficiency and economy). Appendix B presents the list of evaluation questions and issues addressed in this study.

4.1. Relevance

This section explores the relevance of the Strategy in terms of its continued need, its consistency with federal priorities concerning illicit drug issues and with the role of the federal government in this area.

4.1.1. Continued Need

4.1.1.1 Illicit drug use among youth is a continuing concern

Illicit drug use among youth²¹ is a constantly evolving concern in Canada. According to Health Canada's *Canadian Alcohol and Drug Use Monitoring Survey (CADUMS)*, the rate of drug use among youth aged 15 to 24 years remains much higher than that reported by adults 25 years and older. The rate of cannabis use is three times higher among youth (25.1% versus 7.9% for adults), and the use of any drug excluding cannabis is almost nine times higher (7.9% versus 0.8%²² for adults) for the past year.²³ The Youth Smoking Survey confirms this issue as it reports

²¹ Government departments and non-profit organizations have different definitions of youth age, although the majority agreed on defining youth as those who are between 15 and 24 years of age. Overall, the federal departments have a start age higher than provincial or non-profit organizations when defining youth. See Environmental Scan: Extended Age Definition for Youth 15-24, United Way of Calgary, 2010 & INVOLVEYOUTH2, Toronto, city of Toronto, 2006, for more details.

²² Note that this estimate is qualified due to high sampling variability and should be interpreted with caution. The range provided is 0.5-1.1% (N= 9,626).

²³ Health Canada. 2010. Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2010. Accessed October 4, 2011 from <http://www.hc-sc.gc.ca/hc-ps/drugs-drogués/stat/index-eng.php>. Note: for respondents aged 15-24, N=3,989; and respondents aged 25+, N=9,626.

that, in 2008/09, 27% of students in grades 6 to 12 reported marihuana use in the past year.²⁴ CADUMS 2010 shows that 38% of those who had used drugs in the past year are between 15 and 24 years of age, with the average age of first use being 15.7 years.²⁵ In addition, based on a national survey of parents with children aged 13 to 15, when they were asked to identify the most important problem facing youth, illicit drug use was identified as the second most important problem (14%), after peer pressure and fitting in with friends (29%). Two-thirds (67%) of parents also believed that drug use and experimentation among youth today are much higher than when they were young.²⁶

4.1.1.2 Higher drug use among other vulnerable populations

The literature points to increased risk of illicit drug abuse among other vulnerable segments of populations including Aboriginal people, youth living in northern regions, and federal offenders. According to the *Northwest Territories Addictions Report* (2010), the proportion of Aboriginal population cannabis use in the past 12 months was twice as high as the cannabis use among non-Aboriginals (approximately 25-30% versus 10-15%).²⁷ The same study found that about 40-45% of youth (aged 15 to 24) living in the Northwest Territories used marihuana in the past year, which is higher than the national average of 25.1% reported by CADUMS 2010.²⁸

During the DOCAS-ASP learning circle, participants who were affiliated with various Aboriginal organizations, councils or communities also explained that gangs are growing in their communities, and in turn, this is resulting in drugs becoming more accessible for Aboriginal people. Other studies also refer to the increasing number of gangs in Aboriginal communities and the higher vulnerability of Aboriginal youth to gang recruitment compared to non-Aboriginal

²⁴ Health Canada. 2010. Youth Smoking Survey 2008-09: Supplementary Tables, p. 18. Accessed September 29, 2011 from http://www.yss.uwaterloo.ca/results/YSS2008-2009_supplementary_tables_en.pdf. Note: N=51,922 students across Canada in grades 6 to 12.

²⁵ Health Canada. 2010. Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2010. Accessed October 4, 2011 from <http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/index-eng.php>.

²⁶ Health Canada. 2008. NADS Baseline Survey with Parents of Children Aged 13 to 15. Unpublished. Note that a total of 850 parents participated in the baseline survey.

²⁷ NWT Addictions Report. Prevalence of alcohol, illicit drug, tobacco use and gambling in the Northwest Territories. December 2010. Retrieved March 26, 2012 at: http://www.hlthss.gov.nt.ca/pdf/reports/mental_health_and_addictions/2010/english/nwt_addictions_report.pdf.

²⁸ Health Canada. 2010. Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2010. Accessed October 4, 2011 from <http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/index-eng.php>. Note: respondents aged 15-24, N=3,989; and respondents aged 25+, N=9,626.

youth.²⁹ CISC (2010) also reports that organized crime involvement in illicit drug trade leads to increases in other criminal activities such as property crime as organizations try and raise monies to assist with purchases and to offset debt.³⁰

Studies also show that one-fifth (21%) of male federal offenders have injected illicit drugs at some time in their life and the drugs most commonly used intravenously are opioids and cocaine.³¹

4.1.1.3 Societal costs associated with illicit drug use

Illicit drug use is associated with costly health, community and economic impacts and presents an economic burden to the Canadian public. Justice Canada's 2008 report on the *Costs of Crime in Canada* estimated that illicit drug use resulted in \$1.3 billion in health care costs, \$2 billion in justice-related costs (police, courts and correctional services), and about \$5.3 billion in productivity losses.³² The CCSA study also estimated that, based on the 2002 national data, the total annual cost of illicit drug abuse is \$8.2 billion per year to the Canadian society.³³

4.1.1.4 Emerging illicit drug issues in Canada

A national strategy is also needed to address the changes in the illicit drug situation and to inform Canadians. The 2010 Emerging Issues in Drug Enforcement Workshop, the 2011 Illicit Use of Pharmaceuticals Workshop hosted by PS, and the 2010 Substance Abuse Prevention and Treatment Initiative Workshop hosted by CIHR acknowledged and discussed emerging issues such as illicit use of pharmaceuticals, drug-impaired driving, and some major local drug issues (e.g. MGOs, compassion clubs, and gang migration) that require attention.³⁴ Recent CCSA

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- ²⁹ Totten, M. 2009. Aboriginal Youth and Violent Gang Involvement in Canada: Quality Prevention Strategies. IPC Review: Vol. 3, p. 135-156 & Richter-White, Holly. Direct and Indirect Impacts of Organized Crime on Youth, as Offenders and Victims. Ottawa: Community Contract and Aboriginal Policing Service, Research and Evaluation Branch, Royal Canadian Mounted Police, 2003;
- ³⁰ Criminal Intelligence Service Canada. 2010. Report on Organized Crime 2010. Accessed February 5, 2011 from http://www.cisc.gc.ca/annual_reports/annual_report_2010/national_overview1_2010_e.html.
- ³¹ S. Farrell, J. Ross, M. Ternes, and D. Kunic. 2010. "Prevalence of Injection Drug Use Among Male Offenders", CSC Research Snippet 10 (2). <http://www.csc-scc.gc.ca/text/rsrch/smmrs/rs/rs10-02/rs10-02-eng.shtml>.
- ³² Zhang, T. 2008. Costs of Crime in Canada 2008. Department of Justice Canada, p. 12-16. Accessed May 16, 2011 from http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2011/rr10_5/index.html.
- ³³ Rehm, J. et al. 2006. The Costs of Substance Abuse in Canada, 2002: Highlights. Ottawa: Canadian Centre on Substance Abuse. Accessed May 16, 2011 from: <http://www.ccsa.ca/2006%20CCSA%20Documents/ccsa-011332-2006.pdf>.
- ³⁴ Public Safety Canada. 2010. Proceedings of "Emerging Issues in Drug Enforcement Workshop." November 17-18, 2010, p. 1. Accessed January 9, 2012 from <http://www.publicsafety.gc.ca/prg/le/eide-eng.aspx>; CIHR 2010

studies also found that driving after drug use is a growing issue. The CCSA's *Alcohol and Drug Use Among Drivers: British Columbia Roadside Survey 2010* found that 7.2% of drivers tested positive for illicit drugs. Marijuana and cocaine were the two most frequently used substances before driving.³⁵

4.1.1.5 Canada's international role with respect to illicit drugs

The Strategy is also needed to enable Canada to play a greater role internationally. The United Nations *World Drug Report 2010* notes that Canada has a role to play in terms of enhanced international cooperation, particularly with respect to curbing its export of methylenedioxymethamphetamine (MDMA) to the United States.³⁶ Stakeholders specifically highlighted an important role for Canada in enhancing the capacity of developing countries to combat illicit drugs and increase their knowledge of precursor chemical and synthetic drug issues. This was deemed important given the movement of such drugs across national borders as well as the high level of synthetic drug production in the country.

4.1.1.6 Need for approach to prevent drug use, particularly among youth

Stakeholders familiar with the Prevention Action Plan were asked to rate the need for programming that raises awareness of the harmful effects of illicit drug use, on a scale of 1 to 5 where 1 is no need at all, 3 is somewhat of a need and 5 is a major need. They provided an average rating of 4.9 (n=13) noting that there is a particular need to increase awareness about marijuana, drugs and driving, and skills to avoid drug use. These stakeholders explained that there is a need to have prevention programming for not only at-risk youth, but for communities in rural areas and areas where there is higher prevalence of use. External stakeholders (e.g. national, provincial, municipal representatives and academics/experts, n=9) provided an average rating of 4.4 and explained that there is a need for strong, consistent messaging with respect to illicit drug use. Because prevention is more cost efficient than treatment, it can be used to address the social and health effects by reducing the demand for drugs.

Proceedings "Substance Abuse Prevention and Treatment Initiative Workshop" October 12 -13, 2010.
<http://www.cihr-irsc.gc.ca/e/44090.html>

³⁵ Beasley, E. E. and Beirness, D. J. 2011. *Alcohol and Drug Use Among Drivers: British Columbia Roadside Survey 2010*. Ottawa: Canadian Centre on Substance Abuse. Accessed May 16, 2011 from http://www.ccsa.ca/Eng/Priorities/ImpairedDriving/BC_Roadside_Survey_2010/Pages/default.aspx.

³⁶ United Nations Office on Drugs and Crime. 2010. *World Drug Report 2010*. Washington: United Nations, p. 213. Accessed May 16, 2011 from http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf.

Participants in the DOCAS-ASP learning circle noted that some Aboriginal youth believe that illicit drug use is acceptable because their parents are using these substances. Findings from the Prevention Action Plan case studies also indicate a strong continuing need for prevention programs, particularly for programs at the community level and targeted toward at-risk youth.

Findings from the literature review also confirm the need for prevention activities. In 2008/09, CCSA conducted a national survey of 1,500 youth (aged 10 to 24) regarding perceptions of harm and consequences of illicit drug use.³⁷ The survey found that a substantial percentage of youth are unsure or do not perceive any of the specific consequences stemming from use of ecstasy (approximately 20%) and marijuana (approximately 25%). The *Canadian Chiefs of Police Drug Abuse Committee 2009/2010 Annual Report* also highlights a need for a national strategy to address illicit drug education and prevention.³⁸ In addition, during the 2010 Emerging Issues in Drug Enforcement Workshop, participants noted that creating greater awareness is a key strategy for addressing various illicit drug-related issues, such as educating front-line officers regarding the enforcement against drug-impaired driving.³⁹

Literature also suggests that prevention strategies that focus on youth and at-risk populations are successful in raising awareness and preventing youth from using illicit drugs.⁴⁰ According to research by the Centre for Addiction and Mental Health, the prime period for prevention programs is between grades 7 and 9 (ages 12 to 14) as this is near the most likely time for the initiation of illicit drug use.⁴¹ An American study conducted in 2000 examined long-term follow-up data from a large-scale randomized prevention trial and found that students who received a prevention program during junior high school reported less use of illicit drugs than students who did not receive the program (control group).⁴² Public opinion research conducted for the National

³⁷ Health Canada. 2011. Drug Strategy Community Initiatives Fund Baseline Evaluation Report. Unpublished, p. 40.

³⁸ Canadian Association of Chiefs of Police. 2010. Canadians Chiefs of Police Drug Abuse Committee 2009/2010 Annual Report, p. 4. Accessed June 29, 2011 from https://www.cacp.ca/media/committees/efiles/3/588/Annual_Report_09-10.pdf.

³⁹ Public Safety Canada. 2010. Proceedings of “Emerging Issues in Drug Enforcement Workshop.” November 17-18, 2010, p. 1. Accessed January 9, 2012 from <http://www.publicsafety.gc.ca/prg/le/eide-eng.aspx>.

⁴⁰ Health Canada. 2008. Best Practices: Early intervention, outreach, and community linkages for youth with substance use problems. Ottawa: Health Canada. <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/bp-mp-intervention/index-eng.php>.

⁴¹ Paglia-Boak, A., R.E. Mann, E.M. Adlaf, and J. Rehm. 2009. Drug use among Ontario Students, 1977-2009: Ontario Student Drug Use and Health Survey Highlights. (CAMH Research Document Series No. 28). Toronto: Centre for Addiction and Mental Health.

⁴² J. G. Botvin, Kenneth W. Griffin, Tracy Diaz, Lawrence M. Scheier, Christopher Williams, and Jennifer A. Epstein. 2000. Preventing illicit drug use in adolescents: Long-term follow-up data from a randomized control trial of a school population. *Addictive Behaviors*, Vol. 25, No. 5, pp. 769-774.

Anti-Drug Strategy suggests that realistic messages delivered by credible sources (e.g. illicit drug users) and discussions about the serious health risks associated with specific drugs, particularly their impacts on the brain or about how they affect family or parental relations, tend to be effective with youth. Messages about the escalation of illicit drug use, the loss of social networks, and a loss of control also work well with youth. As well, messages that positively reinforce parents addressing illicit drug use with their children tend to be effective in getting parents to speak to their children about illicit drugs.⁴³

4.1.1.7 Need for coordinated approach to provide treatment services, build capacity and address gaps

A national strategy is needed to coordinate the wide range of drug treatment services available in Canada. Addiction treatment services include inpatient and ambulatory services in psychiatric or general hospitals, services delivered through community-based treatment programs, crisis responses and emergency services, and services provided by general practitioners, psychiatrists, psychologists and social workers.⁴⁴ According to the CCSA National Treatment Strategy Working Group report, there is a need to better integrate and coordinate these systems to provide effective and efficient treatment.⁴⁵ Similarly, direct stakeholders of the Strategy noted that there is a need for a systems-based approach to coordinate the range of treatment services. They also referred to a need to build capacity in other sectors (e.g. schools, police, etc.) as well as in rural areas to address the continuum of care. These stakeholders rated the need for programming that supports effective treatment and rehabilitation services at 4.9 (n=10), on a scale of 1 to 5, where 1 is no need at all and 5 is a major need.

Every province and territory provides addiction services; however, because each system was developed independently, policies, funding and service delivery models vary significantly. According to the CCSA, the existing gaps in treatment services are related to a lack of adequate

⁴³ Health Canada. 2010. National Anti-Drug Strategy Public Opinion Research Project Summaries (2007-2010). Unpublished.

⁴⁴ Thomas, G. 2005. Addiction Treatment Indicators in Canada: An Environmental Scan. Ottawa: Canadian Centre on Substance Abuse. Accessed February 11, 2011 from <http://www.ccsa.ca/2005%20CCSA%20Documents/ccsa-011132-2005.pdf>.

⁴⁵ National Treatment Strategy Working Group. 2008. A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada. Accessed September 29, 2011 from http://www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf.

funding, the geographic vastness of the country, and the diversity of the population.⁴⁶ For example, the NNADAP Regional Needs Assessments reported challenges in attracting and retaining highly skilled workers in First Nations communities due to inadequate training opportunities and low wages.⁴⁷ The National Treatment Strategy Working Group supports this argument and explains that the development of such diverse systems in each jurisdiction has led to a “shortage of even basic health and social services in isolated and remote areas of the country”.⁴⁸

External stakeholders of the Strategy also noted that there is a need to address the mental health issues stemming from illicit drug addiction problems and rated the need for improved illicit drug treatment programming at 4.7/5 (n=8). The literature supports this claim; for example, CCSA’s *Substance Abuse in Canada: Concurrent Disorders* indicates that more than 50% of those seeking help for an addiction have a mental illness.⁴⁹ These stakeholders also highlighted a need to increase access to treatment for specific populations (e.g. offenders and youth). CIHR survey participants also provided an average need rating of 4.8/5 (n=8) and identified a need for more effective and evidence-based treatment.

Literature suggests that comprehensive multi-dimensional treatment services that include a focus on family, culture and peer support are more effective for youth. According to a study of best practices by HC, the types of treatment and rehabilitation programming that have demonstrated effectiveness for youth with substance abuse problems include family therapy, behavioural skills counselling, family and peer support, and continuing care.⁵⁰ Studies conducted by Justice Canada also report that substance abuse treatment is more effective for youth involved in the criminal justice system when multiple need areas are addressed including family, academics, and peer

⁴⁶ Thomas, G. 2005. *Addiction Treatment Indicators in Canada: An Environmental Scan*. Ottawa: Canadian Centre on Substance Abuse. Accessed February 11, 2011 from <http://www.ccsa.ca/2005%20CCSA%20Documents/ccsa-011132-2005.pdf>.

⁴⁷ Bobet, Ellen. 2010. *Renewing NNADAP: Common Themes from the Regional Needs Assessment Reports and the January 2010 NNADAP Renewal National Forum*, p. i. Accessed September 29, 2011 from <http://www.nnadaprenewal.ca/sites/www.nnadaprenewal.ca/files/en/2010/07/common-themes-regional-needs-assessment-reports-and-january-2010-nnadap-renewal-national-forum.pdf>.

⁴⁸ National Treatment Strategy Working Group. 2008. *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada, pp. 5-6. Accessed September 29, 2011 from http://www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf.

⁴⁹ Canadian Centre on Substance Abuse. 2010. *Substance Abuse in Canada: Concurrent Disorders: Highlights*. Accessed February 10, 2011 from <http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011813-2010.pdf>.

⁵⁰ Roberts, G., Ogborne, A., Leigh, G., and Adam, L. 1999. *Best Practices Substance Abuse Treatment and Rehabilitation*. Ottawa, Ontario: Health Canada.

associates/problems.⁵¹ A report on substance abuse in Canada also suggests that treatment services can be more effective when addressing potential causes such as trauma, violence, stigma, and neurophysiological vulnerability on substance abuse; and when culturally relevant interventions help youth to deal with trauma, learn appropriate coping strategies and use protective resources in their lives.⁵²

4.1.1.8 Continued need for programming that strengthens efforts to reduce the supply of illicit drugs

The production and trafficking of illicit drugs, particularly marihuana and synthetic drugs (e.g. methamphetamine and MDMA) continues to be an issue in Canada. According to the CISC, marihuana is one of the most trafficked illicit drugs in Canada with extensive organized crime involvement at all levels of production, distribution, importation and exportation.⁵³ The United States *International Narcotics Control Strategy Report* explains that the rise of methamphetamine production in Canada is a concern for the United States and that there is a need for deeper bilateral cooperation in this area. The report further emphasizes Canada's continued role as a source country for MDMA (ecstasy) to U.S. markets, highlighting the need for greater cooperation in tracking precursor chemical activity.⁵⁴

Stakeholders noted a major need for programming that contributes to the disruption of illicit drug operations in a safe manner and targets criminal organizations at the national and international levels. On a scale of 1 to 5, external stakeholders of the Strategy provided an average rating of 3.8 (n=5), emphasizing the need to make it difficult for criminal organizations to engage in drug-related activities. CISC reports that, as of 2006, approximately 80% of organized crime groups were active in the illicit drug trade in Canada, and that the number of organized crime groups in Canada has fluctuated between 600 to more than 900 between 2005 and 2010. High profits

⁵¹ Dowden, C. 2004. The Effectiveness of Substance Abuse Treatment with Young Offenders. Ottawa, Ontario: Research and Statistics Division, Department of Justice Canada http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2003/rr03_yj1-rr03_jj1/index.html; Latimer, J., Dowden, C., Morton-Bourgon, K.E., Edgar, J., and Bania, M. 2004. Treating youth in conflict with the law: A new meta-analysis. Ottawa, Ontario: Research and Statistics Division, Department of Justice Canada http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2003/rr03_yj3-rr03_jj3/index.html.

⁵² Canadian Centre for Substance Abuse. 2007. Substance Abuse in Canada: Youth in Focus, p. 18. Accessed November 2, 2011 from <http://www.ccsa.ca/2007%20CCSA%20Documents/ccsa-011521-2007-e.pdf>.

⁵³ Criminal Intelligence Service Canada. 2010. Report on Organized Crime 2010. Accessed February 5, 2011 from http://www.cisc.gc.ca/annual_reports/annual_report_2010/national_overview1_2010_e.html.

⁵⁴ United States Department of State Bureau for International Narcotics and Law Enforcement Affairs . 2011. 2011 International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control. Bureau for International Narcotics and Law Enforcement Affairs, p. 178. Accessed February 5, 2011 from: <http://www.state.gov/documents/organization/137411.pdf>.

associated with the Canadian illicit drug market continue to drive most organized crime in the country. The report also explains that organized crime groups constantly change and adapt their production and distribution methods in response to law enforcement pressures and activities to meet domestic and international demands and to ensure a continued supply of illegal drugs.⁵⁵

Literature suggests that, although enforcement actions against traffickers and users of illicit drugs are not the only way to reduce the supply of illicit drugs and related crime, best practices are multidimensional and encompass suppression and formal and informal social control procedures in order to create safer and healthier communities.⁵⁶

4.1.2. Consistency with Federal Priorities

4.1.2.1 The National Anti-Drug Strategy is consistent with federal government priorities

The 2007 Speech from the Throne noted that “Our Government will implement the National Anti-Drug Strategy giving law enforcement agencies powers to take on those who produce and push drugs on our streets. In addition to tougher laws, our Government will provide targeted support to communities and victims. It will help families and local communities in steering vulnerable youth away from a life of drugs and crime, and the Anti-Drug Strategy will help to treat those suffering from drug addiction”.⁵⁷ The 2010 Speech from the Throne also noted that “It [Our Government] will reintroduce tough legislation to combat the organized criminal drug trade. Our Government will respect the will of Canadians by reintroducing this legislation in its original form”.⁵⁸ The Strategy is still relevant in relation to the government priorities concerning crime prevention and support to at-risk youth as the 2011 Speech from the Throne stated that: “Our Government will continue to protect the most vulnerable in society and work to prevent crime. It ... will help at risk youth avoid gangs and criminal activity”.⁵⁹

⁵⁵ Criminal Intelligence Service Canada. 2010. Report on Organized Crime 2010. Accessed February 5, 2011 from http://www.cisc.gc.ca/annual_reports/annual_report_2010/national_overview1_2010_e.html.

⁵⁶ See: U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention. 2010. “Best Practices to Address Community Gang Problems;” and Stevens, A., Trace, M., Bewley-Taylor, D. 2005. “Reducing Drug Related Crime: an Overview of the Global Evidence.” The Beckley Foundation Drug Policy Programme.

⁵⁷ Privy Council Office. 2007. Speech from the Throne to Open the Second Session of the 39th Parliament of Canada (October 16, 2007). Accessed March 2, 2011 from <http://www.pco-bcp.gc.ca/index.asp?lang=eng&page=information&sub=publications&doc=sft-ddt/2007-eng.htm>.

⁵⁸ Government of Canada. 2010. Speech from the Throne (3 March 2010). Accessed March 8, 2011 from <http://www.speech.gc.ca/eng/media.asp?id=1388>.

⁵⁹ Government of Canada. 2011. Speech from the Throne (3 June 2011). Accessed June 22, 2011 from <http://www.speech.gc.ca/eng/media.asp?id=1390>.

Almost all (98%; n=50) departmental representatives confirmed that the objectives of the Strategy are consistent with the strategic outcomes and priorities of the Government of Canada, particularly with respect to the linkages between the Strategy and the creation of safer and healthier communities. Some also explained that giving the lead role to the Department of Justice (as opposed to HC) is evidence of the strong focus on public safety and security. Departmental representatives also highlighted consistency with the government focus on being tough on crime, supporting DTCs, and developing programming to support Aboriginal people and youth. In addition, representatives noted that the interests of the federal government in strengthening international capacity for drug enforcement are evidenced by its contributions to the UNODC and the OAS-CICAD.

4.1.2.2 The Strategy is also consistent with the strategic outcomes and priorities of the participating departments

Most departmental representatives interviewed (91%; n=50) noted that the objectives of the Strategy are consistent with the strategic outcomes of their department. Some noted that the mandate of their department is broader than the scope of the Strategy. A review of departmental Reports on Plans and Priorities also indicates that the Strategy is consistent with departmental priorities. For example, Justice Canada supports the Minister of Justice and Attorney General of Canada in his dual role of steward of the Canadian justice system and chief law officer for the Crown. Another example is that the CIHR place a priority on promoting advances in health knowledge and being responsive to current opportunities and priorities,⁶⁰ which is consistent with its role in the Strategy of supporting research on the development, improvement and evaluation of addiction treatments. PS has a priority to ensure a “safe and resilient Canada”,⁶¹ which is consistent with its role in the Strategy of chairing the Enforcement Action Plan Working Group and leading national coordination of efforts to improve intelligence, knowledge management, research and evaluation. Under the National Crime Prevention Strategy, PS is also involved in the prevention component of the Strategy. To this end, the NCPC supports targeted, evidence-based national and community-based crime prevention projects that aim to prevent and reduce drug abuse and drug-related crime among at-risk populations and communities. DFAIT has a priority to contribute to international stability and security and to enhance international cooperation in the Americas, which is consistent with its role in the Strategy in assisting the

⁶⁰ Canadian Institutes of Health Research. 2010. Departmental Performance Report 2009/2010, p. 5. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/cri/cri-eng.pdf>.

⁶¹ Public Safety Canada. 2010. Departmental Performance Report 2009/2010, p. 32. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/psp/psp-eng.pdf>.

UNODC in the international fight against drugs and crime, and CICAD in fighting drugs and crime in the Americas.

4.1.3. Alignment with Federal Roles and Responsibilities

The role of the federal government is described in key legislation and international conventions and protocols in areas relevant to the Strategy's activities. The federal government role in the Strategy is grounded in its authorities under the *Constitution Act* (1867) as well as key legislation, including CDSA; *Criminal Code of Canada*; *Canada Health Act*; *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*; and *Youth Criminal Justice Act*. Departmental legislative authorities of relevance include *Canada Revenue Agency Act*; *Canada Border Services Agency Act*; *Corrections and Conditional Release Act*; *Department of Foreign Affairs and International Trade Act*; *Department of Health Act*; *Department of Justice Act*; *Department of Public Safety and Emergency Preparedness Act*; *Department of Public Works and Government Services Act*; *Director of Public Prosecutions Act*; and *Royal Canadian Mounted Police Act*. International conventions and protocols of relevance include the United Nations Narcotic Drug Conventions and other multilateral processes such as the OAS, the G8, the Paris Pact, and the Dublin Group.

The federal government plays a critical role in addressing illicit drug issues at the broad policy level. For example, the Department of Justice led on introducing Bill C-10, which included mandatory minimum penalties for serious drug crime, and received royal assent on March 13, 2012. HC is responsible for amendments under the CDSA to control the movement of certain substances in and out of Canada. This is particularly relevant for controlling and preventing the movement of illicit drugs as well as precursor chemicals which are used to make synthetic drugs (e.g. methamphetamine). Table 6 shows how the Strategy is aligned with the roles and responsibilities of other departments that are involved in this initiative.

Table 6: Relevance of Strategy to Partner Departmental Roles and Responsibilities

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
Justice Canada	<ul style="list-style-type: none"> • <u>Key legislation</u>: <i>Department of Justice Act, Criminal Code of Canada, Controlled Drugs and Substances Act, and Youth Criminal Justice Act.</i> • <u>Strategic Outcome</u>: A fair, relevant and accessible justice system that reflects Canadian values.⁶² 	<ul style="list-style-type: none"> • <u>Treatment Action Plan</u>: Leading the Youth Justice Fund Anti-Drug Component and Drug Treatment Court Funding Program. • <u>Enforcement Action Plan</u>: Providing policy development work on the criminal law elements of the <i>Controlled Drugs and Substances Act</i> and assisting the Minister in developing legislation.
HC	<ul style="list-style-type: none"> • <u>Key legislation</u>: <i>Department of Health Act, Canada Health Act, Controlled Drugs and Substances Act and the Canadian Institutes of Health Research Act.</i> • <u>Strategic Outcomes</u>: <ul style="list-style-type: none"> ○ Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments⁶³ (e.g. including amendments under the CDSA). ○ Advances in health knowledge; Canadian health research advances health knowledge and is responsive to current opportunities and priorities.⁶⁴ 	<ul style="list-style-type: none"> • <u>Prevention Action Plan</u>: Chairing the prevention and treatment action plans Working Group, and leading the Mass Media Campaign and Drug Strategy Community Initiatives Fund. • <u>Treatment Action Plan</u>: Leading the Drug Treatment Funding Program, the National Native Alcohol and Drug Abuse Program, and supporting research on the development, improvement, and evaluation of addiction treatments. • <u>Enforcement Action Plan</u>: Overseeing the Drug Analysis Service and Office of Controlled Substances.
RCMP	<ul style="list-style-type: none"> • <u>Key Legislation</u>: <i>Royal Canadian Mounted Police Act, Criminal Code of Canada, Proceeds of Crime (Money Laundering) and Terrorist Financing Act, Youth Criminal Justice Act and Controlled Drugs and Substances Act.</i> • <u>Strategic Outcomes</u>: <ul style="list-style-type: none"> ○ Quality Contract Policing: healthier and safer Canadian communities through effective crime prevention, education, law enforcement and investigation. ○ Quality Federal Policing: ensure the safety and security of Canadians and their institutions, domestically and globally, as well as internationally protected persons and other foreign dignitaries, through intelligence-based 	<ul style="list-style-type: none"> • <u>Prevention Action Plan</u>: Leading the Drugs and Organized Crime Awareness Service. • <u>Treatment Action Plan</u>: Leading the National Youth Intervention and Diversion Program (Funding ended March 31, 2012). • <u>Enforcement Action Plan</u>: Overseeing the Marihuana and Clandestine Lab Teams/Proceeds of Crime.

⁶² Department of Justice Canada. 2010. Report on Plans and Priorities 2010/2011, p. 12. Accessed March 2, 2011 from <http://www.justice.gc.ca/eng/dept-min/pub/rpp/2010/rpp-eng.pdf>.

⁶³ Health Canada. 2010. Departmental Performance Report 2009/2010, p. 40. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/shc/shc-eng.pdf>.

⁶⁴ Canadian Institutes of Health Research. 2010. Departmental Performance Report 2009/2010, p. 5. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/cri/cri-eng.pdf>.

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
	<p>prevention, detection, investigation, and enforcement of the law against terrorists, organized criminals and other criminal activity.</p> <ul style="list-style-type: none"> ○ Quality Policing Support Services: support Canadian policing investigation and enforcement organizations with critical intelligence, equipment, tools, systems, technology and education to optimize the delivery of proactive intelligence-based policing services and programs.⁶⁵ 	
PS	<ul style="list-style-type: none"> ● <u>Key Legislation</u>: <i>Department of Public Safety and Emergency Preparedness Act</i>. ● <u>Strategic Outcome</u>: A safe and resilient Canada.⁶⁶ 	<ul style="list-style-type: none"> ● <u>Prevention Action Plan</u>: Leading the National Crime Prevention Strategy. ● <u>Enforcement Action Plan</u>: Chairing the Enforcement Action Plan Working Group and leading national coordination efforts to improve intelligence, knowledge management, research and evaluation.
ODPP	<ul style="list-style-type: none"> ● <u>Key Legislation</u>: <i>Director of Public Prosecutions Act</i>. ● <u>Strategic Outcome</u>: Criminal and regulatory offences under federal law are prosecuted in an independent, impartial and fair manner.⁶⁷ 	<ul style="list-style-type: none"> ● <u>Enforcement Action Plan</u>: Increasing capacity to deal with increased prosecution and prosecution-related workload generated by RCMP drug-related investigations.
CBSA	<ul style="list-style-type: none"> ● <u>Key Legislation</u>: <i>Canada Border Services Agency Act, Controlled Drugs and Substances Act, and Criminal Code of Canada</i>. ● <u>Strategic Outcome</u>: Canada's population is safe and secure from border-related risks.⁶⁸ 	<ul style="list-style-type: none"> ● <u>Enforcement Action Plan</u>: Intelligence Development and Field Support Division, Analysis and Scientific Services.
PBC	<ul style="list-style-type: none"> ● <u>Key Legislation</u>: <i>Corrections and Conditional Release Act and Criminal Code of Canada</i>. ● <u>Strategic Outcome</u>: Conditional release as well as pardon decisions and decision processes that safeguard Canadian communities.⁶⁹ 	<ul style="list-style-type: none"> ● <u>Enforcement Action Plan</u>: Reviewing cases and making decisions regarding conditional release.
DFAIT	<ul style="list-style-type: none"> ● <u>Key Legislation</u>: <i>Department of Foreign Affairs and International Trade Act</i>. 	<ul style="list-style-type: none"> ● <u>Enforcement Action Plan</u>: Providing policy coordination on the implementation

⁶⁵ Royal Canadian Mounted Police. 2010. Departmental Performance Report 2009/2010, p. 7. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/rcm/rcm-eng.pdf>.

⁶⁶ Public Safety Canada. 2010. Departmental Performance Report 2009/2010, p. 32. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/psp/psp-eng.pdf>.

⁶⁷ Public Prosecution Service of Canada. 2010. Departmental Performance Report 2009/2010, p. 4. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/ppd/ppd-eng.pdf>.

⁶⁸ Canada Border Services Agency. 2010. Departmental Performance Report 2009/2010, p. 4. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/bsf/bsf-eng.pdf>.

⁶⁹ Parole Board of Canada. Departmental Performance Report 2009/2010, p.6. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/npb/npb-eng.pdf>.

Department	Relevant Departmental Roles and Responsibilities	Role within the National Anti-Drug Strategy
	<ul style="list-style-type: none"> • <u>Strategic Outcome</u>: Canada’s International Agenda.⁷⁰ 	<p>of international drug conventions and programs for multilateral processes.</p>
CRA	<ul style="list-style-type: none"> • <u>Key Legislation</u>: <i>Canada Revenue Agency Act</i>. • <u>Strategic Outcome</u>: Tax Services: Taxpayers meet their obligations and Canada’s revenue base is protected.⁷¹ 	<ul style="list-style-type: none"> • <u>Enforcement Action Plan</u>: Enhancing capacity to perform audits of persons known or suspected of deriving income earned from marihuana and synthetic drug production and distribution through its Special Enforcement Program.
FINTRAC	<ul style="list-style-type: none"> • <u>Key Legislation</u>: <i>Proceeds of Crime (Money Laundering) and Terrorist Financing Act</i>. • <u>Strategic Outcome</u>: Financial intelligence that contributes to the detection and deterrence of money laundering and terrorist activity financing in Canada and abroad.⁷² 	<ul style="list-style-type: none"> • <u>Enforcement Action Plan</u>: Enhancing capacity to produce financial intelligence that supports law enforcement in investigations and prosecutions of persons who handle money generated by the production and distribution of illicit drugs.
PWGSC	<ul style="list-style-type: none"> • <u>Key Legislation</u>: <i>Department of Public Works and Government Services Act</i>. • <u>Strategic Outcome</u>: High quality, central programs and services that ensure sound stewardship on behalf of Canadians and meet the program needs of federal institutions.⁷³ 	<ul style="list-style-type: none"> • <u>Enforcement Action Plan</u>: Through the Forensic Accounting Management Group, enhancing capacity to participate in IPOC investigations and prosecutions related to the production, distribution and possession of illicit drugs, specifically related to MGOs and clandestine labs.
CSC	<ul style="list-style-type: none"> • <u>Key Legislation</u>: <i>Corrections and Conditional Release Act</i>. • <u>Strategic Outcome</u>: The custody, correctional interventions and supervision of offenders in communities and institutions contribute to public safety.⁷⁴ 	<ul style="list-style-type: none"> • <u>Enforcement Action Plan</u>: Case preparation and supervision of parole grants.

Departmental representatives (91%; n=50) and direct stakeholders of the Strategy (90%; n=23) confirmed that the Strategy aligns with the roles and responsibilities of the federal government. Stakeholders noted that the role of the federal government is meant to provide leadership (e.g. strategic direction, framework, standards, best practices, legislation and regulations), support

⁷⁰ Department of Foreign Affairs and International Trade Canada. 2010. Departmental Performance Report 2009-2010, p. 9. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/ext/ext-eng.pdf>.

⁷¹ Canada Revenue Agency. 2010. Departmental Performance Report 2009/2010, p. 10. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/nar/nar-eng.pdf>.

⁷² Financial Transactions and Reports Analysis Centre of Canada. 2010. Departmental Performance Report 2009/2010, p. 5. Accessed March 2, 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/cfc/cfc-eng.pdf>.

⁷³ Public Works and Government Services Canada. 2010. Departmental Performance Report 2009/2010, p. 2. Accessed February 16th 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2009-2010/inst/svc/svc-eng.pdf>.

⁷⁴ Correctional Service Canada, 2010. Departmental Performance Report 2009/2010, p. 8. Accessed March 2nd 2011 from <http://www.tbs-sct.gc.ca/dpr-rmr/2010-2011/inst/PEN/PEN01-eng.asp>.

(e.g. funding and information) and coordination whereas provinces, territories and other stakeholders are responsible for service delivery. They also noted that the Strategy is consistent with key legislated authorities, departmental strategic outcomes, and international conventions and protocols.

In addition, departmental representatives noted that the Strategy differs somewhat from other programs in its objectives and complements other federal, provincial/territorial, or community-based programs. For example, certain components of the Strategy focus on piloting innovative projects, whereas provincial and territorial jurisdictions focus on the delivery of services. Also, the Strategy has a specific focus on illicit drugs whereas other programs may focus on a range of substances. Furthermore, stakeholders noted that provincial funding available for youth services is limited to a certain age (e.g. age 19); programs funded by the Strategy complement those services by providing youth with transitional supports once the provincial support is over. On the enforcement side, some other federal initiatives such as the Anti-Money Laundering and Anti-Terrorism Finance Regime (AML/ATF Regime) and the IPOC Initiative share similar objectives with the Strategy. For example, the AML/ATF Regime targets organized crime and shares some partners with the Strategy.⁷⁵ Representatives noted that as these initiatives address a continuum of crime (i.e. crime, proceeds, laundering) and combat crime in different ways, they are all necessary.

4.2. Effectiveness

The findings related to the effectiveness of the Strategy are presented in accordance with the evaluation questions related to each of the three action plans. These findings were obtained through a triangulation of data collected during interviews, focus groups, and document reviews as well as extraction of the results from each line of inquiry that related to each evaluation issue. A large volume of qualitative data was also analyzed and categorized in order to develop a summary response to each evaluation question.

4.2.1. Prevention Action Plan

This evaluation examined the activities of the Prevention Action Plan to determine its overall performance and the extent to which it has achieved its immediate and intermediate outcomes.

⁷⁵ Department of Finance Canada. 2010. 10-Year Evaluation of Canada's Anti-Money Laundering and Anti-Terrorism Finance Regime. Accessed May 16, 2011 from <http://www.fin.gc.ca/treas/evaluations/amlatfr-rclcrpcfat-eng.asp>.

The table below summarizes the relationship between the activities of the four components and the three immediate outcomes, as well as the link between the immediate and intermediate outcomes. For example, three of the four components featured activities that were designed specifically to increase awareness and understanding of illicit drugs and their negative consequences.

Table 7: Relationships between the Prevention Action Plan Components and their Outcomes

Prevention Action Plan Components	Increased awareness and understanding of illicit drugs and their negative consequences	Enhanced supports for targeted/at-risk populations	Enhanced community uptake of knowledge to address illicit drug use and its negative consequences
Prevention Action Plan Immediate Outcomes (Years 1-2)			
Mass Media Campaign (HC)	Campaign targeted youth and parents since 2008, consisting of TV ads, radio, social media, print materials, and web technology	--	Consultation, collaboration, and partnerships undertaken to involve stakeholders in development, and delivery of, programs/activities
DOCAS (RCMP)	Delivers a range of programs targeted to youth and significant others (parents, teachers) to increase their awareness	Delivers training and educational programs and materials for youth	
DSCIF (HC)	Funds awareness programs including CCSA Youth Drug Prevention Strategy and website: Xperiment.ca	Funds intervention projects targeted youth at national and community-based level	Develops prevention research, knowledge products, resources and tools through funding projects
NCPC (reoriented funding, PS)	--	Funds community-based intervention projects targeted toward at-risk youth, Aboriginal, juvenile and adult ex-offenders	
Prevention Action Plan Intermediate Outcomes (Years 3-5)			
All Prevention Action Plan components	Enhanced capacity of targeted populations to make informed decisions about illicit drug use		Strengthened community responses to illicit drug issues in targeted areas
	Reduced risk-taking behaviour among targeted groups		

Discussion of the contribution of the various components to the achievement of the immediate and intermediate outcomes is provided in the following sections.

Immediate Outcomes

4.2.1.1 Increasing awareness and understanding of illicit drugs and their negative consequences

The results of document review and interviews with departmental representatives and stakeholders highlight the major impact that the Mass Media Campaign of HC and RCMP's DOCAS programs have had in increasing awareness and understanding of illicit drugs and their negative consequences among parents and youth.

HC's Mass Media Campaign targeted both youth aged 13 to 15 and their parents through a variety of TV, radio, web and print materials. The Parent Campaign (Phase I), initially launched in March 2008 and re-launched in September 2009 and 2010, consisted of TV, radio and print materials, the development of a parent website and a parent booklet entitled "*Talking with Your Teen about Drugs*". The Youth Campaign (Phase II), launched in December 2009, included a high impact tactical TV presence to generate social dialogue and to drive youth to a website and other social and interactive media as well as print advertising in targeted locations (e.g. transit, malls and cinema).⁷⁶

According to performance information and online data, the Mass Media Campaign had a wide reach and engaged youth and parents across Canada through Internet and social media. The Parent Campaign generated over 685,000 booklets either ordered or downloaded since 2008. The Youth Campaign resulted in over 726,000 visits to the *drugsnot4me.ca* Website and more than 1,900 submissions to the *Share your Story* feature of the website since December 2009. In July 2010, the "*DrugsNot4Me*" Facebook fan page was launched, which features interactive drug prevention tools (e.g. the "Drug-alizer" and a quiz) that encourage youth to learn more about the dangers of illicit drugs. The Facebook fan page attracted over 63,000 followers within nine months (July 2010 to March 2011) and the TV ads had been viewed over 113,000 times on YouTube.

Statistics from the Parents Baseline and Return-to-Sample Surveys⁷⁷ of the TV ad campaign (2009) and the Youth Baseline and Return-to-Sample Surveys⁷⁸ (2010) suggest that the campaign

⁷⁶ All Campaign websites are now part of a national website for the Strategy (nationalantidrugstrategy.gc.ca). The name of the youth campaign also changed in 2010 from "not4me" to "drugsnot4me".

⁷⁷ Health Canada. 2009. NADS Return to Sample Survey and Television ACET with Parents (HC-POR-08-02). Unpublished. Note that a total of 850 parents participated in the baseline survey and 459 of them participated in the return to sample survey.

may have contributed to a number of changes in behaviours, although it is noted that these differences are not always statistically significant.⁷⁹ Just over four in ten (43%) parents of youth aged 13-15 have seen, heard or read advertising about youth and illicit drugs (unaided recall) and 75% recall the TV advertising based on a short description (aided). One quarter (27%) of those who reported aided recall of the TV advertising indicate they took action in response. The most common action cited, by 91% of parents, was to have a discussion with their child about drugs, the advertisement or drug terminology (consistent with the call to action in the ad). Those who recall the Strategy TV ad rate their overall knowledge about illicit drugs higher than those who do not (mean of 5.1 vs. 4.8 respectively, on a scale of 7). Consistent with the baseline, two in ten parents have sought out information or consulted a professional about the dangers or risks of drugs or how to deal with youth and drugs. However, those with aided recall of the TV ad (22% vs. 14% of those without recall) are more likely to seek out information. One-quarter of those parents who have ever visited a website to learn more or get information about the dangers or risks of drugs or how to deal with youth and drugs have done so in the past three months. Parents who reported recalling the ad campaign were also more likely to report having visited a website within the past three months (27% vs. 9% among those without recall). Among parents who have specifically discussed the dangers of drugs (91% vs. 82% of those without recall), those who recall any advertising are more likely to set rules around drug use regularly (53% vs. 38% of those without recall), and marginally, to monitor their child's activities regularly (73% vs. 63% of those without recall).⁸⁰

The youth results indicate that 46% of youth aged 13 to 15 had seen, heard or read recent advertising about youth and drugs or youth using drugs (unaided recall), and 53% of youth recall seeing the TV ad based on a short description. One quarter of those who reported aided recall of any ad indicated that they took action in response; the most common action cited was talking to someone or warning someone about drugs. When asked if they had taken actions as a result of seeing the advertising, 45% of those who saw any ad say they talked to family, friends or someone else about the ad or the topic of drug use. There were differences between the return to sample and the baseline survey that might be expected as a result of the Mass Media Campaign,

⁷⁸ Health Canada. 2010. National Anti-Drug Strategy (NADS) Post-Campaign Survey with Youth - Return to Sample (HC-POR- 09-23). Unpublished. Note that a total of 1502 youth, ages 13 to 15, participated in the baseline survey and 317 participated in the return to sample survey.

⁷⁹ It has been indicated in both survey reports (page 13 of Parent Return to Sample Report and page 13 of Youth Return to Sample Report) that the differences in some cases are statistically significant and in some cases are not, and can only refer to a trend of behavioural changes. Such differences are referred to as "marginal" – that is, falling within the margin of error.

⁸⁰ Health Canada. 2009. NADS Return to Sample Survey and Television ACET with Parents (HC-POR-08-02). Unpublished.

although it must be noted that these differences are not always statistically significant. Findings indicate that there has been a nine point increase in the proportion of those who say they know a great deal about the potential effects of drugs on relationships with friends and family (from 35% to 44%); the proportion of youth who say they would be very likely to try to stop someone close to them from using drugs has increased from 47% to 54%. The proportion of youth mentioning top-of-mind, that all/most drugs are harmful or a threat to people in their age group has increased from 16% to 26%. Youth who reported any aided recall (vs. those who did not recall ads) were more likely to be knowledgeable about the effects of drugs in general (28% vs. 15%) as well as their effects on friends and family (49% vs. 39%), on physical health (45% vs. 31%), and on mental health (43% vs. 28%).

Interviewees also noted that DOCAS was effective in providing information and generating awareness. The RCMP's DOCAS programs educated parents, youth, professionals, Aboriginal communities and other stakeholders about drugs and organized crime and their negative consequences, and provided them with information, tools and skills on how to recognize and avoid bad situations and make healthy decisions. DOCAS performance data indicates that, between 2008/09 and 2010/11, the programs delivered over 13,270 awareness presentations to more than 513,190 youth, parents, Aboriginal youth, Aboriginal parents and professionals and trained 1,714 facilitators to deliver DOCAS programs. DOCAS updated the booklet entitled, *"Talking to Your Teen about Drugs"* in partnership with HC,⁸¹ and updated *"Kids and Drugs: A Parent's Guide to Prevention"*, in partnership with the Alberta Alcohol and Drug Abuse Commission.

The results of project evaluations also indicate the success of DOCAS programs in raising awareness. For example, the results of a survey completed by 9,000 students, parents, teachers and principals who participated in the Drug Abuse Resistance Education (DARE) Program showed that almost all students said that the Program helped them learn about drugs, alcohol and tobacco (95%) and decide against using drugs in the future (96%). Also, 96% of parents and 80% of teachers confirmed that DARE had a positive impact on youth. Pre- and post-tests of training delivered through the DOCAS-ASP demonstrated that participants experienced a 39% increase in the level of knowledge of subjects discussed.

One challenge associated with increasing awareness that was identified by the representatives interviewed was a lack of parental involvement in some awareness activities.

⁸¹ Health Canada. 2008. Talking with Your Teen about Drugs. Accessed January 9th 2012 from <http://www.nationalantidrugstrategy.gc.ca/pdf/parents/talking-aborder.pdf>.

4.2.1.2 Developing enhanced supports for targeted/at-risk populations

Activities of the Prevention Action Plan, particularly those generated through NCPC and DSCIF, have enhanced supports for targeted at-risk populations including youth.

The impact of NCPC and DSCIF in enhanced supports for targeted/at-risk populations was highlighted in the interviews, document review, learning circles and case studies. With the introduction of the Strategy, NCPC refocused a portion of its existing funding to enhance support for targeted/at-risk populations. NCPC exceeded its expectations in terms of the value and number of projects funded to support the Strategy objectives, which were originally budgeted through reoriented funding at \$20 million for 12-15 projects. As of 2010/11, NCPC had approved funding for over 50 projects that provide support for at-risk populations, including children/youth aged 7-12 years who are already using substances, youth aged 13-17 years who are using substances and engaging in delinquent behaviour, youth and adult offenders no longer under correctional supervision who are addicted to substances, and Aboriginal people who are addicted to substances. To date, these 50 projects have provided supports for over 3,000 participants. NCPC conducted a pilot data-mining exercise to gather information on five projects identified as nearing completion. The mining exercise revealed that projects enhanced supports through activities such as therapeutic court processes, recovery group meetings, and group sessions that address the effects of illicit drug abuse.

A case study of the NCPC funded project in St. John's, Newfoundland, illustrates how these projects enhance supports for at-risk youth. "Velocity" is an adventure-based program aimed at reducing anti-social behaviour, increasing attachment to school, and reducing substance abuse among at-risk youth aged 13 to 18 years. Youth participants are supported by "Velocity" staff and partners, and are referred to relevant community programs and services (e.g. addiction treatment). The goal of this project was that youth would begin to shift their decisions and lifestyles to more healthy, safe, and positive choices through staff support and guidance, and through increased access to services and meaningful opportunities to address some of the risk factors present in their lives. The project evaluation confirmed that "Velocity" has had a major impact in improving participant self-confidence, attitudes towards education, and openness to healthier ways to spend their time.

HC's DSCIF also funds projects to provide supports for youth in general, as well as at-risk populations. As of 2010/11, DSCIF provided funding to 103 projects targeting youth (aged 10-24 years), parents and caregivers. Approximately 40% of these projects gave priority to at-risk populations (e.g. gay/lesbian, street youth and other at-risk youth). Departmental representatives

noted that DSCIF continues to refine its focus and to give priority to a variety of at-risk populations.

A case study of the DSCIF-funded Vancouver School Board's "School-Aged Children and Youth Substance Use Prevention Initiative" (SACY) suggests this project is a promising practice in providing supports for youth through school systems. The initiative operates in 18 Vancouver high schools and has attracted over 6,500 participants between 2008 and 2010. SACY is delivered in partnership with Vancouver Coastal Health. Project stakeholders noted that when referred through SACY, youth gained more timely access to addiction counsellors, mental health and other experts. SACY also ensures that youth are connected with an "adult ally" (e.g. a teacher or counsellor) who assists them in implementing their post-SACY action plan.

A mapping exercise of 118 projects reported that three quarters of the projects funded under the Prevention Action Plan (85 projects) and Treatment Action Plan (33 projects) targeted youth, including youth in school and those in custody.⁸² In the interviews, stakeholders noted that the Strategy programs and projects that provide support for youth should pay particular attention to developing trust with them as a key contributing factor to facilitate referrals to other community services and programs.

4.2.1.3 Enhancing community uptake of knowledge about how to address illicit drug use and its negative consequences

Through DSCIF and DOCAS activities, relevant knowledge was developed and made available to communities. However, more time is required to achieve greater community uptake of this knowledge to better address illicit drug use and its negative consequences.

Evaluation findings suggest that community uptake of knowledge was facilitated through community awareness, education and training activities as well as through personal communication and partnerships involving a wide range of organizations, particularly through DOCAS and DSCIF activities. Similar findings obtained through the mapping exercise of 118 programs funded under the treatment and prevention action plans also report that the Strategy-funded projects enhanced knowledge in addressing illicit drugs through research, evaluation, development of tools, training, and identification of best practices.⁸³

⁸² Caputo, T. 2009. National Anti-Drug Strategy Mapping of Prevention and Treatment Funding Programs. Unpublished, p. 29.

⁸³ Ibid, p. 24.

DOCAS enhanced community uptake primarily through partnerships, delivering programs in over 700 Canadian communities, and mobilizing those communities to work in partnership on substance abuse prevention. In addition, DOCAS provided training, promoted the creation of working groups within communities, and provided those groups with the knowledge and intervention tools needed to address problems and to develop their own means of action. DOCAS reviewed all of its programs in relation to the *Developmental Assets framework*⁸⁴ to ensure that these prevention initiatives strengthen positive qualities (assets) that young people need to avoid risks and to thrive. This review also ensured that the initiatives were providing a consistent approach to prevention at the community level.

DSCIF projects targeted representatives of public health centres, municipalities, family health centres and community hubs. To illustrate the impact on community uptake, interviewees referred to the DSCIF-funded “Drug Prevention Strategy for Canada’s Youth” project, through which CCSA set prevention standards for communities. The standards are the first of their kind and provide step-by-step guidance, based on best available evidence, on how to plan, implement and evaluate a prevention initiative.⁸⁵ According to the 2010/11 performance data, the project’s Community-based Standards document was downloaded 392 times in English and 86 times in French, and had 150 hard copy requests in just over a month (from November 22 to December 31, 2010).

The continued success of community uptake efforts is dependent, in part, on maintaining relationships, partnerships and resources. As such, staff turnover within the target organizations as well as the delivery organization can be a major challenge. Direct stakeholders of the Strategy also explained that enhancing the community knowledge uptake is difficult when resources are not available long enough to develop the relationships and capacity necessary to facilitate knowledge uptake.

⁸⁴ The *Developmental Assets framework* for positive youth development is widely accepted research outlining key factors that increase protective factors or resiliency in youth. Developed by the Search Institute™, the framework is based on over 800 studies of youth development. Accessed from <http://www.search-institute.org/developmental-assets>.

⁸⁵ Canadian Centre for Substance Abuse. 2011. Canadian Standards for Youth Substance Abuse Prevention. Accessed January 9, 2012 from <http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/default.aspx>.

Intermediate Outcomes

4.2.1.4 Enhancing capacity of targeted populations to make informed decisions about illicit drug use

All four components of the Prevention Action Plan work to enhance the capacity of targeted populations to make informed decisions.

The Prevention Action Plan is helping targeted populations, particularly youth, to make more informed decisions about illicit drug use. Those interviewed highlighted the Mass Media Campaign as an innovative campaign that used social media to help youth make informed decisions; the NCPC- and DSCIF-funded projects provide youth with support (e.g. education, mentors/experts, and a positive environment) to acquire capacity, information and tools to make informed decisions about illicit drug use; and DOCAS programs, such as DARE and CPEC, focus on positive choices, engage youth, and offer a decision-making model to them.

The Mass Media Campaign encouraged youth to visit the drugsnot4me.ca website to learn how to make informed decisions about drug use. The results of Youth Baseline and Return-to-Sample Surveys⁸⁶ (2010) indicate that 46% of youth had seen, heard or read recent advertising. Overall, a total of 53% of youth recall seeing any of the five ads (television, transit, mall, internet or Facebook) on an aided basis. Those who recalled the ad were more likely to seek out information about how to avoid drugs (44% versus 31% for those who did not recall the campaign).⁸⁷

NCPC and DSCIF community-based projects improved the capacity of participants to avoid drug use. During the case study, stakeholders explained that the NCPC-funded project “Velocity” supports open and honest communication about illicit drugs, facilitates participation in alternative activities, and exposes youth to engaging speakers who have been through the corrections system and overcame substance abuse problems.

Although the DSCIF cluster evaluation provides many examples of projects targeting this outcome, an evaluation of one particular DSCIF-funded project, the “Nanaimo Family

⁸⁶ Health Canada. 2010. National Anti-Drug Strategy (NADS) Post-Campaign Survey with Youth - Return to Sample (HC-POR- 09-23). Unpublished. Note that a total of 1,502 youth, ages 13 to 15, participated in the baseline survey, and 317 participated in the return to sample survey.

⁸⁷ It has been indicated in both survey reports (page 13 of Parent Surveys and page 13 of Youth Surveys) that the differences may not be statistically significant and can only refer to a trend of behavioural changes. Such differences are referred to as “marginal” – that is, falling within the margin of error.

Association Life Works Project”, shows that both elementary school and secondary school youth participants dramatically increased their stated confidence level in avoiding drug use (the increase between the pre-test and the post-test was 45% and 32%, respectively).⁸⁸

Evaluations, reports, and learning circle discussions indicate that the RCMP’s DOCAS programs increased target group awareness and skills in avoiding drug use. “Racing Against Drugs” (RAD) uses auto racing as a tool to communicate with youth about the consequences of drug use. Between 2008/09 and 2010/11, over 52,450 students, aged 10 to 12, participated in the program. According to 2009 participant surveys, 90% of students agreed that “I was taught how to deal with situations when I might be tempted to drink alcohol or use drugs”. Other DOCAS evaluations noted that programs delivered by health professionals, police officers and program specialists were particularly effective in influencing decisions.

Despite some progress, departmental representatives and stakeholders stressed that decisions regarding illicit drug use are complex and often involve multiple factors, noting that even if youth are informed of the harm, they may still choose to engage in drug use. It was suggested that prevention activities could be strengthened by placing a higher priority on reaching at-risk youth in the communities most in need as well as by recognizing the need to use a variety of channels to influence the decisions of the target population; for example, stakeholders noted that media awareness programs such as social marketing are often not sufficient on their own to influence the decisions of at-risk youth. The importance of having youth visualize the negative consequences of using drugs was also echoed during interviews and learning circles.

4.2.1.5 Strengthening community responses to illicit drug issues in targeted areas

Strengthening community responses to illicit drug issues is linked to the progress made in enhancing community uptake of knowledge. As noted earlier, although knowledge is being created and made available, more time is required to enhance community uptake of that knowledge.

The document review and case studies revealed that prevention projects’ staff collaborate with their respective communities in myriad of ways to address illicit drug-related crime. Moreover, during interviews, departmental representatives and stakeholders also referred to DOCAS

⁸⁸ Health Canada. 2011. “Nanaimo Family Association – Life Works Project” PowerPoint presentation by Yvonne Vander Koi and Heather Dean at BC Region Drug Strategy Community Initiatives Fund Showcase 2011, at Simon Fraser University Vancouver - Segal School of Business, Vancouver, BC, March 17, 2011.

initiatives, DSCIF-, and NCPC-funded projects as examples of efforts that strengthened community responses to illicit drug issues.

In 2010/11, DOCAS regions engaged in community strengthening activities such as developing components for a communication strategy regarding illicit drugs, preparing information packages on gangs and synthetic drugs, and establishing inter-agency relationships with community organizations (e.g. police, health agencies and schools). Other examples related to this impact include a DSCIF-funded project that used ‘Capacity Cafes’ to dialogue with Aboriginal parents, teachers and other community organizations about substance use, and another DSCIF project that involved the RCMP in a three-day work/planning meeting. Additionally, two NCPC-funded projects reported the creation of new community substance abuse services in 2010/11.

However, departmental representatives and stakeholders explained that it takes time for communities to mobilize, and that many of the responses are limited by the length of time that funding is available, which is usually short-term. CCSA’s survey of 173 community stakeholders revealed specific areas where community responses to illicit drug issues should be strengthened, including providing support to identify existing programs, developing a centralized resource of information on youth drug prevention programs, and learning about program planning, implementation, evaluation, best practices, possible partnership models, and ways to reach target audiences.

4.2.1.6 Reducing risk-taking behaviours among targeted groups

Although national statistics show some decline in illicit drug use among Canadians, particularly youth, it is too early to determine the extent to which the decline is attributable to the activities of the Prevention Action Plan and the Strategy overall.

According to HC’s CADUMS (2010), illicit drug use has declined among youth and adults since the initiation of the Strategy (Table 8).

Table 8: Changes in Drug Use of Canadians, Before and After the Implementation of the Strategy, by Age and Drug Type⁸⁹

	Youth (ages 15-24)		Adults (ages 25+)		Overall (15+)	
	2004	2010	2004	2010	2004	2010
Cannabis – past year	37.0%	25.1%*	10.0%	7.9%	14.1%	10.7%*
Cocaine/Crack – past year	5.5%	2.7%*	1.2%	0.3%*+	1.9%	0.7%*
Ecstasy – past year	4.4%	3.8%	0.5%	S	1.1%	0.7%
Any five drugs (hallucinogens excluding salvia) ⁹⁰ – past year	11.3%	7.0%*	1.5%	0.8%+	3.0%	1.8%*

* - Indicates that the difference between 2010 and 2004 is statistically significant.

+ - Estimate is qualified due to high sampling variability; interpret with caution.

S - Estimate is suppressed due to high sampling variability.

Departmental representatives and stakeholders noted that it is too early to assess the impacts of the Prevention Action Plan on drug-related and other risk-taking behaviours. Representatives noted that changing public opinion and behaviour takes time; for example, changing attitudes about alcohol and driving (or smoking) took longer than three or four years. Also, some Strategy-funded projects have not been operating long enough to be able to report on intermediate- and longer-term outcomes.

Nevertheless, there is evidence showing that some programs funded under the Prevention Action Plan positively influenced behaviours among target populations. In particular, the RCMP's DOCAS – CPEC in the Cranbrook region experienced a significant reduction in the use of drugs (all categories). According to a study on the effectiveness of CPEC, a decline of 13% in marijuana use (grade 8 - 12) was reported in three of the CPEC communities over the past five years. For marijuana, the difference in decrease of use between CPEC and non-CPEC communities is much more pronounced: over 10% in all of the CPEC communities, and either a minimal decrease or an actual increase in the comparison communities.⁹¹

Stakeholders and departmental representatives who were familiar with, or involved in, the Prevention Action Plan were asked about the overall success of this action plan in achieving its

⁸⁹ Health Canada. 2010. Canadian Alcohol and Drug Use Monitoring Survey: Summary of Results for 2010. Accessed January 5, 2012 from http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2010/summary-sommaire-eng.php.

⁹⁰ Any five drugs (hallucinogens excluding salvia) include: cocaine/crack, speed, ecstasy, hallucinogens, and heroin.

⁹¹ Mangham, Colin. 2009. Characteristics and Evidence of Effectiveness of the Community Prevention Education Continuum. Population Health Promotion Associates and Dean Nicholson, East Kootenay Addictions Services Society.

objectives. Respondents noted that the Prevention Action Plan had been particularly successful in raising awareness among youth, parents and communities. However, many also noted that more time and effort are needed to not only bring about behavioural and community changes related to illicit drugs, but also to measure the effect of prevention initiatives. Various other challenges were identified as well, including the difficulties in focusing on only illicit drugs when the target populations are exposed to multiple risk factors and the sustainability of prevention initiatives beyond the funding period. Departmental representatives noted that prevention activities could be more successful if they more specifically targeted at-risk youth and communities in most need.

4.2.2. Treatment Action Plan

The Treatment Action Plan targets three immediate and two intermediate outcomes. Table 9 summarizes the relationship between the activities of six components and the three immediate outcomes, as well as the link between the immediate and intermediate outcomes. For example, five of the six components of this action plan featured activities that were specifically designed to improve collaboration on responses and knowledge of treatment issues.

Table 9: Relationships between the Treatment Action Plan Components and their Outcomes

Treatment Action Plan Components	Improved collaboration on responses and knowledge of treatment issues	Enhanced federal-provincial/territorial commitments to improve treatment systems in targeted areas of need	Enhanced capacity to plan/deliver a range of treatment services and programs to targeted population
Treatment Action Plan Immediate Outcomes (Years 1-2)			
DTFP (HC)	Signs contribution agreements with provincial/territorial governments and other stakeholders	Establishes common objectives, priorities and outcomes and provides funding needed to establish criteria and guidelines	Provides financial support to assist provinces and territories in strengthening treatment systems and filling gaps in services
NNADAP (HC)	Improves collaboration and knowledge exchange, both within and across First Nations and Inuit communities, on effective treatment approaches	Develops a national framework that will support First Nations communities as well as provincial, territorial and federal governments to enhance collaboration on service delivery and planning in targeted areas of need.	Strengthens capacity within First Nations and Inuit communities to both plan and deliver treatment services to a range of populations.

Treatment Action Plan Components	Improved collaboration on responses and knowledge of treatment issues	Enhanced federal-provincial/territorial commitments to improve treatment systems in targeted areas of need	Enhanced capacity to plan/deliver a range of treatment services and programs to targeted population
Treatment Action Plan Immediate Outcomes (Years 1-2)			
YJADS (Justice Canada)	--	--	Funds projects to support youth in conflict with the law who have illicit substance abuse issues
DTCFP (Justice Canada)	Signs contribution agreements with provincial/territorial governments and other stakeholders that create collaboration between legal and treatment professionals	Provides financial support to provincial, territorial, municipal and regional governments and to other eligible organizations to implement DTC pilots	Provides non-violent offenders with a range of treatment and counselling services through DTC pilots
NYIDP⁹² (RCMP)	Creates collaboration between legal and treatment professionals	--	Helps young offenders with substance abuse problems to access assessment and treatment services
Research on Drug Treatment Models (CIHR)	Creates collaboration among researchers and CIHR institutes	--	Develops research knowledge that contributes to the planning and development of treatment services
Treatment Action Plan Intermediate Outcomes (Years 3-5)			
All Treatment Action Plan components	Improve treatment systems, programs and services to address illicit drug dependency in targeted population in areas of need		Increase availability of and access to effective treatment services and programs for targeted populations in areas of need
	Reduce risk-taking behaviour among targeted groups		

Discussion of the contribution of the various components to the achievement of the immediate and intermediate outcomes is provided in the following sections.

⁹² Funding for this component ended March 31, 2012.

Immediate Outcomes

4.2.2.1 Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations

Components of the Treatment Action Plan, particularly the DTFP and the NNADAP, have enhanced the capacity to plan and deliver a range of treatment services and programs across Canada. However, more time and effort are needed before the impacts can be fully assessed given that many of the activities are in an early stage of implementation.

HC's DTFP provides financial support to provinces and territories and other key stakeholders through two separate components: 1) support to strengthen treatment systems; and 2) time limited support for treatment services. The DTFP implementation evaluation reports that the DTFP projects are working towards enhancing provincial and territorial capacity to deliver evidence-informed early intervention treatment programs and services. For example, the report highlights the role of a DTFP-funded project in enhancing treatment capacity in the Downtown Eastside of Vancouver.⁹³ The report also refers to funding to enhance the delivery of intervention treatment to youth in Prince Edward Island by involving community service providers such as local high schools, police, aboriginal community centres and new immigrant community centres. The case study of the DTFP-funded "In Roads" project in Alberta indicates that the project has enhanced the capacity of 19 NGOs to provide better referrals for high-risk youth. Twenty-nine projects received funding under the DTFP in 2010/11. However, the implementation of the DTFP was slowed by the lead time required to secure the support and participation of provincial/territorial governments and treatment service providers. The delay in implementation was also due to the capacity challenges encountered by some projects.

Through HC's NNADAP, the Strategy has supported a range of initiatives to enhance planning and delivery of treatment services for First Nations. From 2007/08 to 2010/11, HC worked in partnership with First Nations communities and leaders to carry out a comprehensive, community-driven review of First Nations addiction services. This review led to the development of seven regional needs assessment reports which identified key gaps, duplications and strengths within the existing services. These reports have led to investments in re-profiling or expanding services per community needs. As well, the renewal process contributed to the development of a national framework for NNADAP (launched in 2011). The framework reflects a continuum of care approach that will guide community, regional and national responses to

⁹³ Health Canada. 2011. Drug Treatment Funding Program: Implementation Evaluation Report. Unpublished, p. 3.

addiction and other substance use issues among First Nations. It will also provide opportunities for greater collaboration on service delivery and planning between First Nations communities and provincial, territorial and federal governments. However, some direct stakeholders of the Strategy noted that it is still early to measure the full impacts of NADS within First Nations communities since some projects have just been implemented. They also mentioned that there is still a need to improve the buy-in of the program in targeted communities.

Justice Canada's YJADS piloted innovative intervention/treatment strategies for youth in conflict with the law, supported training and knowledge-sharing among criminal justice personnel and youth service providers, and supported some research and evaluation projects. Until 2010/11, YJADS funded a total of 71 projects, with some projects receiving funding over several years. One example reported during interviews was a project that enhanced the capacity of probation officers to address substance use and motivate youth clients to seek and complete further treatment.

The RCMP's NYIDP provided tools and training to enable front-line members of the RCMP to consider alternatives to charging youth by referring at-risk youth to community and treatment programs. The results of an implementation review of eight NYIDP pilot sites⁹⁴ that received training on the use of a risk-screening tool, between 2007/08 and 2010/11, showed that the training increased officers' understanding of risk and protective factors of youth offenders as well as their knowledge of community-based youth serving resources. Departmental representatives also echoed this point and mentioned that NYIDP was successful in developing and piloting a screening tool for police officers to use in early interventions with at-risk youth as well as in educating officers about the *Youth Criminal Justice Act*. Direct stakeholders also noted that NYIDP has enhanced the capacity to plan/deliver treatment services by encouraging dialogue between treatment service agencies and RCMP officers. However, they mentioned that the impact of the NYIDP is dependent on the services available in a jurisdiction. For example, the number of referrals made depends on external factors such as availability of treatment and social programs in a given community as well as the presence of a dedicated community liaison. This point was echoed by some departmental representatives who said that once a youth was identified and referred, the community was not always able to provide the treatment to this youth. It was suggested that the availability of services and dedicated youth workers should be a key determinant in deciding whether to introduce NYIDP to a detachment.

⁹⁴ The pilot sites included Arviat, Nunavut; Prince George, Williams Lake, Surrey Wrap, BC; Grande Prairie, AB; Charlottetown, PEI; Sussex, NB; and Happy Valley/Goose Bay, NL.

4.2.2.2 Improving collaboration on responses and knowledge of treatment issues

Members of components of the Treatment Action Plan have consulted and collaborated with various stakeholders including addiction experts, health professionals, provincial and territorial governments, First Nations and Inuit groups, and community groups.

According to the interviews, document review and learning circles, members of components of the Treatment Action Plan have collaborated extensively at various levels, such as federal-provincial-territorial governments and community-based organizations. NNADAP, DTFP and CIHR-Research on Drug Treatment Models were highlighted as components that placed a particular emphasis on collaboration.

The process to develop the renewed NNADAP Framework involved top experts in Aboriginal as well as non-Aboriginal addictions treatment, provincial governments, researchers, and front-line workers among others. The engagement and consultation process was identified as a best practice in program renewal and policy development by First Nations communities and leaders as well as by departmental representatives and stakeholders who participated in the evaluation. The NNADAP Renewal Process led to the development of regional needs assessment reports and a national framework that will guide service delivery and design for the next five to ten years.⁹⁵

The DTFP contributed to enhanced collaboration between and within provinces and territories on treatment issues. DTFP held bilateral consultations with provinces and territories in 2008/09 following the call for proposals to discuss and clarify issues related to the nature and scope of applications under the DTFP. In 2009/10, all provinces and territories (except Quebec) participated in the development, collection and reporting of national treatment indicators. In 2010/11, collaboration activities focused mainly on stakeholders within the jurisdictions and, in some cases, at the community or municipal level. For example, the BC systems project reported that collaboration between health authorities has been improved through attendance at the annual “Change Talk Summit” for practice champions and the co-creation of knowledge exchange tools/mechanisms to support practices post-summit. According to the DTFP implementation evaluation report, one project provided a vehicle for some jurisdictions (e.g. Yukon) to improve communication and understanding among service providers, for example, between detox and treatment services.

⁹⁵ NNADAP Renewal Website: “Regional Needs Assessments”. Accessed October 25, 2011 from <http://www.nnadaprenewal.ca/en///regional-needs-assessments>.

CIHR funded research that examined the capacity of the treatment systems for knowledge translation and hosted several workshops to enable researchers from different areas of addictions to collaborate. In October 2010, the CIHR INMHA held the Substance Abuse Treatment and Prevention Initiative Workshop to improve collaboration and exchange of knowledge amongst researchers and federal government representatives.⁹⁶ During this workshop, participants suggested that CIHR should play a coordinating role in bringing together funders and researchers and in exploring opportunities for joint initiatives, for example, research on the illicit use of pharmaceuticals.

There is room to improve collaboration. For example, departmental representatives referred to YJADS where knowledge transfer is targeted but occurring on only a small scale. With respect to the CIHR Research on Drug Treatment Models, stakeholders noted that more attention is required to enhance collaboration between researchers and the users of the knowledge. During the NYIDP⁹⁷ learning circles, participants explained that there is a disconnection between officers and service providers and suggested that regular meetings between these groups could increase collaboration.

4.2.2.3 Enhancing federal-provincial/territorial commitments to improve treatment systems in targeted areas of need

Although some programs benefited from enhanced federal-provincial/territorial collaboration, more needs to be done to promote provincial, territorial and community commitments to treatment systems in targeted areas of need.

The evaluation findings indicate that the Treatment Action Plan has enhanced federal-provincial/territorial commitments in some areas but commitment is lacking for some programs. For example, departmental representatives noted that, although the DTCFP contributed to enhanced federal-provincial/territorial commitments for treatment, the implementation and sustainability of programs such as the DTFP were constrained by the willingness and ability of provincial and territorial governments as well as communities to support programs.

The Department of Justice DTCFP funds DTCs in Toronto, Vancouver, Edmonton, Winnipeg, Ottawa and Regina. The DTCs provide court-monitored treatment and social service support intended to reduce drug use behaviour, enhance social stability of drug-addicted offenders, and

⁹⁶ Canadian Institutes of Health Research. 2010. Substance Abuse Prevention and Treatment Initiative Workshop Report.

⁹⁷ Funding for this component ended March 31, 2012.

contribute to a reduction in criminal recidivism. Departmental representatives explained that, when the funding recipient is a provincial government (as opposed to an NGO), DTCs are able to capitalize on the provincial government's existing partnerships and resources, such as housing and mental health services, thereby enhancing the overall treatment outcomes. Of the six DTCTFP-funded DTCs, only two agreements (Vancouver and Regina) are currently with provincial governments. As such, it was recommended that DTCTFP would benefit from further agreements with provincial and territorial governments given they are a key partner for the DTCs.⁹⁸

According to the implementation evaluation of the DTFP⁹⁹, as of 2010/11, 10 of the 13 provinces and territories received funding. The evaluation raised concerns about the sustainability of the initiatives once the federal funding is no longer available. Under the DTFP agreements, provinces and territories are not required to match federal funding and, thus far, most funding recipients enhanced their financial commitments through the dedication of in-kind resources to DTFP investment areas.

4.2.2.4 Increasing availability of, and access to, effective treatment services and programs for targeted populations in areas of need

The NNADAP, DTCTFP, DTFP and NYIDP¹⁰⁰ have each increased the availability of, and access to, treatment services and programs.

Re-profiling and expanding treatment centre activities of NNADAP resulted in improved accessibility of treatment services for First Nations communities. Initiatives have supported treatment centres to more effectively meet population needs (e.g. women, youth, families, and individuals with mental health issues) and address service gaps. As of 2011/12, 36 treatment centres had refocused programming in line with First Nations and Inuit needs and priorities. Access to services was also improved by piloting eight innovative and collaborative multi-disciplinary teams (Mental Wellness Teams) in First Nations and Inuit communities across Canada. These pilot projects will identify new approaches to provide care to communities, which incorporate traditional, cultural and mainstream approaches to mental health services that span the continuum of care.

⁹⁸ Department of Justice Canada. 2009. Drug Treatment Court Funding Program, Summative Evaluation. p. 62. Accessed January 9, 2012 from <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/09/dtctfp-pfttt/index.html>.

⁹⁹ Health Canada. 2011. Drug Treatment Funding Program: Implementation Evaluation Report. Unpublished.

¹⁰⁰ Funding for the NYIDP ended March 31, 2012.

Under the DTCCFP, a dedicated drug treatment is available to drug addicted offenders accepted into the DTC pilots. According to performance data, in the absence of these pilots, drug treatment would not necessarily be available to this population. The summative evaluation of DTCCFP (2009) reports that the Program has reached economically disadvantaged individuals who had serious drug addictions (typically cocaine) as well as mental and physical health issues, and had committed a variety of non-violent crimes.¹⁰¹

DTFP provided a vehicle to the federal government to enhance the availability and accessibility of treatment services and programs for high-risk groups across Canada and helped the regional services to have clearer targeted populations. Examples of DTFP projects that have a particular focus on this matter are two BC Ministry of Health Services projects delivered in the Downtown Eastside in Vancouver. The “Assertive Community Treatment” features a mobile, community-based, client-centred, recovery-oriented service delivery model designed specifically to provide long-term support to people with the most serious types of mental illness who cannot be adequately managed with traditional community services. The second project is the “Women’s Residential/Day Program” (Rainier Hotel), which is an integrated day program and supported housing model with intensive supports for the most challenging women in the Downtown Eastside who are at highest risk, such as involvement in the sex trade. This program focuses on accessibility, responsiveness, and appropriateness of services, particularly regarding distinct conditions commonly identified among the target population, such as severe trauma and cultural marginalization. Although it is too early to determine the success of such projects, the DTFP implementation evaluation reports growing evidence that enhancing collaboration among service providers is improving outcomes for people suffering concurrent mental health and addiction problems.¹⁰²

While the NYIDP was in effect, it provided young offenders with a combination of treatment and community services to which they would not otherwise have access. However, the treatment alternative and intervention would be considered when there are no grounds for a charge. Based on the implementation review of NYIDP, as of 2010/11, approximately 170 youth were screened and referred to programs; 69 of whom were identified as having alcohol or drug problems. Of the 69, 29 had a history of conduct disorder, 32 had school or employment problems, 41 had some criminal friends, 23 exhibited antisocial personality traits, and 37 had unsupportive family circumstances. During the NYIDP learning circle, participants explained that the Program

¹⁰¹ Department of Justice Canada. 2009. Drug Treatment Court Funding Program, Summative Evaluation. Accessed January 9, 2012 from <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/09/dtccfp-pfttt/index.html>.

¹⁰² Health Canada. 2011. Drug Treatment Funding Program: Implementation Evaluation Report. Unpublished

provided access to treatment services for youth who had nowhere else to go. They also mentioned that NYIDP works as a “wake- up call” at early stages of drug problems and provides youth with an opportunity to change their lives. They also suggested that the Program should be accessible to younger children (as early as age nine).

Intermediate Outcomes

4.2.2.5 Improving treatment systems, programs and services to address illicit drug dependency in targeted populations in areas of need

Components such as the DTCFP, NNADAP, YJADS and CIHR-Research on Drug Treatment Models have directly and indirectly improved treatment systems, programs and services.

According to a summative evaluation (2009), the DTCFP has been effective in providing positive and comprehensive treatment services. Stakeholders who participated in this evaluation explained that, through a combined system of enforcement and treatment where non-violent offenders receive intensive treatment instead of incarceration, offenders are better able to overcome their addictions and avoid future criminal behaviours. Access to coordinated services such as treatment counsellors, nurses and psychologists was another important attribute of the DTCFP that increased participant social stability by helping them find suitable housing, income assistance, education and employment. Program participants reported that encouraging honesty about drug use and recognizing that relapses may occur were two key components that differentiate the DTCFP from traditional court processes. Participants also made reference to the non-judgmental approach of treatment staff and their helpfulness in connecting them to other available resources.¹⁰³

For NNADAP, both the regional needs assessments and a new national framework have been instrumental in strengthening treatment services at a systems level. The new national framework outlines a continuum of care approach that is supporting strengthened program design and delivery at community, regional and national levels. At the service delivery level, NNADAP modernization projects improved services for key populations, incorporated culture in the continuum of care, and improved the physical aspects of centres. In addition, treatment centre quality was also enhanced as a result of funding support to centres to become accredited by a recognized body. As of 2011/12, 48 of 59 (82%) of treatment centres were accredited, up from 43 of 58 (74%) in 2010/11 and 40 of 57 (68%) in 2009/10. Furthermore, the quality of NNADAP

¹⁰³ Department of Justice Canada. 2009. Drug Treatment Court Funding Program, Summative Evaluation. p. 44. Accessed January 9, 2012 from <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/09/dtcfp-pfttt/index.html>.

services was improved through a range of workforce development activities, including support for certified educational opportunities (e.g. training on treating illicit drug use) and financial incentives to workers to obtain and retain certification with a recognized national body. As of 2011/12, 157 of 204 (77%) treatment workers were certified.

Direct stakeholders of the Strategy noted that YJADS has improved treatment services indirectly by, for example, increasing the capacity and knowledge of probation officers to address illicit drug issues with their youth clients. Stakeholders also noted that CIHR has improved treatment services by funding research that examines treatment responses for emerging issues such as drug-impaired driving. More cumulative data from funded projects will assist to improve the measurement of the impact of these components in future evaluations.

4.2.2.6 Reducing risk-taking behaviours

The DTCTFP and NNADAP components of the Treatment Action Plan have demonstrated considerable success in reducing risk-taking behaviour among targeted groups.

An empirical evaluation of recidivism of the Drug Treatment Court of Vancouver (DTCV) demonstrated the effectiveness of DTCs in reducing recidivism. Compared to a matched group of offenders, the Court participants exhibited significantly greater reductions in offending, and a significant decrease (over 50%) in drug-related offences.¹⁰⁴ A recidivism study for the DTCs similarly found that participation in a DTC program is statistically linked to a lower level of recidivism (refer to Appendix D for more details). A meta-analysis of DTC effects in Canada, Australia and the United States concluded that DTCs reduced recidivism by 14% compared to conventional justice system responses.¹⁰⁵ Also, as part of the DTCTFP summative evaluation, 61% of evaluation survey respondents agreed that DTCs are effective in reducing criminal recidivism during the Program and 39% think the effects remained post-Program. Many of the DTC case study participants also indicated that this program helped them abstain from drug use, even if they have an occasional relapse.¹⁰⁶ The evaluation provided comparable data on graduation and retention rates across the DTCs; the graduation rates ranged from 6% to 36% and the retention

¹⁰⁴ Somers, Julian M., Currie, Lauren, Moniruzzaman, Akm, Eiboff, Faith, Patterson, Michelle. Drug Treatment Court of Vancouver: An Empirical Evaluation of Recidivism. *International Journal of Drug Policy* (forthcoming).

¹⁰⁵ Latimer, J., Dowden, C., Morton-Bourgon, K.E., Edgar, J., and Bania, M. 2004. Treating youth in conflict with the law: A new meta-analysis. Ottawa, Ontario: Research and Statistics Division, Department of Justice Canada http://canada.justice.gc.ca/eng/pi/rs/rep-rap/2003/rr03_yj3-rr03_jj3/index.html.

¹⁰⁶ Department of Justice Canada. 2009. Drug Treatment Court Funding Program, Summative Evaluation. p. 39. Accessed January 9, 2012 from <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/09/dtctfp-pfttt/index.html>.

rates ranged from 34% to 55%. Key factors that influence participant retention and graduation include access to safe, secure housing; personal motivation; low-risk background (no history of violence); and various demographic factors (race, education, employment at admission, marital status and gender).¹⁰⁷

In addition, feedback from NNADAP funding recipients about the impacts of Strategy investments to their programs/services suggests that Strategy funding has contributed to more effective and accessible treatment services for First Nations and Inuit clients, including youth, which will contribute to gradual reductions in illicit drug use and associated risk-taking behaviours. The current Strategy-supported efforts to improve the quality, effectiveness and accessibility of treatment services are also expected to reduce negative health and social impacts of illicit drug use, including risk-taking behaviours (e.g. drug-impaired driving or violence). However, more time will be needed to measure these results.

Stakeholders and departmental representatives who were familiar with, or involved in, the Treatment Action Plan were asked about the success of the Plan in achieving its objectives. They highlighted the progress that programs under the Treatment Action Plan have made in improving treatment in First Nations communities, expanding existing treatment centres, supporting innovative treatment projects, and developing treatment interventions for at-risk youth and offenders. The success of the Action Plan in collaborating with other initiatives (e.g. the Human Resources and Skills Development Canada National Homelessness Initiative) to provide funding was also highlighted.

These respondents identified various challenges that slowed the progress made, including delays in implementation, particularly in terms of developing agreements and implementing activities that required partnerships with other organizations or other levels of government. Other perceived challenges included a lack of adequate capacity (i.e. programming dollars) in various provinces and territories to follow up on successful projects. Another factor was the relatively low profile of treatment activities supported under the Strategy relative to enforcement activities (i.e. the perception amongst certain stakeholders that the primary emphasis of the Strategy is on enforcement).

¹⁰⁷ Ibid, p. vi.

4.2.3. Enforcement Action Plan

The Enforcement Action Plan targets four immediate and six intermediate outcomes. Table 10 summarizes the relationship between the activities of the ten components and the four immediate outcomes, as well as the link between the immediate outcomes and six intermediate outcomes. For example, nine of the ten components featured activities specifically designed to increase capacity for drug enforcement and prosecution of illicit drug producers and distributors.

Table 10: Relationships between the Enforcement Action Plan Components and their Outcomes

Enforcement Action Plan Components	Increased capacity for drug enforcement and prosecution of illicit drug producers and distributors	Increased capacity to gather, analyze and share intelligence and analyze evidence	Increased capacity to control and monitor controlled substances and precursor chemicals	Increased awareness of illicit drug and precursor chemicals issues for enforcement officials
Enforcement Action Plan Immediate Outcomes (Years 1-2)				
National Coordination of Efforts (PS)	--	--	--	Holds conferences, workshops, conducts research and improves drug-related knowledge
Prosecution and Prosecution-related Services (ODPP)	Prosecutes drug-related offences, provides legal advice and training to the police, and provides input on draft legislation	--	--	--
OCS (HC)	Recruits new staff	--	Applies policy, regulations and legislation, monitors movement of controlled substances and precursor chemicals, and assists inspections and investigations; authorizes destruction of illicit drugs	--

Enforcement Action Plan Components	Increased capacity for drug enforcement and prosecution of illicit drug producers and distributors	Increased capacity to gather, analyze and share intelligence and analyze evidence	Increased capacity to control and monitor controlled substances and precursor chemicals	Increased awareness of illicit drug and precursor chemicals issues for enforcement officials
Enforcement Action Plan Immediate Outcomes (Years 1-2)				
DAS (HC)	Provides drug analysis and expert support	Provides drug analysis and expert support, recruits new staff, trains RCMP officers, and supports RCMP investigations	--	Trains law enforcement officers
Marihuana and Clan Lab Teams/ Proceeds of Crime (RCMP)	Recruits new staff, creates new positions, creates collaboration across partners involved, and trains law enforcement officers	Recruits new staff, creates new positions, creates collaboration across partners involved, trains law enforcement officers, and works with local stakeholders to perform investigations	Seizes all types of illicit drugs and precursor chemicals, lays charges, and trains related industry and key stakeholders	Trains law enforcement officers
Intelligence Development, Field Support Division, Analysis and Scientific Services (CBSA)	Recruits new staff, creates new policies to support the Strategy, provides training/workshops, and cooperates with the RCMP	Recruits new staff, obtains scientific equipment and lab services to assist analysis, creates a network for precursor related intelligence, and trains border officers	Seizes all types of illicit drugs and precursor chemicals, recruits new staff, and trains border officers	--
Special Enforcement Program (CRA)	Performs audits of individuals involved in drug issues	Performs audits of individuals involved in drug issues	Performs audits of individuals involved in drug issues	--
FAMG (PWGSC)	Produces forensic accounting reports, and acts as expert witnesses in criminal investigations	Provides financial information/services to support the RCMP	Provides financial information/services to support the RCMP	--

Enforcement Action Plan Components	Increased capacity for drug enforcement and prosecution of illicit drug producers and distributors	Increased capacity to gather, analyze and share intelligence and analyze evidence	Increased capacity to control and monitor controlled substances and precursor chemicals	Increased awareness of illicit drug and precursor chemicals issues for enforcement officials
Enforcement Action Plan Immediate Outcomes (Years 1-2)				
Financial Intelligence (FINTRAC)	Dedicates staff to drug-related cases, provides financial information/services to support the RCMP, and monitors financial activities to identify suspicious transactions	Dedicates staff to drug-related cases, provides financial information/services to support the RCMP, and monitors financial activities to identify suspicious transactions	Dedicates staff to drug-related cases, and provides financial information/services to support the RCMP	--
Annual Contributions to UNODC, CICAD (DFAIT/PS)	--	RCMP and OCS share knowledge and experience on regulatory and enforcement issues through CICAD Expert Meetings	Provides international technical training to increase the capacity of beneficiary states to control and monitor controlled substances and precursor chemicals	Provides funds to assist UNODC and CICAD and raises international awareness
Enforcement Action Plan Intermediate Outcomes (Years 3-5)				
All Enforcement Action Plan components	Increased/enhanced investigations, audits, arrests, prosecutions, forensic accounting analyses and legal consequences	Improved intelligence and evidence	Increased compliance/seizures and reduced risk/occurrence of diversion of precursor chemicals	Increases safety in dismantling illicit drug operations
	Increased dismantling/disruption of organizations/operations related to illicit drug production and distribution			Reduces health, safety and security risks associated with illicit drug production

Further discussion of the contribution of the various components to the achievement of the immediate and intermediate outcomes is provided under the following section.

Immediate Outcomes

4.2.3.1 Increasing capacity for drug enforcement and prosecution of illicit drug producers and distributors

The Enforcement Action Plan has increased the capacity, particularly within the RCMP, CBSA and ODPP, for drug enforcement and prosecution of illicit drug producers and distributors, and enabled enforcement partners to be more strategic in using resources.

The RCMP Marihuana and Clandestine Lab Teams/Proceeds of Crime increased their capacity for drug enforcement through training, establishing partnerships, providing ongoing intelligence, increasing the number of staff, strengthening internal mechanisms, and tracking emerging issues in the drug industry. All officers involved in this work require specialized training. Cross-training occurred in many areas, as training often included partners (e.g. HC, other police forces, the chemical industry, CBSA). The RCMP developed an intelligence-led approach to resource use, linking MGOs to organized crime groups and allocating more resources to areas where there was more drug activity and risk. Departmental representatives noted that the RCMP has been able to dedicate more investigators, resulting in more prosecutions. They also noted that synthetic drugs became a priority for the RCMP. In August 2009, the RCMP developed the Synthetic Drug Initiative (SDI) that brings together partners from public and private sectors with a focus on synthetic drugs and the diversion of precursor chemicals.

CBSA also enhanced its capacity for drug enforcement through increased resources, improved analytical capability, enhanced collaboration, and it provided training opportunities within CBSA as well as across departments. CBSA funded eight full-time equivalent employees (FTEs), one for every CBSA region, plus an additional FTE in each of the three most active regions (i.e., Pacific, Greater Toronto and Quebec).

The Strategy funding enabled ODPP to increase the number of FTEs dedicated to the prosecution of illicit drug producers and distributors. In 2010/11, the Strategy allocated \$2.9M to the ODPP. However, actual spending reached \$3.4M, according to time recorded against Strategy files by staff prosecutors and paralegals, representing an incremental increase of approximately 25 in-house FTEs assigned to the Strategy activities (increased from 7.5 FTEs in 2008/09 to 9.5 FTEs in 2009/10). The FTEs were distributed nationally to enable the ODPP to respond to the growing demand for prosecution services at locations where enforcement activities had increased.

4.2.3.2 Increasing capacity to gather, analyze and share intelligence and analyze evidence

Enforcement partners increased their capacity to gather, analyze and share intelligence and analyze evidence, enabling a wide array of intelligence/analysis sources to support illicit drug investigations.

The capacity to gather and share intelligence and analyze evidence increased within the RCMP, CBSA, CRA, FINTRAC, PWGSC-FAMG, HC-DAS, HC-OCS, and internationally through contributions to the UNODC and OAS-CICAD. Although the enhancements contributed greatly to improved capacity, departmental representatives referred to some challenges, such as regulatory restrictions on sharing information, which may constrain cooperation. For example, the CRA may receive individual leads from the RCMP but is not permitted to provide certain information to that organization.

The RCMP increased its capacity to gather intelligence and has been active in developing national and international partnerships. It received funding for an increased number of intelligence analysts, which allowed them to be more tactical and link the MGOs to organized crime groups. Internationally, contact has been made with China and India, major suppliers of precursors, to work with them to prevent the illegal diversion of chemicals from those countries to Canada. Within the Strategy, the RCMP developed initiatives that involve coordination with federal (HC, CBSA, Environment Canada, Justice Canada, ODPP, PS, and DFAIT) and international partners (the G8 and a Strategic Advisory Group). There is also ongoing liaison with counterparts in other countries to exchange ideas and explore areas of joint concern.

CBSA's additional FTE resources have also led to enhanced collaboration with federal and international partners such as the United States, Japan, New Zealand, Australia and India. Also, as a result of the Strategy funding, CBSA's Laboratory and Scientific Services Directorate – now the Science and Engineering Directorate - was able to analyze more precursor chemicals. From 2007/08 to 2010/11, lab analysis of Class A Precursor chemicals increased from 23 to 73 annually, and lab analysis of suspected contraband, designer substances and precursor chemicals increased from 1,972 to 3,200.

An example where intelligence capacity has increased significantly is the recent CBSA intelligence-led joint project with the RCMP, which supports both the CBSA Precursor Chemical Diversion Initiative and the RCMP SDI. It combines the efforts of CBSA and RCMP intelligence and enforcement sections in identifying, targeting, interdicting and disrupting criminal organizations involved in the importation of precursor chemicals that are used in the manufacture

of illicit synthetic drugs for both the domestic and international marketplace. The project has led to increased intelligence capacity in identifying existing and imminent threats, involving illicit shipments of precursor chemicals. In such a law enforcement arrangement, there is a greater ability to share information as the joint effort requires that both agencies are aware of common targets and can therefore share more easily under the *Customs Act* Section 107 (5) (a).

CRA's Special Enforcement Program increased the resources available to perform audits on persons known or suspected of deriving income from marihuana production, synthetic drug production and distribution operations, as well as to recover tax dollars owing from raised assessments. From 2007/08 to 2010/11, funding was provided for six FTEs dedicated to the Strategy, including two in each of the "high-risk tax service offices" (i.e. Montreal, Toronto, and Vancouver). CRA is also developing an intelligence component within the Department. It was noted that capacity could be further enhanced if CRA staff developed a better understanding of the drug trade. The RCMP could facilitate this by sharing additional information about the production and trafficking of illicit drugs as well as the participation of organization crime in those activities.

FINTRAC provided increased financial intelligence to law enforcement partners to assist their efforts in investigating organized crime elements and money laundering related to illicit drug production operations. In 2010/11, FINTRAC dedicated six FTEs to enhance support to law enforcement by aligning priorities (a focus of FINTRAC's over the last several years) and developing financial intelligence case disclosures to assist law enforcement in Strategy-related investigations.¹⁰⁸

PWGSC's FAMG increased its capacity to provide forensic accounting services to law enforcement about specific drug cases. FAMG received funding for two FTEs to support Strategy files as of 2010/11. FAMG provided specialized forensic accounting services and analysis to the RCMP and ODPP on proceeds of crime investigations, including investigations related to the importation, exportation, production, trafficking and possession of illicit or controlled drugs and substances.

HC's DAS has increased its capacity since receiving Strategy funding. The increased resources helped the Service to eliminate its backlog of unanalyzed exhibits. DAS also improved its average response time to a request from 90 days in 2007/08 to 64 days in 2010/11. It increased

¹⁰⁸ The responsibilities of the additional FTEs are spread across numerous employees at FINTRAC, as there is no group or employees solely responsible for support to law enforcement or production of intelligence solely related to drugs.

its analysis of drug exhibits from 108,881 in 2007/08 to 121,346 (61,829 cannabis and 59,517 non-cannabis) in 2010/11. A total of 115,572 exhibits were received in 2010/11 (compared to 104,255 received in 2009/10). Other intelligence capacity improvements included the purchase of laboratory instrumentation to increase drug analysis capacity, a one-time laboratory fit-up, and renovation projects in the four DAS laboratories to improve the utilization of available laboratory space.

Annual contributions to the UNODC and OAS-CICAD have served to improve the global intelligence capacity. Through the work of DFAIT, Canada became recognized in the international community as a major source of information. DFAIT's contributions to OAS-CICAD supported the work of the Multilateral Evaluation Mechanism process, whose reports are increasing in quality and utility as a means to measure member states' efforts in the fight against illicit drugs. DFAIT funding to OAS-CICAD provided professional support for the Inter-American Observatory on Drugs, which works to build a drug information network for the Americas. Contributions to OAS-CICAD programs in four Caribbean countries (Haiti, Dominican Republic, St. Lucia, and St. Vincent and the Grenadines) aimed to establish drug information networks to improve the availability, quality and timeliness of information related to drug production, trafficking, use and the consequences thereof. The goal of these drug information networks is to improve the participating countries' performance in creating effective anti-drug policies, responses and programs.

4.2.3.3 Increasing awareness of illicit drug and precursor chemicals issues for enforcement officials

Workshops, training and information sessions conducted by the Enforcement Action Plan partners have raised awareness of illicit drugs and precursor chemical issues among enforcement officers in Canada and in other countries.

PS held discussions and workshops across the country to raise awareness among federal, regional and municipal enforcement stakeholders as well as other groups and individuals who are not normally involved in enforcement (such as pharmacists, doctors and other stakeholders) to discuss emerging issues of common concern. For example, the Emerging Issues in Drug Enforcement Workshop held in Montreal in November 2010, included presentations by 16 expert panellists and was attended by 80 participants from law enforcement and related fields across the country, to facilitate discussion on emerging issues of national concern so as to support

operational and policy responses.¹⁰⁹ PS also hosted the Illicit Use of Pharmaceuticals Workshop in Vancouver in June 2011. This workshop was attended by 100 participants and facilitated discussions across law enforcement and the public health sector towards developing a coordinated response. In addition, PS participated in various international fora to promote Canadian enforcement efforts and supply reduction approaches. During the evaluation period, PS also funded 25 projects that advance knowledge related to the enforcement of illicit drugs. Examples of these projects include an Intelligence-led Anti-Gang Strategy (Ottawa Police Service) and a Comparison of Drug and Alcohol Involved Motor Vehicle Fatalities (CCSA); PS also worked closely with the Canadian Association of Chiefs of Police (CACP) to develop a handbook on promising practices in policing substance focusing on integrated models.

The RCMP's Marihuana and Clandestine Lab Teams/Proceeds of Crime undertook extensive training focusing on precursor chemicals, illicit drugs and safety training. In 2007/08, an initiative was implemented to train the MGO Teams to play an ancillary role of Clandestine Drug Laboratory (Clan Lab) responders. This resulted in the most current members of the MGO Teams being cross-trained in Clan Lab qualifications. The Clan Lab recertification program, managed by the RCMP, allowed for the annual accreditation of close to 200 personnel from law enforcement and partner government agencies (e.g. HC) in 2010/11.

HC's DAS provided training to law enforcement personnel on topics such as precursor control and clandestine lab hazards. In 2010/11, DAS delivered 46 training sessions, up from 37 sessions in 2009/10. Training was given primarily to law enforcement personnel (e.g. federal, provincial and municipal police forces) for the purpose of increasing awareness about illegal drug production and trends. The training also covered such topics as the dangers and necessary safety precautions that should be utilized when investigating Clan Labs. In 2010/2011, a total of 936 participants received training from DAS on two main topics: Drug Analysis/Synthesis, and Dismantling Clan Labs. In surveys conducted post training, 93% of participants reported an increase in their awareness of hazards and dangers related to chemicals and 83% reported an increase in awareness of safe procedures to dismantle a clandestine laboratory.

HC's OCS developed training materials for law enforcement regarding illicit drug and precursor chemical issues. In 2007/08, training materials were developed for inspectors, including various ongoing and enhanced training tools (e.g. e-learning solutions). OCS also made presentations at

¹⁰⁹ Public Safety Canada. 2010. Emerging Issues in Drug Enforcement Workshop. Accessed from <http://www.publicsafety.gc.ca/prg/le/eide-eng.aspx>

RCMP and CBSA training events on the *Controlled Drugs and Substances Act* and its Regulations.

The CBSA also increased understanding and awareness about precursor chemicals through workshops and training. In 2010, the “Precursor Chemical Diversion/Synthetic Drugs Workshop”, hosted by the CBSA (Contraband Intelligence Section/Intelligence and Targeting Operations Directorate), was held at the CBSA National Training Centre. The aim of the workshop was to increase awareness about the diversion of precursor chemicals that enter Canada for use by organized criminal networks in illegal activities (clandestine labs) and ultimately lead to the export of illegal synthetic drugs. The workshop participants included subject matter experts from international (US, New Zealand, Australia, India) and domestic partners (RCMP and HC). In addition to representing the starting point for joint intelligence/enforcement cooperation between the RCMP and the CBSA, this workshop linked their respective initiatives under the Strategy – the CBSA’s Precursor Chemical Diversion Initiative (importations of precursor chemicals and potential exports of synthetic drugs) and the RCMP’s Synthetic Drug Initiative (domestic and potential exports). Precursor chemical awareness training was provided to Border Service Officers, in support of an initiative developed in partnership with the RCMP, to gather data and provide the CBSA with a better understanding of how chemicals are getting into the hands of organized crime groups, as well as how to effectively target, interdict and assist in the dismantling of these groups.

DFAIT’s contributions supported training to increase awareness internationally. For example, in 2010/11, DFAIT’s contribution to the UNODC resulted in precursor control training for 90 Uzbekistan officers. As well, training workshops were offered in all five Central Asian states for 56 law enforcement officers on risk indicator, precursor identification, classification of drugs, heroin manufacture and precursors, and the TIR Convention. The DFAIT contribution for the OAS-CICAD strengthened the capabilities of national anti-drug agencies to implement national anti-drug policies, and resulted in assessments of institutional and legal regimes in five Caribbean countries (Belize, Guyana, St. Kitts, St. Vincent and Barbados). In addition, DFAIT supported a technical seminar with regional officials on drug policy development in Trinidad and Tobago in April 2011.

4.2.3.4 Increasing capacity to control and monitor controlled substances and precursor chemicals

Enforcement Action Plan partners, particularly the RCMP, HC-OCS and CBSA, increased their capacity to control and monitor controlled substances and precursor chemicals; however, there are regulatory challenges.

The RCMP increased its control capacity by focusing on organized crime groups, partnering with other departments and stakeholders, and developing new programs. It worked in association with local stakeholders (e.g. hydro companies, property inspectors) to increase intelligence capacity. The RCMP also developed the Chem Watch Program, which is a partnership between the National Chemical Diversion Program and the chemical industry (e.g. chemical associations, producers, distributors and retailers) to raise awareness across the country of the Clan Lab problem, to educate company employees, and to control access to regulated precursor chemicals.¹¹⁰

Between 2007/08 and 2010/11, HC-OCS increased the number of inspections of dealers licensed under the *Precursor Control Regulations*, as well as pre-license inspections and targeted inspections under the *Narcotic Control Regulations*. Since 2007/08, over 95% of the Class A Precursor Licensed Dealers have been inspected. Also, in 2010/11, OCS received 1,623 Loss and Theft Reports and 79 Forgery Reports. In addition, OCS contributed to increased understanding of the legislative and regulatory framework for controlled substances and precursor chemicals by exercising a multi-level compliance model. As part of this model, compliance officers monitor compliance to controlled substances regulations through the use of administrative tools such as Monitoring Letters with due dates mailed to inspected regulated parties pursuant to their inspection. In 2008/09, close to 250 Letters were sent to parties, indicating a high level of monitoring.

CBSA lab services and HC also worked together to identify the shipments being imported without permit or falsely described as chemicals not presently controlled by HC. Their partnership has leveraged the opportunity to discuss the types of chemicals that are being imported without a permit or described as chemicals not presently regulated by HC. The joint work of the CBSA and RCMP helps to identify chemicals and to keep HC informed about the nature of chemicals seized. This provides assistance to HC in determining what chemicals should be scheduled and how quickly this should occur in order to prevent further harm to Canadians.

¹¹⁰ Royal Canadian Mounted Police: Synthetic Drug Operations and Chemical Diversion. Accessed August 21, 2011 from <http://www.rcmp-grc.gc.ca/de-pd/chem-chim-eng.htm>.

Also, CBSA, HC, PS, the RCMP and Justice Canada are in discussions to establish policies and procedures to advance effectiveness in the control, handling and destruction of seized precursor chemicals.

However, departmental representatives noted that it can take several years to implement amendments to the CDSA to account for emerging precursor chemicals and illicit drugs and that this constrains enforcement efforts. The challenge is attributed to the process involved in implementing amendments and the limited resources at HC. It was noted during interviews that the U.S. legislative framework, which allows for the promulgation of emergency legislation of precursor chemicals within approximately 90 days, could be a useful model for Canada.

Intermediate outcomes

4.2.3.5 Increasing/enhancing investigations, audits, arrests, prosecutions, forensic accounting analyses and legal consequences

The Strategy has increased/enhanced investigations, audits, arrests, prosecutions, forensic accounting analyses and legal consequences. However, enforcement partners experienced some challenges related to the complexity of investigations and communication.

The RCMP's Marihuana and Clan Lab Teams/Proceeds of Crime have become more strategic and collaborative in their approach to investigations since the Strategy began. As investigations increase in complexity, the RCMP provides leadership and investigative tools that support ongoing enforcement efforts. The use of wiretaps and undercover operators is now common to project-oriented investigations. The increased manpower has enhanced intelligence-gathering and significantly increased the RCMP's ability to successfully disrupt and dismantle organized crime groups profiting from illicit drug production. MGO teams routinely work with Proceeds of Crime and Civil Forfeiture departments to seize offence-related property and proceeds of crime of those involved in the illicit production and sale of marihuana. The Clan Lab program works collaboratively with the Seized Property Management Directorate to ensure that seized assets are destroyed in an environmentally responsible manner and do not reach the hands of organized crime groups that are known to repurchase property seized by police. In 2010/11, MGO/Clan Lab Teams were involved with 46 project-oriented investigations and 1,022 other investigations.

The CRA undertook additional drug-related audits and recovered millions of dollars worth of federal taxes. The Agency completed 219 audits in the 2010/11 fiscal year related to the production and sale of drugs with over \$12 million of federal taxes and GST/HST reassessed.

The \$0.8 million in funding received from the Strategy accounted for 29 of these audits, with over \$4.7 million of federal taxes and GST/HST reassessed (compared to \$1.2 million in 2007/08).

FINTRAC disclosed a greater number of cases to law enforcement. In 2010/11, it disclosed 777 cases, including 199 unique cases that related to at least one drug-related offence, compared to disclosing 556 cases in 2008/09. In 2009/10, FINTRAC shifted its management of compliance operations from focusing on outreach and awareness to focusing on compliance enforcement. As a result, the number of compliance examinations conducted in this year showed over 50% increase.

In 2010/11, PWGSC's FAMG continued to provide services to the RCMP on three particular files identified in 2006/07 as well as on other Strategy files. By providing specialized services, it has enhanced forensic accounting analyses in linking criminals' assets to proceeds of illicit drug production and distribution. FAMG remained at the forefront of forensic accounting techniques in unlocking complex schemes used by criminals to hide or launder the proceeds of illicit drug activities so as to assist the RCMP investigate, and the ODPP to prosecute, these illegal activities. Departmental representatives noted that in a number of cases when the forensic accounting report was provided, the case moved straight to plea bargaining.

In 2010/11, the ODPP handled 28,275 prosecution files that related to drug production, drug distribution offences, or both. This was a significant increase from 14,429 prosecution files in 2007/08.

The findings also highlight some challenges associated with the complexity of investigations involving organized crime groups. Although the complexity varies, most investigations are labour-intensive, time-consuming and require a thorough knowledge of the licit and illicit chemical industry. RCMP reported that the investigations related to MGOs have become more complex as criminal organizations adapt and expand operations to diversify their trafficking activities and attempt to evade prosecution.

In addition, departmental representatives noted that coordination and communication between CRA and RCMP should be improved in order for the departments to learn about each other's areas of expertise and strategic priorities. CRA noted that its work is hindered by legislative restrictions that result in its inability to share information and/or intelligence with law enforcement partners and other stakeholders. Moreover, departmental representatives said that

the departmental resource increase should be proportionate to their additional workload as a result of increased RCMP investigations.

4.2.3.6 Improving intelligence and evidence

Significant growing collaboration, aligned with increasing capacity, contributed to improved intelligence and evidence.

The RCMP improved intelligence and evidence by developing partnerships, connecting to international resources, and having dedicated expert staff in the field. It developed an engagement strategy with major source countries and participated in international groups that gather intelligence on precursors and monitor laboratory equipment. The RCMP received invitations to provide training from around the world, which indicates its expertise and success in areas of Clan Labs and precursor interdiction.

Through working with a broad range of stakeholders, the RCMP helped them to understand the key role of intelligence and how they can, and need to, work together to further intelligence goals. The RCMP also reported that since a synthetic drugs-focused intelligence analyst position was established at headquarters in 2007/08, synthetic drug monitoring and operational support have improved. Strategy-supported capacity improvements have enabled RCMP Clan Lab enforcement and response teams to broaden their focus and target higher levels of organized crime operations in this area. The increases have also enabled the RCMP to become involved in transnational production and smuggling files with many of the countries that had identified Canada as a source country for illicit synthetic drugs. Other key intelligence initiatives include the development of the 2008 Clandestine Laboratory Activity report, the development of a template to gather information on synthetic drugs and laboratory equipment in collaboration with the CISC and the CACP Organized Crime Committee, and other intelligence initiatives in collaboration with EUROPOL and the G-8. During the enforcement case study, the improved intelligence capacity that enables MGO teams to be more strategic in selecting high level organized crime groups for enforcement measures was also discussed.

In addition, departmental representatives noted that the quality of intelligence has improved as a result of collaboration among Enforcement Action Plan partners. For example, DAS has provided expert testimony in court when needed and FAMG helped to identify the financial details of a crime/criminal organization.

4.2.3.7 *Increasing safety in dismantling illicit drug operations*

Departmental representatives expressed the view that the RCMP follows appropriate health and safety standards in dismantling illicit drug operations and that DAS provided support and advice that contributed to a “no health risk environment” during the dismantlement operations. Representatives also suggested that there is a continued need to cover safety-related costs among enforcement partners. For example, CBSA has an ongoing need to provide the training and equipment needed to safely handle illicit drugs and precursors at the borders.

In addition, the RCMP Marihuana and Clan Lab Teams/Proceeds of Crime reported that there were no serious incidents or injuries from dismantling Clan Labs or MGOs between 2008/09 and 2010/11. All officers attended a stringent training program that entailed a two-week basic course followed by annual training (as per the *Canada Labour Code*) as well as training to be Site Safety Supervisors. Training procedures are regularly reviewed and updated to match new risks encountered in various types of labs. The need for health and safety risk management is paramount at MGOs and Clan Lab sites; it is a fundamental principle guiding the policy and procedures regarding dismantling illicit drug production sites.

4.2.3.8 *Increasing compliance/seizures and reducing risk/occurrence of diversion of precursor chemicals*

The RCMP prepares an annual drug situation report, which includes information collected from a number of agencies. Based on these reports, drug seizures in terms of quantities have fluctuated between 2006 and 2009 with increases in seizures of some substances (e.g., heroin, opium) but decreases or few changes in seizures of other substances (see Table 11).¹¹¹

Table 11: RCMP Report on the Illicit Drug Situation in Canada 2009: Canada Drug Seizure Data

	2006	2007	2008	2009
Cocaine	2,676 kg	2,630 kg	2,263 kg	2,373 kg
Hashish	27,730 kg	227 kg	899 kg	9,667 kg
Hashish Oil	1,060 kg	115 kg	761 kg	241 kg
Heroin	93 kg	112 kg	102 kg	213 kg
Khat	13,917 kg	28,270 kg	22,710 kg	19,003 kg
Marihuana	1,749,057 plt/ 13,154 kg	1,878,178 plt/ 49,918 kg	1,828,861 plt/ 37,169 kg	1,845,734 plt/ 34,391 kg
MDMA (Ecstasy)	3,000,347 units	1,374,592 units	1,494,769 units	954,929 units

¹¹¹ Royal Canadian Mounted Police. 2010. Report on the Illicit Drug Situation in Canada — 2009, p. 45. Accessed January 9, 2012 from <http://www.rcmp-grc.gc.ca/drugs-drogues/2009/drug-drogue-2009-eng.pdf>.

Methamphetamine	59 kg	170 kg/ 9,000 tablets	109 kg/ 52,142 tablets	79 kg/ 62,307 tablets
Opium	124 kg	148 kg	108 kg	338.46 kg Dode: 17 tonnes

Note: Seizure data is based on information collected from a variety of sources, including RCMP databases, CBSA information, and HC's Controlled Drugs and Substances Database.

However, data related to the RCMP's Marihuana and Clan Lab Teams/Proceeds of Crime indicate an increase in the number of MGOs and Clan Labs dismantled (Table 12).

Table 12: RCMP – Profile of Dismantled Drug Operations

Year	MGOs: Number dismantled	MGOs: Number of plants, kg seized	Clandestine Labs: Number dismantled	Clandestine Labs: kg substances seized
2007/08	138	95,924 plants, and 1,202 kg of marihuana bud	22	>90 kg of methamphetamine 95 kg of MDMA
2008/09	257	182,404 plants and 6,447 kg of marihuana bud	20*	>150 kg of methamphetamine 615 kg of MDMA
2009/10*	385	151,782 plants and 521 kg of marihuana bud	<i>Data not available</i>	<i>Data not available</i>
2010/11	512	274,798 plants and 304 kg of marihuana bud	59	113 kg of methamphetamine, 73.9 kg of MDMA, 182 kg of red phosphorous, 43.5 litres of GHB/GBL mix, and 110,000 tablets of methamphetamine

**Of the 20 Clan Labs dismantled, 6 were capable of producing an excess of 10 kg of finished drug product, per production cycle.*

In addition, CBSA seizures have almost doubled (from 377 seizures in 2008/09 and 338 in 2009/10 to 678 seizures in 2010/11), which is attributed to the introduction of a dedicated Desk Head, workshop and information sessions with frontline officers, and strengthened precursor intelligence network. As of 2010/11, the joint CBSA/RCMP initiative has resulted in key seizures, including an arrest and seizure of 900 grams of sodium gamma-hydroxybutyrate (GHB) in Ottawa, and a seizure at a residence in Sainte-Thérèse, Quebec of GHB, cannabis, psilocybin (magic mushrooms), tablets of methamphetamine, precursors used to manufacture other psychotropics, as well as a large sum of cash and two firearms.

HC's OCS also reported an expansion of its inspection program, which resulted in the inspection of over 95% of the Class A Precursor Licensed Dealers since 2007/08. As a result, in 2010/11, 1,452 instances of potential diversion of precursor chemicals were reported compared to 78

instances in 2007/08. The OCS also accomplished 2010/11 inspections using a risk-based model that recognizes risks that need to be managed as well as when controls need to be introduced to mitigate the risk of precursor chemicals and controlled substances being diverted to the illicit market. In addition, the number of authorizations for the destruction of seized goods increased from 118,006 in 2006/07 to 139,902 in 2010/11.

Departmental representatives noted that it is difficult to attribute these impacts (e.g. the volume of drugs seized) directly to the Strategy. They explained that there is a wide variety of resources and factors which may contribute to the resulting impacts, and it is not possible to separate the impacts that are directly attributable to the activities of the Strategy from those that are attributable to other resources or factors. Representatives also expressed reservations about the appropriateness of certain indicators, noting that not all results are quantifiable (e.g. it is difficult to measure the impact of pieces of intelligence on an investigation), some indicators do not reflect Strategy success (e.g. the number of charges is not necessarily indicative of success given that, even when there is no arrest or charge, enforcement efforts could disrupt drug activities, result in a seizure, or prevent the transfer of funds), and certain impacts cannot be measured in the short-term (e.g. investigations can last a number of years).

4.2.3.9 Increasing dismantling disruption of organizations/operations related to illicit drug production and distribution

Illicit drug organizations/operations were dismantled and disrupted using various approaches (e.g. developing CHEM WATCH, reducing financial incentives). However, tracking the number of charges is a challenge.

In 2010/11, 24 criminal organizations and 216 individuals were identified by MGO teams. The majority of these individuals are tied to organized crime groups that operate inter-provincially and/or internationally (mainly in the United States). MGO teams disrupted the operations of 8 of the 24 different criminal organizations and arrested 208 of the 216 individuals identified. The Clan Lab teams disrupted the operations of 15 different criminal organizations by dismantling labs, seizing chemicals and assets, and effecting arrests. Many of these groups are transnational in nature. It is difficult to report an exact figure linking investigations to charges laid and convictions obtained as charges are often dropped or mitigated. In other cases, MGOs and Clan Labs are dismantled and disrupted without individuals being identified or charged. Departmental representatives also noted that charges do not reflect the full impact of activities as labs could be dismantled and disrupted without individuals being charged.

The enforcement case study also highlighted the development of the CHEM WATCH Program by the RCMP to work with legitimate industry and educate manufacturers to explore methods to minimize the possibility of diversion of Class A precursors and products containing key precursors. This program has seen some significant successes thus far as reports on suspicious purchases of microcrystalline, a binding agent for tablets, led police to “super” labs in Toronto and Montreal.

The Strategy has supported the increased involvement of FINTRAC, CRA and FAMG in disrupting illicit drug operations/organizations by targeting financial activities and taking away the incentive and ability to commit crimes. FINTRAC analyses have assisted in visualizing the dynamics behind the financial transactions conducted as well as associated companies, and in identifying new parties that were involved in transactions. CRA activities disrupt operations by performing lifestyle audits and taking away the financial resources of criminal organizations. FAMG plays an important role in helping to take away assets related to criminal activities as well as the immediate amounts that have already been seized.

Departmental representatives noted some challenges associated with disrupting and dismantling organizations/operations related to illicit drugs. They highlighted the time it takes to ramp up enforcement activities noting that an intelligence cycle can take several years, and criminal investigation cycles can be even longer, all of which have an impact on their ability to report on performance.

4.2.3.10 Reducing health, safety and security risks associated with illicit drug production seizure and dismantling operations

Safety in dismantling illicit drug operations improved as a result of training police officers and people who are closely involved in dismantling operations, raising awareness among the general public and as a result of the advice provided during dismantling operations, such as on the use of appropriate safety equipment on intervention sites.

During the enforcement case study, it was explained that the National Coordinators for MGOs and Clan Labs were heavily involved in the development, update and delivery of courses related to safety issues in dismantling illicit drug operations offered to law enforcement agencies across Canada and internationally. They also work closely with the Canadian Police College and other training institutions like the Ontario Police College. Courses, workshops and presentations on risks associated with chemicals or MGO installations are also provided to non-law enforcement agencies like HC, Real Estate Associations, and Canadian Home Inspectors Associations.

Along with the creation of the MGO teams, the RCMP invested in specialized equipment to ensure the safety of police officers and surrounding areas when dismantling Clan Labs and grow operations. For example, the RCMP purchased specialized vehicles and equipment such as mobile trailers, tow vehicles, all-terrain vehicles, respiratory equipment and chemical-resistant suits. Over 200 indoor grow operations were disrupted by the MGO teams, most of which were required to undergo some level of health and safety remediation for mould/chemical damage, electrical hazards and/or structure modifications. HC's DAS assisted the RCMP with the safe shut-down and dismantling of seized Clan Labs. In 2008/09, the drug dosage units disrupted/seized were equivalent to 6.9 million units, which represent a significant increase from the 3.4 million dosage units seized/disrupted in 2007/08.¹¹²

Departmental representatives and stakeholders, active in this area, were asked about the overall success of the Enforcement Action Plan in achieving its objectives. Representatives explained that significant progress has been made towards disrupting and dismantling illicit drug operations, particularly with respect to synthetic drugs and the establishment of the Synthetic Drug Initiative. Notable progress was also reported in terms of improved intelligence as a result of increased capacity amongst the enforcement partners, increased collaboration on investigations, identification of emerging issues such as the illicit use of pharmaceuticals, and development of ad hoc partnerships within the enforcement partners for particular purposes (for example, the recent CBSA/RCMP joint project to enhance their intelligence capacity, which resulted in increases in illicit drug seizures and arrests). The enforcement case study also described multiple levels of partnerships that have been developed in the operations of MGO and Clan Lab teams. Another successful aspect of this action plan included international activities such as capacity-building and data monitoring of synthetic drugs and precursor chemicals (i.e., Global SMART-Synthetics Monitoring Analysis Reporting and Trends). Stakeholders also noted the progress made in shifting the focus of enforcement more towards addressing the distribution of illicit drugs as opposed to targeting illicit drug users.

The representatives noted some challenges and limitations associated with the Enforcement Action Plan. For example, there are significant challenges with respect to measuring impacts given that investigations can take a long time, the results are not always quantifiable and it is often difficult to isolate the impact of Strategy funding from other sources of funding available for their activities. Another challenge noted by enforcement partners is that the system for amending regulations with respect to precursor chemicals can take up to 24 months and does not allow law enforcement to respond quickly enough. Finally, representatives noted that, given the

¹¹² Data on 2009/10 and 2010/11 dosage units disrupted/seized are not available.

magnitude of this issue, there is much work left to do with respect to the manufacture, production, export and import of illicit drugs in Canada.

4.3. Demonstrated Efficiency and Economy

This section presents a synthesis of the evaluation findings obtained through the interviews, document review, cost-efficiency analysis, and literature review to address the evaluation questions with regards to the efficiency and economy of the Strategy, as well as the potential opportunities for improvement going forward.

4.3.1. Efficiency of the Strategy

Given the size, complexity and early stage of development of the Strategy, it is not yet possible to comment conclusively on its overall efficiency and economy. However, based on the document review and field research, it is possible to comment on the efficiency of the Strategy as a whole as well as factors that have contributed to, and constrained, its efficiency.

The efficiency of the Strategy benefited from building on existing resources and adding new programming to fill various gaps. The new initiatives under the Strategy were designed to complement previously existing activities, securing the participation of a broader range of departments, particularly with respect to enforcement. The nine new components have enhanced effectiveness and efficiency of the Strategy by focusing on improving the investigation and disruption of illicit drug operations (i.e., CBSA, CRA, PWGSC, FINTRAC, and ODPP), raising public awareness about the use of illicit drugs (i.e., Mass Media Campaign), providing at-risk youth with alternatives (NYIDP), and identifying evidence-based initiatives and best practices (CIHR-Research on Drug Treatment Models). However, more time must elapse before the full impact of the new initiatives will be evident.

A clear focus on illicit drugs and target groups also contributed to the Strategy's efficiency by focusing specifically on illicit drugs, youth and other at-risk and vulnerable populations. Although the focus of the Strategy on illicit drugs has created some challenges, particularly for the prevention and treatment action plans, to disseminating funds among eligible projects and programs, departmental representatives explained that having a clear focus on illicit drug and target groups contributes to its success. They noted that the Strategy complements similar programs that exist at the provincial/territorial, municipal and community level and focus on more than just illicit drugs (e.g. tobacco, alcohol and other substances). In addition, departmental

representatives noted that the focus on illicit drugs, combined with the three-pronged approach involving prevention, treatment and enforcement, worked well and allowed partners to tackle illicit drug problems from different angles and to work multilaterally.

4.3.2. Leveraging Support for Strategy Projects

Individual components have enhanced cost efficiency of the Strategy by leveraging funding from other sources, developing partnerships and working closely with other departments and stakeholders.

The results of the document review, interviews, and case studies highlight various instances through which the Strategy has been able to make effective use of available resources. Through the cost-efficiency templates, some programs reported leveraging funding from other programs; for example, the NCPC leveraged over \$1 million in funding from other sources to support prevention initiatives. DOCAS reported creating and maintaining over 3,000 partnerships with other police agencies/detachments, provincial, territorial, municipal, Aboriginal, and non-governmental partners; these partnerships enabled DOCAS to make effective use of local resources while empowering community agencies and individuals to take ownership and responsibility for addressing substance abuse-related problems in their communities. DOCAS also reviewed all of its programs in relation to the Developmental Assets framework to ensure that its prevention projects facilitate strengthening of developmental assets amongst youth.¹¹³

Treatment Action Plan components, including DTCFP, YJADS, and DTFP, also enhanced cost efficiency of the Strategy through creating partnerships. Departmental representatives noted that certain DTCs benefited from partnerships with provincial governments. Some YJADS-funded projects have been continued with other sources of funding or have contributed to the development of new provincial projects and initiatives. DTFP funding recipients also leveraged program funding through the dedication of in-kind resources.

Within the Enforcement Action Plan, Strategy funding was used to enhance the cost efficiency of operations across a range of partners such as DAS, the RCMP and CBSA. DAS increased its cost efficiency through lab renovations and increased FTE resources. These improvements enabled DAS to eliminate its backlog of unanalyzed exhibits and to improve its average number of days

¹¹³ The Developmental Assets framework for positive youth development is widely accepted research outlining key factors that increase protective factors or resiliency in youth. Developed by the Search Institute™, the framework is based on over 800 studies of youth development. This provides a consistent approach to prevention at the community level.

to respond to a request from 90 days to 64 days. The RCMP undertook strategic partnership and awareness activities, which represented a cost-efficient approach. For example, it developed the Chem Watch Program to work with legitimate industry in order to minimize the possibility of diversion of precursors. This program resulted in significant successes, including reports on suspicious purchases of microcrystalline, which led police to “super” labs in Toronto and Montreal. In addition, the joint RCMP and CBSA project enhanced their capacity and resulted in increased illicit drug seizures in 2010/11. Stakeholders noted that contributing to multilateral organizations such as the UNODC and OAS-CICAD is a cost-efficient approach for several reasons: the UNODC has comparative advantages in technical competencies in knowledge, data collection, research and analysis; the UNODC has many offices in Latin America and is the only organization actively building capacity with respect to amphetamine-type stimulants (ATS) in the region; funding these organizations is much more cost-efficient than having multiple bilateral agreements, and the funding allows Canada to easily access global drug information.

4.3.3. Tax Revenues

Federal taxes collected and assets seized as a result of CRA Special Enforcement Program and FAMG activities have offset some of the costs of the Strategy. From 2007/08 to 2010/11, the Strategy invested \$3.2 million in the Program; in turn, the CRA has assessed over \$10 million through federal taxes and GST/HST (i.e., over a 300% return). PWGSC - FAMG also plays an important role in helping to take away assets, including money, from those who take part in criminal activity.

4.3.4. Internal Factors constraining the Overall Efficiency of the Strategy

In the short term, the efficiency of the Strategy was constrained by a number of factors including: the challenges associated with creating such a large, complex horizontal initiative; the time required to establish new components or expand the capacity of existing activities; and the inability to redistribute funding across components. Efficiency has also been impacted by certain regulatory issues, competing priorities, the low profile of the Strategy, and the limited availability of complementary services in some regions or communities.

Because they involve multiple partners, horizontal initiatives are more difficult to create and manage than programs conceived and delivered by a single department. To illustrate its complexity, the Strategy was compared with other horizontal initiatives within the federal government such as the Federal Tobacco Strategy, Youth Employment Strategy, Federal

Initiative to Address HIV/AIDS, and IPOC in Canada. The results reveal that, even relative to other horizontal initiatives, the Strategy is unique and very complex in terms of the number of departments participating; it is relatively new; it has far-reaching objectives (which makes it more difficult to measure performance); and it encompasses a three-pronged approach of prevention, treatment and enforcement (in contrast, for example, the Federal Tobacco Strategy focuses primarily on prevention while the Federal Initiative to Address HIV/AIDS focuses primarily on prevention and treatment). Although it took time and considerable effort to establish governance structures and develop strong relationships between partners, these two factors are now considered as major strengths of the Strategy.

Additionally, there can be significant challenges associated with introducing new components or expanding the capacity of pre-Strategy programs. It takes time to create program structures, guidelines, operating procedures, and to build relationships and awareness among key stakeholders or target groups. In addition, new programs and new responsibilities often create the need for additional staff and training. As highlighted in the previous sections, there were significant increases in capacity particularly within components of the Enforcement Action Plan. At the RCMP, staffing challenges were exacerbated by the necessity to hire new recruits able to meet extensive security and training requirements (e.g. MGO/Clan Lab Teams require additional mandatory training). Some departmental representatives noted that available staff resources were not sufficient to fully meet the demand for services. DTCs also reported some difficulties in providing specialized programming given existing staff levels.¹¹⁴ PS reported that staff turnover had an impact on its capacity to undertake additional activities in support of the Strategy.

Under the terms and conditions of the funding, there is limited flexibility to redistribute budgets across components. Departmental representatives explained the challenge of not being able to redistribute funding between different programs or departments in response to changing priorities or when funding for one program was going to lapse. Although greater flexibility in terms and conditions may theoretically have made it easier for different programs to collaborate operationally on specific programs or issues, such flexibility is unlikely to occur as each department is responsible and accountable for the resources allocated to it under the Strategy.

¹¹⁴ Department of Justice Canada. 2009. Drug Treatment Court Funding Program, Summative Evaluation. pp. iv and 26. Accessed January 9, 2012 from <http://canada.justice.gc.ca/eng/pi/eval/rep-rap/09/dtcfp-pfttt/index.html>.

4.3.5. External Factors Constraining the Overall Efficiency of the Strategy

Certain regulatory issues can also impact efficiency by making it more difficult for partners to respond to new developments or to share information. In particular, departmental representatives noted the time required to implement amendments to the CDSA (in response to emerging precursor chemicals and illicit drugs), and the impact of the *Privacy Regulations* on the sharing of information across federal departments.

Some departmental representatives also suggested that the low public profile of the Strategy has impacted efficiency by reducing stakeholder involvement and interest in the Strategy and creating difficulties in developing partnerships and collaboration with local sources, particularly with respect to the Treatment Action Plan. There was no dedicated budget for promotional activities and for raising the profile of the Strategy among stakeholders, target groups or the broader public. In focus groups, departmental representatives noted that aside from the main Strategy website, which was supported by the Department of Justice, there were no marketing and promotional materials, either web-based or paper, developed to promote the Strategy. Furthermore, some individual components and projects did not feature the Strategy prominently in their marketing and communication activities. As a result of the low profile, it was perceived among stakeholders (strongly expressed in the learning circles and external stakeholder interviews) that the Strategy places a much greater emphasis on enforcement than treatment and prevention.

In addition, the efficiency of certain components or projects is dependent on the presence of other services, which may not be available in some regions and communities. It was noted during interviews and focus groups that the ability of some programs to generate their intended outputs (e.g. referrals to other resources in the community) is dependent on the existence of other services that are not part of the Strategy. For example, given that the NYIDP was intended to improve referrals of youth to treatment, its efficiency in generating the intended outputs depends in part on the availability of treatment services in a community. In the focus groups, it was mentioned that an environmental scan was required prior to implementing this program in a jurisdiction. Departmental representatives also explained that treatment for First Nations and Inuit people requires partnerships between provinces/territories and the federal government (e.g. the province/territory provides detox and the federal government offers residential and community treatment services). However, when a First Nations or Inuit person is addicted to a substance that may require medically assisted withdrawal management (e.g. heroin), most treatment centres require the person to undergo detoxification prior to being admitted into

longer-term treatment. This situation can be an impediment because, in some provincial/territorial jurisdictions, such services are not readily available.

4.3.6. Appropriateness of the Strategy Model to Support the Objectives

The three-pronged approach is an efficient model, delivering an appropriate mix of policies, programs and services, and it is consistent with approaches undertaken in other countries. A balanced approach that includes prevention, treatment and enforcement is strongly supported by departmental representatives and stakeholders. The major advantage of this approach is that it enables partners to take a multilateral approach tackling the illicit drug problem from different angles, simultaneously working on both demand and supply reductions. According to the departmental representatives interviewed, the fact of having three separate action plans contributes to efficiency by allowing each partner to focus on their own specific activities, target groups and objectives, while at the same time contributing to the broader objectives of the Strategy.

Reviews of the literature and drug strategies in other countries also suggest that the Strategy is following a model that has proven to be effective and efficient.¹¹⁵ In addition, a comparison of the Strategy with similar strategies implemented in eleven other countries reveals that most countries employ a multi-faceted approach that incorporates prevention, treatment and enforcement although the structure and relative emphasis on each element vary. For example, some countries focus more heavily on treatment and harm reduction policies (e.g. the Netherlands and Portugal) with the rationale that complete abstinence is not realistic, and that it is important that policies minimize the harm caused to society and the individual drug user, so as not to marginalize them. Other countries (e.g. USA) place a greater emphasis on prevention and particularly on enforcement strategies. Similar to the Strategy, some countries place a strong emphasis on community capacity-building (e.g. UK). All eleven countries have strategies to reduce the supply and demand of illicit drugs while focusing on youth.

¹¹⁵ See, for example, Stevens, A., Trace, M., Bewley-Taylor, D. 2005. "Reducing Drug Related Crime: an Overview of the Global Evidence." The Beckley Foundation Drug Policy Programme; and European Commission. 2010. Report from the Commission: 2010 progress review of the EU Drugs Action Plan (2009-2012). Accessed January 9, 2012 from <http://www.statewatch.org/news/2010/nov/eu-com-drugs-report-com-630-10.pdf>.

4.3.7. Appropriateness of the Governance Structure

When asked about the strengths of the Strategy, departmental representatives commonly identified the effective governance structure, committed leadership, and the high level of communication within and across participating departments as well as with other organizations and stakeholders. More specifically, the governance structure of the Strategy is effective in facilitating communication, collaboration and cooperation among partners. Representatives highlighted the importance of regular communication among partners and having all departments involved in both program-level and DG/ADM-level committees to ensure that the Strategy remains a priority within the participating departments. Although there was an adjustment period as Justice Canada took on the lead role under the Strategy, departmental representatives noted that the strong leadership and commitment of senior staff from Justice Canada (particularly in fostering relationships among partner departments and buy-in from key ADMs) greatly contributed to the success of the Strategy. In addition, there is broad support for the model in which Justice Canada focuses primarily on leading the Strategy while other partners focus primarily on their own components within the context of the broader action plans.

Similarly, various stakeholders highlighted the commitment, competence and buy-in of staff, partners and communities and, more broadly, the federal government's leadership and its commitment to establishing and implementing a national strategy. Departmental representatives and stakeholders commonly identified information sharing and collaboration between federal, provincial/territorial, municipal and community-level partners as a key to success. For example, the DTCs benefited from sharing information and regular collaboration, formally and informally, among the sites to solicit advice from their counterparts. Enforcement partners benefited from increased communication and information sharing to identify emerging issues. The NNADAP renewal process was a collaborative, grassroots initiative where First Nations and government worked together to guide all activities. This process underscored the importance of including indigenous cultural understandings in all aspects of service delivery and design. CCSA coordinated partners and stakeholders to develop national standards for prevention. Stakeholders noted that the success of the Strategy management can be seen through the growth of the programs, the development of partnerships and subsequent discussion. During focus groups, departmental representatives highlighted the effectiveness of ad hoc meetings as well as workshops and conferences in sharing information and best practices arising from Strategy programs. The summative evaluation of the DTCFP (2009) also indicated the usefulness of roundtables and conferences in sharing best practices. Stakeholders explained that the

involvement of many experts and use of best practices contributed to the efficient delivery of the Strategy programs.

4.3.8. Better Ways of Accomplishing the Strategy's Objectives

Key informants and focus group participants provided suggestions on how to improve the efficiency and the accomplishment of the Strategy's objectives in the future. The major themes are summarized below:

- **Communication and coordination between demand and supply reduction activities.** Concerns were raised in the interviews and focus groups about how demand and supply reductions are working in silos resulting in a disconnection and imbalance in the Strategy. Departmental representatives suggested that ad hoc meetings, conferences and workshops focused on specific issues could be an effective vehicle to improve the coordination of supply and demand reduction activities, as well as the collaboration and communication across the three action plans, particularly with respect to emerging issues. Efforts should also continue to further coordination of the activities of components within action plans. In focus groups, it was suggested that having joint terms and conditions could help the programs target common objectives. It was also suggested that collaboration could be enhanced by establishing an internal website for the Strategy, which would contain key background documents and a wiki directory through which participating departments could regularly update lists of their key contacts involved in the Strategy. Such a site would be particularly useful for staff members recently assigned to Strategy programs.
- **Efforts should be made to coordinate and strengthen knowledge transfer activities** Although the Strategy has been successful in developing knowledge by supporting innovative pilot projects, undertaking research, and identifying best practices or lessons learned, it is important to recognize that the eventual impact of those projects is dependent on the ability to transfer that knowledge to other parties and for them to act on it. With respect to the former, both departmental representatives and stakeholders identified challenges in disseminating knowledge, best practices and research findings to potential users. With reference to the latter, there is concern that funding constraints at the provincial and territorial level may mean, for example, that some very successful pilot projects will not continue once federal funding ends.
- **The Strategy should continue to build on its evidence-based approach.** Stakeholders highlighted the importance of evidence-based programs that focus on the root causes of drug

abuse and its related activities, building on research and best practices from Canada and internationally, and placing a strong emphasis on evaluation to make the Strategy more evidence-based.

- **The Strategy should further strengthen its international focus.** Stakeholders referred to a need for greater coordination in efforts across countries, particularly when targeting sophisticated criminal networks, and increased diversity of precursor chemicals, as well as greater sharing of research, effective models and best practices.

Other suggestions to improve the Strategy included undertaking greater consultation with the provincial/ territorial governments and communities to improve understanding of and capacity to address current needs, further linking mass media campaigns with community programming, increasing the level of funding for communities and at-risk populations, and simplifying application processes for funding programs.

5. CONCLUSIONS, RECOMMENDATIONS AND MANAGEMENT RESPONSE

This chapter summarizes the major conclusions and presents the recommendations and management responses arising from the findings of the evaluation.

5.1. Conclusions

1. There is a strong continuing need for the National Anti-Drug Strategy, nationally and internationally.

Illicit drug use is a continued concern for Canadians, particularly given the involvement of youth and other vulnerable populations, the economic costs, concerns regarding emerging issues, and a desire for safer and healthier communities. Justice Canada's 2008 report on the *Costs of Crime in Canada* estimated that the costs associated with illicit drug use in Canada totalled \$1.3 billion in additional health care costs for illicit drug users, \$2 billion in justice-related costs (police, courts, and correctional services), and \$5.3 billion in productivity losses for illicit drug users. Emerging issues such as illicit use of pharmaceuticals, drug-impaired driving, and major local drug issues (e.g. MGOs, compassion clubs, and gang migration) have been highlighted as areas requiring attention. In addition, Canada has a role to enhance international cooperation and to respond to the production and trafficking of illicit drugs, particularly marihuana and synthetic drugs. There was consensus amongst evaluation participants that there is a continuing need for programming that contributes to a reduction in demand for illicit drugs and disruption of illicit drug operations in a safe manner, while targeting criminal organizations at the national and international levels.

2. The Strategy is consistent with the Government of Canada's priorities and roles and responsibilities.

The relevance of the Strategy and its alignment with the Government of Canada's priorities have been demonstrated through recent Throne Speeches (2011, 2010 and 2007) as well as the government focus on tackling crime and creating safer and healthier communities. The role of the federal government is founded in key legislation and international conventions and protocols in areas relevant to the Strategy's activities. All groups of interviewees indicated that the federal

government is uniquely positioned to provide leadership (e.g. strategic direction, framework, standards, best practices, legislation and regulations), support (e.g. funding and information) and coordination, complementing the service delivery activities of the provincial and territorial governments as well as other stakeholders.

3. Progress has been made in key areas such as engaging youth and First Nations and Inuit communities.

Many aspects of the Strategy were successful in engaging youth in program activities and services. Stakeholders explained that some activities funded under the Strategy (e.g. NYIDP, DOCAS-ASP) have changed the relationship between police officers and youth by introducing officers as a source of information and support when youth need help. Youth participants in various NCPC and DSCIF projects reported their intent to continue contributing to, or participating in, the project on an ongoing basis. Departmental representatives highlighted the effectiveness of the Mass Media Campaign's use of social media (e.g. Facebook, YouTube, etc.) in engaging youth to post comments and share stories online as an important best practice.

Stakeholders noted that the NNADAP renewal process was effective in engaging First Nations communities in federal initiatives as well as in improving the quality and relevance of treatment services for First Nations and Inuit people. They explained that the NNADAP renewal process built strong momentum by developing a system-based approach and providing effective methods, particularly with respect to culturally based interventions.

4. The three action plans of the Strategy have demonstrated progress in moving towards their targeted outcomes. However, bringing about significant change in public opinion and behaviour and creating healthier and safe communities take time.

The Prevention Action Plan has been successful in increasing awareness and understanding of illicit drugs and their consequences, and in developing supports for targeted populations. In particular, the Mass Media Campaign and DOCAS have shown significant impacts in increasing awareness and understanding of illicit drugs, and NCPC and DSCIF have enhanced supports for targeted/at-risk populations to make informed decisions about illicit drug use. Components of the Prevention Action Plan developed publications, resources and tools for different purposes and scopes. Although knowledge has been created and made available, more time and effort are required for communities to uptake the knowledge. A CCSA survey identified that community responses to illicit drug issues could be strengthened by identifying programs that match their needs as well as their organization's mandate. Establishing a centralized resource of information

on youth drug prevention programs and learning about program planning, implementation, evaluation, best practices, partnership models, and creative ways to reach target audiences can also improve the community uptake and capacity. In addition, it was suggested that prevention activities could be strengthened by placing a higher priority on reaching at-risk youth in the communities most in need as well as using a variety of channels to influence the decisions of the target populations. Overall, the evaluation participants think that it is too early to observe and measure changes in public opinion and behaviour or to attribute changes to the Prevention Action Plan.

Components of the Treatment Action Plan enhanced the capacity to plan and deliver treatment services and programs. Despite major delays in implementation, HC's DTFP provided funding to strengthen treatment systems and services in six provinces and one territory and secured the support and participation of provincial and territorial governments as well as treatment service providers. HC's NNADAP supported improvements in the quality, effectiveness and accessibility of services, including innovative and collaborative approaches to addiction treatment for First Nations and Inuit. The NNADAP Framework reflects a continuum of care approach that focuses collaboration across jurisdictions and profiles examples of highly effective and innovative programming that can be replicated in other communities. Research indicates that the Justice Canada DTCs have been successful in reducing drug use behaviour and contributing to a reduction in criminal recidivism compared to conventional justice system responses. The RCMP's NYIDP provided tools and training at eight sites to enable frontline members of RCMP to consider alternatives to charging youth and to refer them to community/treatment programs. Justice Canada's YJADS enhanced the capacity of treatment services through funding training and research projects related to youth offender intervention/treatment for illicit drugs. CIHR's Research on Drug Treatment Models expanded addiction research to many related areas and examined the capacity of treatment system for knowledge translation. The Treatment Action Plan also enhanced provincial and territorial commitments in some areas but there are concerns about the sustainability of projects once federal funding ends. The uptake of successful pilot projects and identified best practices by treatment systems was a main concern among evaluation participants.

Finally, all lines of evidence suggest that the Enforcement Action Plan has made progress in increasing capacity for drug enforcement and prosecution of illicit drug producers and distributors. The Plan has also increased the capacity of Strategy partners to gather and share intelligence and to analyze evidence. It had significant success in developing partnerships particularly among the RCMP, CBSA, CRA, FINTRAC, PWGSC-FAMG, and HC-DAS.

Annual contributions to the UNODC and OAS-CICAD also improved global capacity. The evaluation results revealed that the Action Plan raised awareness of illicit drugs and precursor chemical issues among enforcement officers in Canada and abroad through workshops, training and information sessions conducted by many partners, including PS, the RCMP, HC-DAS, HC-OCS, CBSA and DFAIT. In addition, overall capacity to control and monitor controlled substances increased, particularly for the RCMP, HC-OCS and CBSA. The Strategy contributed to increased safety in dismantling illicit drug operations through training of police officers and people who are closely involved in dismantling operations, and it raised awareness among the general public.

The Strategy has been effective in identifying emerging issues such as the synthetic drug problem. Moreover, stakeholders indicated that enforcement officials are now better able to identify the emergence of new designer drugs (e.g. cathinones and cannabinoids) as a result of the Strategy. They also mentioned the role of the Strategy in increasing awareness, particularly in Latin America, of key issues and gaps. Other stakeholders highlighted the important progress made in shifting enforcement towards addressing the distribution of illicit drugs, rather than targeting those who use illicit drugs. In focus groups, departmental representatives highlighted the increasing attention given to the victims of illicit drugs and how their dependency affects communities. They added moreover, that one of the strengths of the Enforcement Action Plan is its flexibility in responding to new trends and emerging issues identified by partners.

Statistics indicate that there has been an increase in illicit drug seizures. For example, CBSA seizures almost doubled, which the Agency attributes to introducing a dedicated Desk Head, presenting a workshop and information sessions with frontline officers, and strengthening the precursor intelligence network. The RCMP reported a significant increase in the number of MGOs dismantled per year since 2007 while HC's OCS reported an increase in the diversion of precursor chemicals. However, there is currently little basis for estimating the extent to which these outcomes can be attributed directly to the Strategy.

Departmental representatives participating in focus groups highlighted the success of the Enforcement Action Plan in addressing drug-related issues and promoting the work of the Strategy at the international level. As a result of the Strategy, particularly through DFAIT and partner departments, Canada has been able to articulate clearly to the international community how it is responding to the drug problem. In addition, Canada has been recognized as a country that is working to address its own issues with respect to illicit drugs, emphasizing both demand and supply reductions through its three action plan approach.

5. Given the size, complexity and early stage of development of the Strategy, it is not yet possible to comment conclusively on its overall efficiency and economy.

Based on the document reviews and field research, it is possible to identify some of the major factors that have contributed to and constrained the efficiency of the Strategy. The Strategy has benefited from:

- Delivering an appropriate mix of policies, programs and services, which are consistent with approaches undertaken in other countries. Departmental representatives noted that having three separate action plans contributes to efficiency by allowing each partner to focus on its own specific activities, target groups and objectives, while contributing to the broader objectives of the Strategy.
- Building on existing resources and adding new programming to the Strategy to fill various gaps. Of the 20 components implemented under the Strategy, five are re-oriented programs, six are a combination of re-oriented and new programs, and nine components are new. The new initiatives complement previously existing activities while securing the participation of a broader range of departments and joint efforts particularly with respect to enforcement.
- Having a clear focus, strong governance structure and coordinated approach. The National Anti-Drug Strategy benefited from clarity with respect to its focus on illicit drugs, specific target groups (youth as well as other at-risk and vulnerable populations), and approach. When asked about the strengths of the Strategy, those involved commonly identified the governance structure, committed leadership, and the high level of communication within and across participating departments as well as with other organizations and stakeholders. In addition, by focusing on illicit drugs, the Strategy complements other similar provincial/territorial, municipal and community programs that have focus on more than just illicit drugs (e.g. tobacco, alcohol and other substances).
- Leveraging funding from other sources, making use of cost-effective approaches, and working closely with other departments and stakeholders.

In the short term, the efficiency of the Strategy has been constrained by a number of factors including the challenges associated with creating such a large, complex horizontal initiative, the start-up time associated with establishing new components or expanding the capacity of existing activities, and an inability to redistribute funding across components. Efficiency has also been constrained by certain regulatory issues (e.g. the process involved in implementing amendments to the CDSA), and the limited availability of complementary services in some regions or

communities. The low public profile of the Strategy may have had a negative impact on its efficiency by reducing the stakeholder involvement and interest in it.

5.2. Recommendations and Management Response

The evaluation supports the continuation of the National Anti-Drug Strategy and its three-pronged approach; however, there were some areas for improvement. This section discusses four issues arising from the evaluation and provides recommendations along with the management response.

Issue 1: Governance

When asked about the strengths of the Strategy, departmental representatives commonly identified the effective governance structure and committed leadership. More specifically, the governance structure of the Strategy is effective in facilitating communication, collaboration and cooperation among partners. Representatives highlighted the importance of regular communication internally among partners and having both program-level and DG/ADM-level committees to ensure that the Strategy remains a priority within the participating departments. Departmental representatives have noted that the strong leadership and commitment of senior staff from Justice Canada (particularly in fostering relationships among partner departments and buy-in from key ADMs) greatly contributed to the success of the Strategy. Although the governance of the Strategy was recognized as a strength, there have been several changes to the structures since 2007 with the creation of formal and informal sub-groups. Some unfunded partners identified at the outset of the Strategy have not been participating in any of the meetings; however, other unfunded federal partners were included in some committees.

Recommendation 1: It is recommended that the Policy and Performance Working Group, in collaboration with the other working groups and sub-groups, undertake a review of the governance structure. The review should include the membership and terms of reference for each committee, as well as the roles and responsibilities of each partner and the lead of each action plan.

Management Response:

Agreed.

Justice Canada will support the Policy and Performance Working Group in reviewing the governance structure, including terms of reference and membership of each committee and

working group, and in articulating the roles and responsibilities of each Strategy member department and each action plan lead.

At a 2012 meeting of the Policy and Performance Working Group, Justice Canada will lead a review of the governance structure, including terms of reference and membership, and will articulate the roles and responsibilities of the Strategy members and each action plan lead department. It is noted that the perspectives of non-Strategy federal partners, e.g., Public Health Agency of Canada, Aboriginal Affairs and Northern Development Canada, and Human Resources and Skills Development Canada (Homelessness Partnering Secretariat) continue to be welcome as part of the Policy and Performance Working Group. Justice Canada will also continue to reach out to federal partners who work on drug-related issues, e.g., Transport (Road Users Section) and Heritage (International Anti-doping Section), to ensure that their knowledge contributes to the efforts of the Strategy.

Issue 2: Coordination and Communication across Action Plans

Interviewees as well as case study and focus group participants commented on the significant progress made in terms of developing partnerships, fostering collaboration, and facilitating information-sharing among many different partners and stakeholders. Strong relationships were developed within departments, between federal departments, with other levels of government, with other stakeholders, and internationally. However, concerns were raised in the interviews and focus groups about how demand and supply reductions are working in silos, resulting in a disconnection in the Strategy. Departmental representatives suggested that ad hoc meetings, conferences and workshops focused on specific issues could be an effective vehicle to improve the coordination of supply and demand reduction activities and improve collaboration and communication across the three action plans, particularly with respect to emerging issues.

Recommendation 2: It is recommended that the Policy and Performance Working Group, in collaboration with the Prevention and Treatment Working Group and the Enforcement Working Group, identify opportunities to improve the communication across the three action plans.

Management Response:

Agreed.

The Policy and Performance Working Group, the Prevention and Treatment Working Group and the Enforcement Working Group will identify opportunities to improve communication across the three action plans.

Actions to implement this recommendation will include:

- At each of their 2012 meetings, the Policy and Performance Working Group, Prevention and Treatment Working Group and Enforcement Working Group will consider improving communications.
- Regular meetings will be held among representatives of Justice Canada, HC and PS to share information across action plans.
- A GCpedia site will be developed by Justice Canada to allow further sharing among the Strategy partners across the action plans.
- Other low-cost, ad hoc measures will be taken to share information, e.g., webinars.

Issue 3: Knowledge Transfer

Although the Strategy has been successful in developing knowledge by supporting innovative pilot projects, undertaking research, and identifying best practices or lessons learned, it is important to recognize that the eventual impact of those projects is dependent on the ability to transfer that knowledge to other parties and on their capacity to act on it. With respect to the former, both departmental representatives and stakeholders identified challenges in disseminating knowledge, best practices and research findings to potential users. Most dissemination activities targeted funding recipients of individual components, rather than potential users more broadly. With respect to the latter, there is concern that funding constraints at the provincial and territorial level may mean, for example, that some successful pilot projects will not continue once federal funding ends.

Recommendation 3: It is recommended that the Prevention and Treatment Working Group develop a mechanism for disseminating knowledge developed through the prevention and treatment components of the Strategy.

Management Response:

Agreed.

The Strategy partners will continue to devise ways to improve knowledge exchange about prevention and treatment interventions.

Actions to implement this recommendation will include:

- Creating an inventory of current knowledge exchange activities across the Strategy partners.
- Identifying successful best practices for exchanging knowledge, including among FPT governments.
- Developing a Strategy-wide knowledge-exchange strategy and implementing it.

Issue 4: Performance Measurement

Throughout the implementation of the Strategy, departmental representatives have regularly measured performance, and this information was used extensively in this evaluation. However, a number of challenges were identified with the existing performance measurement system. These include difficulties in aggregating impacts given the broad range of activities undertaken, attributing particular outcomes directly to the activities and outputs of the Strategy, and defining performance measures that fairly reflect the target outcomes of the programming. Component-specific evaluations will assess the progress made and identify lessons learned, best practices and opportunities to improve the effectiveness and efficiency of future activities and outputs.

Recommendation 4: It is recommended that the Policy and Performance Working Group and Sub-committee on Evaluation and Reporting build on the lessons learned during the first five years by reviewing and revising performance indicators and data sources. The review should simplify and prioritize the indicators and outcomes for each component, and ensure that they are relevant, measurable and attributable to the activities and outcomes of the component.

Management Response:

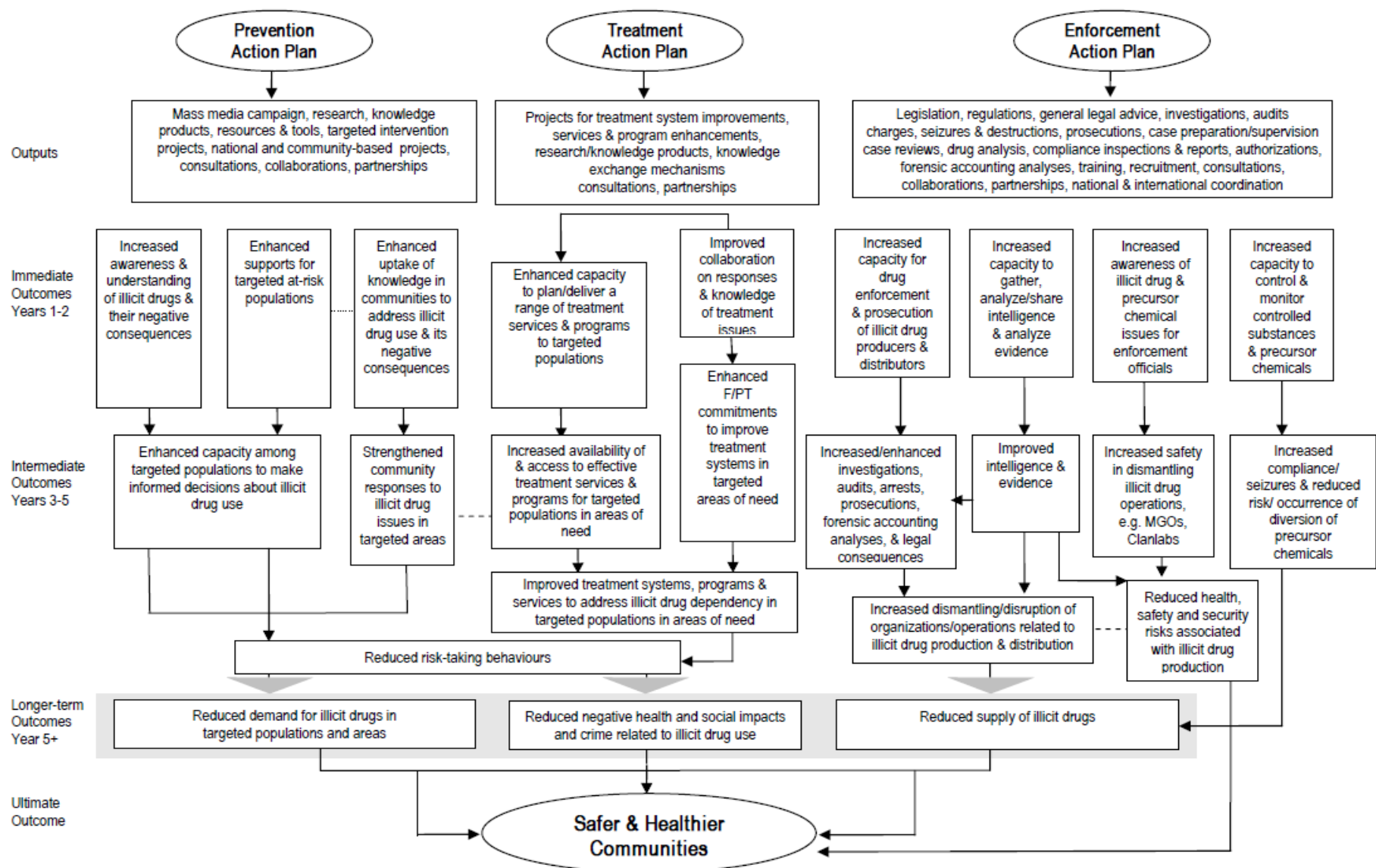
Agreed.

The Policy and Performance Working Group and the Sub-committee on Evaluation and Reporting recognize the importance of performance data and will review the performance indicators as part of the overall exercise to update the framework.

In 2012-13 the Sub-committee on Evaluation and Reporting, under direction from the Policy and Performance Working Group, will develop a performance measurement strategy. This exercise will provide an opportunity for the Strategy partners to review and revise the performance indicators to ensure that they are relevant, measurable and attributable to the activities and outcomes of the Strategy components. Given the maturity of the Strategy, effort will be made to shift the focus from reporting on activities to outcomes, which will better support the next evaluation. Furthermore, during this process, partners can review the timing of component-specific evaluations to ensure, where possible, that they are completed in time to support the next evaluation of the Strategy.

APPENDIX A:
National Anti-Drug Strategy Logic Model

National Anti-Drug Strategy Logic Model



APPENDIX B:
List of Evaluation Issues and Questions

List of Evaluation Issues and Questions

Categories	Evaluation Issues and Questions
Relevance	<ol style="list-style-type: none"> 1. Is there a continued need for the National Anti-Drug Strategy? 2. To what extent are the objectives and priorities of the Strategy still relevant in relation to federal priorities concerning illicit drug use? 3. Does the Strategy align with federal roles and responsibilities in this program area?
Effectiveness	<ol style="list-style-type: none"> 1. To what extent has the Prevention Action Plan achieved its immediate outcomes? <ul style="list-style-type: none"> • Supporting efforts to increase awareness and understanding of illicit drugs and their negative consequences • Developing enhanced supports for targeted/at risk populations • Contributing to enhanced community uptake of knowledge about how to address illicit drug use and its negative consequences 2. To what extent has the Prevention Action Plan achieved its intermediate outcomes? <ul style="list-style-type: none"> • Enhancing capacity of targeted populations to make informed decisions about illicit drug use • Strengthening community responses to illicit drug issues in targeted areas • Reducing risk-taking behaviour among targeted groups 3. To what extent has the Treatment Action Plan achieved its immediate outcomes? <ul style="list-style-type: none"> • Enhanced capacity to plan/deliver a range of treatment services and programs to targeted populations • Improved collaboration on responses and knowledge of treatment issues • Enhanced federal-provincial/territorial commitments to improve treatment systems in targeted areas of need 4. To what extent has the Treatment Action Plan achieved its intermediate outcomes? <ul style="list-style-type: none"> • Increased availability of and access to effective treatment services and programs for targeted populations in areas of need • Improving treatment systems, programs and services to address illicit drug dependency in targeted population in areas of need • Reducing risk-taking behaviours 5. To what extent has the Enforcement Action Plan achieved its immediate outcomes? <ul style="list-style-type: none"> • Increased capacity for drug enforcement and prosecution of illicit drug producers and distributors • Increased capacity to gather, analyze and share intelligence and analyze evidence • Increased awareness of illicit drug and precursor chemicals issues for enforcement officials • Increased capacity to control and monitor controlled substances and precursor chemicals 6. To what extent has the Enforcement Action Plan achieved its intermediate outcomes? <ul style="list-style-type: none"> • Increased/enhanced investigations, audits, charges, forensic accounting analyses and prosecutions • Improved intelligence and evidence • Increased safety in dismantling illicit drug operations • Increased compliance/seizures and reduced risk/occurrence of diversion of precursor chemicals • Increased dismantling/disruption of organizations/operations related to illicit drug production and distribution

Categories	Evaluation Issues and Questions
	<ul style="list-style-type: none"> • Reduced health, safety and security risks associated with illicit drug production, seizure and dismantling operations <p>7. Are there any unintended impacts, problems or gaps that have resulted from the implementation of the Strategy?</p>
<p>Efficiency and Economy</p>	<ol style="list-style-type: none"> 1. How cost-efficient is the Strategy (components of the prevention and treatment action plans, overall Strategy lead function)? 2. Does the Strategy represent the most appropriate mix of policies, programs and services for the federal government to contribute to the prevention of illicit drug use, treatment of dependency and reduction in the production and distribution of illicit drug crime? 3. To what extent is the way in which the Strategy is being managed (horizontal initiative) likely to support the achievement of its objectives? 4. Are there sufficient resources to manage the Strategy? 5. Are there better ways of accomplishing the Strategy’s objectives?

APPENDIX C:
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APPENDIX D:
Recidivism Study for Drug Treatment Courts

Recidivism Study for Drug Treatment Courts

Drug Treatment Courts (DTCs) provide an alternative to incarceration by offering the offender an opportunity to participate in a court-monitored, community-based drug treatment process. One of the expected outcomes of the DTC Funding Program is the reduction in criminal recidivism by the individuals who participate in a DTC program. Recidivism is defined, for the purpose of this study, as a new criminal conviction during and after completion or participation in the DTC Program.

An analysis was conducted to compare the rates of re-offending of individuals who participated in a DTC program (2004-2009) with two separate comparison groups: a) individuals who met the DTC eligibility criteria but who were arrested in a jurisdiction that does not have a DTC; and b) individuals who were eligible and referred to a DTC but who refused to participate in the Program. The DTC participants group was comprised of graduates of the Program, those who were terminated from the Program and those who were still in treatment.

The four recently established DTC sites (Ottawa, Winnipeg, Regina and Edmonton) provided information on the adult offenders referred to the DTC Program. The comparison group of the adult offenders (Halifax and Moncton) was comprised of offenders who have committed a non-violent crime and where it can be reasonably understood from the court/prosecution files that their crime was linked to their addiction.

A Cox-regression analysis was performed to analyze the data. The analysis controlled for gender, age at arrest, number and types of prior convictions and whether or not individuals participated in a DTC program. Pooling both comparisons groups, the analysis concluded that there are significant effects related to age, gender and number of prior violent convictions for the two groups. More specifically, the analysis demonstrated that the participants of the comparison groups have a 1.49 greater chance of re-offending compared with DTC Program participants ($p=0.023$). For every one-year increase in an individual's age, the risk/hazard of re-offending decreases by 2%; older offenders are significantly less likely to re-offend than the younger ones ($p=.016$). Male offenders have a 1.55 greater chance of re-offending than female offenders ($p=.016$). Each prior violent conviction increases the risk/hazard of re-offending by 4% ($p=.012$). Rates¹¹⁶ of re-offending were found to be lower among DTC Program participants at every point in time:

¹¹⁶ Recidivism rates are fitted from the proportional hazards model and are based on the average characteristics of the national sample.

- At one year, 34.5% of comparison group members had been convicted of at least one crime compared with 24.62% of DTC program participants.
- At two years, 52.77% of comparison group members had been convicted of at least one crime compared with 39.38% of DTC program participants.
- At three years, 60.63% of comparison group members had been convicted of at least one crime compared with 46.31% of DTC program participants.

An analysis of DTC participants that was conducted separately against each type of comparison group yielded similar results, but the level of statistical significance became marginal, largely due to the small sample size of the comparison groups. The participants who refused to participate in the DTC Program have a 1.65 greater chance of re-offending compared with the DTC Program participants ($p=.048$).

Graduates of the DTC Program were significantly ($p=.001$) less likely to re-offend than those who were terminated from the Program, the participants of the comparison groups and those who refused to participate in the Program. The risk of re-offending among those who were terminated from the Program was 9.2 times greater than the DTC graduates. For the participants who refused to participate in the Program, the risk/hazard of re-offending was 11.5 greater than the DTC graduates, and the risk/hazard of re-offending of the comparison group participants was 9.2 greater than the DTC graduates. In this model, there were also significant effects of age and prior violent convictions. Younger offenders (.012) and those with more prior violent convictions were significantly more likely to re-offend ($p=.000$).

Rates of re-offending were found to be significantly lower among DTC graduates at every point in time:

- At one year, 4.1% of DTC graduates had been convicted of at least one crime compared with 31.65% of the participants of the comparison groups, 31.64% of those who refused to participate in the DTC Program, and 37.7% of those who were terminated from the DTC Program.
- At two years, 6.99% of the DTC graduates had been convicted of at least one crime compared with 49.03% of the participants of the comparison groups, 49.01% of those who refused to participate in the DTC Program, and 56.79% of those who were terminated from the Program.

- At three years, 8.6% of the DTC graduates had been convicted of at least one crime compared with 56.66% of the participants of the comparison groups, 56.64% of those who refused to participate, and 64.7% of those who were terminated from the Program.

Study limitations include the small sample size of the comparison groups, the short period of follow-up for Program participants, and the likely existence of some immeasurable differences in the underlying characteristics of the treatment and comparison group members (e.g. motivation, employment and housing). However, the results of the study provide an indication that participation in a DTC program is statistically linked to a lower level of recidivism. These results support one of the expected outcomes of the DTC Funding Program, which is the reduction in criminal recidivism by the individuals who participate in a DTC program.

APPENDIX E:
Evaluation Instruments

**National Anti-Drug Strategy
General Interview Guide for Federal Government Representatives¹¹⁷**

On behalf of the Department of Justice, Ference Weicker & Company, a management consulting firm, is conducting an evaluation of the National Anti-Drug Strategy (the Strategy). As part of this process, we are conducting interviews with senior representatives from departments that have been involved with the Strategy. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In which of the three action plans have you been involved in a significant way?

- Prevention Action Plan
- Treatment Action Plan
- Enforcement Action Plan
- Other _____
- None of the plans
- Not sure

**Confirm the appropriateness of the interview guide (i.e., involved in more than one action plan).
Change to the appropriate guide if only involved in one action plan.**

2. What has been your role with respect to the National Anti-Drug Strategy?

¹¹⁷ This guide was used to interview the federal government employees who have been involved, in various degrees, in more than one of the Strategy's action plans.

3. How many years have you been involved with the Strategy?

_____ years

4. The specific objectives of the Strategy are:

- a) To support efforts to prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use and to develop and implement community-based interventions and initiatives to prevent illicit drug use;
- b) To support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches; and,
- c) To contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.

Are the objectives of the Strategy consistent with the strategic outcomes and the priorities of your department and the Government of Canada?

Departmental priorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
Government of Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know

4a. Why do you say that?

4b. Are there particular documents that you recommend we review regarding departmental or government-wide priorities related to the activities of the Strategy?

4c. In what respects, if any, is the Strategy inconsistent with the current departmental or government-wide priorities?

5. Do you view the National Anti-Drug Strategy and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other_____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

5b. How do you see the role of the federal government relative to the role of provincial/territorial governments and other stakeholders?

B. EFFECTIVENESS

1. Overall, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the Strategy has been to date in:

Success in achieving objectives of the plans		Not at all successful	2	Somewhat successful	4	Very successful	N/A
a	Raising awareness and understanding of the harmful social and health effects of illicit drug use, particularly among youth, and in developing prevention strategies	1	2	3	4	5	N/A
Why do you say that?							
In what areas has significant progress been made?							
In what areas has less progress been made to date that might have been expected?							

Success in achieving objectives of the plans		Not at all successful	2	Somewhat successful	4	Very successful	N/A
b	Supporting effective treatment and rehabilitation systems and services	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							
c	Contributing to the disruption of illicit drug operations	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							

2. What other impacts, positive and negative, have been generated by the activities of the Strategy?

3. What major factors have contributed to the success of the Strategy to date?

4. What do you see as some of the factors that may have constrained its success to date?

5. Are there particular documents that you recommend we review regarding outcomes relevant to the Strategy (e.g. recent performance reports or stakeholder surveys)?

C. EFFICIENCY AND ECONOMY

1. How familiar are you with the cost efficiency of the Strategy or any of these three action plans? (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2. (If select 3 and above) On a scale of 1 to 5, where 1 is not at all cost-efficient, 3 is somewhat cost-efficient, and 5 is very cost-efficient, how cost-efficient would you say each component of the National Anti-Drug Strategy has been to date in producing its expected outputs and outcomes?

Success in achieving objectives of the plans		Not at all cost-efficient	2	Somewhat cost-efficient	4	Very cost-efficient	N/A
a	Prevention Action Plan	1	2	3	4	5	N/A
Why do you say that?							
b	Treatment Action Plan	1	2	3	4	5	N/A
Why do you say that?							
c	Enforcement Action Plan	1	2	3	4	5	N/A
Why do you say that?							

3. How could the cost efficiency of the Strategy have been improved?

4. In what manner and to what extent does the design of the delivery mechanisms and the governance structure contribute to effective and efficient program delivery?

4a. What changes, if any, would you recommend?

5. Apart from what we've discussed, do you see alternative approaches, structures or strategies that might be more effective or efficient in achieving the intended results? If yes, please explain.

6. If the budget for the Strategy were to be increased, in what areas would you recommend this additional funding be invested?

6a. (If any identified) Why do you say that?

7. If the budget for the program were to be reduced, in what areas could expenditures be decreased while having the least negative impact on the program?

7a. (If any identified) Why do you say that?

- 8. Looking back over the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have been developed?**

- 9. Do you have any additional comments you would like to make regarding the Strategy?**

- 10. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, etc.)?**

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for Prevention Action Plan

On behalf of the Department of Justice, Ference Weicker & Company, a management consulting firm, is conducting an evaluation of the National Anti-Drug Strategy (the Strategy). As part of this process, we are conducting interviews with senior representatives from departments that have been involved with the Strategy. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In which of the three action plans have you been involved in a significant way?

- Prevention Action Plan)
- Treatment Action Plan
- Enforcement Action Plan
- Other _____
- None of the plans
- Not sure

**Confirm the appropriateness of the interview guide.
If not appropriate, change to the appropriate guide or to the general guide
if involved in more than one action plan.**

2. What has been your role with respect to the National Anti-Drug Strategy?

3. How many years have you been involved with the Strategy?

_____ years

4. The specific objectives of the Strategy are:

- a) To support efforts to prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use and to develop and implement community-based interventions and initiatives to prevent illicit drug use;
- b) To support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches; and,
- c) To contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.

In your opinion, are the objectives of the Strategy consistent with the outcomes and the priorities of your department and the Government of Canada?

Departmental priorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
Government of Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know

4a. Why do you say that?

4b. Are there particular documents that you recommend we review regarding departmental or government-wide priorities related to the activities of the Strategy?

4c. In what respects, if any, is the Strategy inconsistent with the current departmental or government-wide priorities?

5. Do you view the Prevention Action Plan and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

6. In your opinion, what is the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to prevention?

7. What, if any, other programs are implemented by federal and/or provincial/territorial departments, the non-profit and/or private sector that share similar objectives with the Prevention Action Plan?

IF NONE IDENTIFIED, SKIP TO SECTION B

8. In what manner and to what extent does the Prevention Action Plan of the Strategy complement these other programs and services?

9. In what manner and to what extent does the Action Plan overlap or duplicate these other programs and services?

B. EFFECTIVENESS

1. Overall, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the elements of the Prevention Action Plan have been to date in achieving its objectives?

Not at all successful			Somewhat		Very successful	
1	2	3	4	5	N/A	

1a. Why do you say that?

2. The activities of the Prevention Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the Strategy has had to date in terms of:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact					
		No Impact		Somewhat		Major Impact	N/A
		1	2	3	4	5	N/A
a	Helping youth and their parents better understand negative consequences of illicit drug use?	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
b	Helping youth to make informed decisions about illicit drug use?	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
c	Enhancing supports available for at-risk populations	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
d	Enhancing knowledge in communities to address illicit drug use and its negative consequences?	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
e	Strengthening community responses to illicit drug issues?	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							

- 3. What other impacts, positive and negative, have been generated by the activities of the Prevention Action Plan?**

- 4. What major factors have contributed to the success of the Prevention Action Plan to date?**

- 5. What do you see as some of the factors that may have constrained its success to date?**

- 6. Are there particular documents that you recommend we review regarding outcomes relevant to the Prevention Action Plan (e.g. recent performance reports or stakeholder surveys)?**

C. EFFICIENCY AND ECONOMY

- 1. What are the important characteristics to making a horizontal initiative like National Anti-Drug Strategy work well and efficiently?**

- 2. In what manner and to what extent does the design of the delivery mechanisms and the governance structure contribute to effective and efficient program delivery? Why do you say that?**

2a. What changes, if any, would you recommend?

3. Apart from what we've discussed, what if any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Prevention Action Plan?

4. If the budget for the Prevention Action Plan was to be increased, in what areas would you recommend this additional funding be invested?

4a. (If any identified) Why do you say that?

5. If the budget for Prevention Action Plan was to be reduced, in what areas could expenditures be decreased while having the least negative impact on the program?

5a. (If any identified) Why do you say that?

6. Looking back over the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

7. Do you have any additional comments you would like to make regarding the Strategy?

8. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, etc.)?

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for Treatment Action Plan

On behalf of the Department of Justice, Ference Weicker & Company, a management consulting firm, is conducting an evaluation of the National Anti-Drug Strategy (the Strategy). As part of this process, we are conducting interviews with senior representatives from departments that have been involved with the Strategy. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In which of the three action plans have you been involved in a significant way?

- Prevention Action Plan
- Treatment Action Plan
- Enforcement Action Plan
- Other _____
- None of the plans
- Not sure

**Confirm the appropriateness of the interview guide.
If not appropriate, change to the appropriate guide or to the general guide
if involved in more than one action plan.**

2. What has been your role with respect to the National Anti-Drug Strategy?

3. How many years have you been involved with the Strategy?

_____ years

4. The specific objectives of the Strategy are:

- a) **To support efforts to prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use and to develop and implement community-based interventions and initiatives to prevent illicit drug use;**
- b) **To support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches; and,**
- c) **To contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.**

Are the objectives of the Strategy consistent with the strategic outcomes and the priorities of your department and the Government of Canada?

Departmental priorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
Government of Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know

4a. Why do you say that?

4b. Are there particular documents that you recommend we review regarding departmental or government-wide priorities related to the activities of the Strategy?

4c. In what respects, if any, is the Strategy inconsistent with the current departmental or government-wide priorities?

5. Do you view the Treatment Action Plan and its associated activities as aligning with the roles and responsibilities of federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

6. In your opinion, what is the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to treatment?

7. What, if any, other programs are implemented by federal and/or provincial/territorial departments, the non-profit and/or private sector that share similar objectives with the Treatment Action Plan?

IF NONE IDENTIFIED, SKIP TO SECTION B

8. In what manner and to what extent does the Treatment Action Plan of the Strategy complement these other programs and services?

9. In what manner and to what extent does the Action Plan overlap or duplicate these other programs and services?

B. EFFECTIVENESS

1. Overall, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the elements of the Plan have been to date in achieving these objectives?

Not at all successful		Somewhat		Very successful	
1	2	3	4	5	N/A

1a. Why do you say that?

2. The activities of the Treatment Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the Strategy has had to date in terms of:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Enhancing the capacity to offer a range of treatment services and programs?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that? Can you provide some examples?								
b	Improving collaboration on responses and knowledge on treatment issues?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
c	Enhancing commitment of Provincial and Territorial governments to improve treatment systems in targeted areas of need?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
d	Increasing availability of and access to effective treatment services and programs for targeted populations?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
e	Improving treatment systems and services to address illicit drug dependency among target groups?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

3. What other impacts, positive or negative, have been generated by the activities of the Treatment Action Plan?

4. What major factors have contributed to the success of the Strategy to date?

5. What do you see as some of the factors that may have constrained its success to date?

6. Are there particular documents that you recommend we review regarding outcomes relevant to the Treatment Action Plan (e.g. recent performance reports or stakeholder surveys)?

C. EFFICIENCY AND ECONOMY

1. What are the important characteristics to making a horizontal initiative like National Anti-Drug Strategy work well and efficiently?

2. In what manner and to what extent does the design of the delivery mechanisms and the governance structure contribute to effective and efficient program delivery? Why do you say that?

2a. What changes, if any, would you recommend?

3. Apart from what we have discussed, what if any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Treatment Action Plan?

4. If the budget for the Treatment Action Plan was to be increased, in what areas would you recommend this additional funding be invested?

4a. (if any identified) Why do you say that?

5. If the budget for the Treatment Action Plan was to be reduced, in what areas could expenditures be decreased while having the least negative impact on the program?

5a. (if any identified) Why do you say that?

6. Looking back over the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

7. Do you have any additional comments you would like to make regarding the Strategy?

- 8. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, etc.)?**

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for Enforcement Action Plan

On behalf of the Department of Justice, Ference Weicker & Company, a management consulting firm, is conducting an evaluation of the National Anti-Drug Strategy (the Strategy). As part of this process, we are conducting interviews with senior representatives from departments that have been involved with the Strategy. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In which of the three action plans have you been involved in a significant way?

- Prevention Action Plan
- Treatment Action Plan
- Enforcement Action Plan
- Other _____
- None of the plans
- Not sure

**Confirm the appropriateness of the interview guide.
If not appropriate, change to the appropriate guide or to the general guide
if involved in more than one action plan.**

2. What has been your role with respect to the National Anti-Drug Strategy?

3. How many years have you been involved with the Strategy?

_____ years

4. The specific objectives of the Strategy are:

- a) To support efforts to prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use and to develop and implement community-based interventions and initiatives to prevent illicit drug use;
- b) To support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches; and,
- c) To contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.

Are the objectives of the Strategy consistent with the strategic outcomes and the priorities of your department and the Government of Canada?

Departmental priorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
Government of Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know

4a. Why do you say that?

4b. Are there particular documents that you recommend we review regarding departmental or government-wide priorities related to the activities of the Strategy?

4c. In what respects, if any, is the Strategy inconsistent with the current departmental or government-wide priorities?

5. Do you view the Enforcement Action Plan and its associated activities as aligning with the roles and responsibilities of federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

6. In your opinion, what is the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to enforcement?

7. What, if any, other programs are implemented by federal and/or provincial/territorial departments, the non-profit and/or private sector that share similar objectives with the Enforcement Action Plan?

IF NONE IDENTIFIED, SKIP TO SECTION B

8. In what manner and to what extent does the Enforcement Action Plan of the Strategy complement these other programs and services?

9. In what manner and to what extent does the Enforcement Action Plan overlap or duplicate these other programs and services?

B. EFFECTIVENESS

1. Overall, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the elements of the Plan have been to date in achieving these objectives?

Not at all successful			Somewhat		Very successful	
1	2	3	4	5	N/A	

1a. Why do you say that?

2. The activities of the Enforcement Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the Strategy has had to date in terms of:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact					
		No Impact		Somewhat		Major Impact	
		1	2	3	4	5	N/A
a	Increasing capacity for drug enforcement and prosecution of illicit drug producers and distributors	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
Can you provide some examples?							
b	Increasing capacity to gather, analyze/share intelligence and analyze evidence	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
c	Increasing awareness of illicit drug and precursor chemical issues for enforcement officials	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							
d	Increasing safety in dismantling illicit drug operations	1	2	3	4	5	N/A
(if 3 or more) In what way? (if 2 or less) Why do you say that?							

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
e	Increasing capacity to control and monitor controlled substances and precursor chemicals	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
f	Enhancing investigations, audits, charges laid, prosecutions, forensic accounting analyses and legal consequences	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
g	Improving intelligence and evidence	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
h	Increasing compliance/seizures and reduced risk of diversion of precursor chemicals	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
i	Increasing dismantling and disruption of operations related to illicit drug production and distribution	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
j	Reducing health, safety and security risks associated with illicit drug production	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

3. What other impacts, positive or negative, have been generated by the activities of the Enforcement Action Plan?

4. What major factors have contributed to the success of the Enforcement Action Plan to date?

5. What do you see as some of the factors that may have constrained its success to date?

6. Are there particular documents that you recommend we review regarding outcomes relevant to the Enforcement Action Plan (e.g. recent performance reports or stakeholder surveys)?

C. EFFICIENCY AND ECONOMY

1. What are the important characteristics to making a horizontal initiative like National Anti-Drug Strategy work well and efficiently?

2. In what manner and to what extent does the design of the delivery mechanisms and the governance structure contribute to effective and efficient program delivery? Why do you say that?

- 2a. What changes, if any, would you recommend?

3. Apart from what we have discussed, what if any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Enforcement Action Plan?

4. If the budget for the Enforcement Action Plan was to be increased, in what areas would you recommend this additional funding be invested?

4a. (if any identified) Why do you say that?

5. If the budget for the Enforcement Action Plan was to be reduced, in what areas could expenditures be decreased while having the least negative impact on the program?

5a. (if any identified) Why do you say that?

6. Looking back over the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

7. Do you have any additional comments you would like to make regarding the Strategy?

- 8. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, etc.)?**

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy General Interview Guide for Stakeholders (G2)

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada's Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In what area(s) of activities have you been involved?

- Prevention
- Treatment
- Enforcement
- All of the above
- None of the above
- Other _____
- Not sure

**Confirm the appropriateness of the interview guide (i.e., involved in more than one area).
Change to the appropriate guide if only involved in one area.**

2. How familiar are you with the Strategy?

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2a. How do you describe your involvement with the National Anti-Drug Strategy?

2b. How long have you been involved with the Strategy?

_____ Years

3. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need do you think there is for programming that:

Need for programming that:		No need at all	2	Somewhat of a need	4	Major need	N/A
a	Raises awareness and understanding of the harmful social and health effects of illicit drug use (particularly among youth) and develops prevention strategies	1	2	3	4	5	N/A
Why do you say that?							
b	Supports effective treatment and rehabilitation systems and services	1	2	3	4	5	N/A
Why do you say that?							
c	Contributes to the disruption of illicit drug operations in a safe manner by targeting criminal organizations	1	2	3	4	5	N/A
Why do you say that?							

4. Do you view the National Anti-Drug Strategy and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other_____	<input type="checkbox"/> Don't know
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4a. Why do you say that?

4b. What do you see as the role of the federal government relative to the role provincial/territorial governments and other stakeholders?

B. EFFECTIVENESS

1. The following statements are the overall objectives of Prevention, Treatment, and Enforcement action plans of the Strategy. Based on your experience, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the Strategy has been to date in:

Success in achieving objectives of the plans		Not at all successful	2	Somewhat successful	4	Very successful	N/A
a	Raising awareness and understanding of the harmful social and health effects of illicit drug use, particularly among youth, and developing prevention strategies	1	2	3	4	5	N/A
Why do you say that?							
In what areas has significant progress been made?							
In what areas has less progress been made to date that might have been expected?							

Success in achieving objectives of the plans		Not at all successful	2	Somewhat successful	4	Very successful	N/A
b	Supporting effective treatment and rehabilitation systems and services	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							
c	Contributing to the disruption of illicit drug operations	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							

2. **What other significant impacts, positive and negative, would you say each component of the Strategy has been generated?**

3. **In your opinion, what major factors have contributed to the success of the Strategy to date?**

4. **What do you see as some of the factors that may have constrained its success to date?**

5. Are there particular documents that you recommend we review regarding outcomes relevant to the Strategy (e.g. recent performance reports, surveys, research reports)?

C. EFFICIENCY AND ECONOMY

1. How familiar are you with the delivery mechanism and cost- efficiency of the Strategy or any of these three action plans? (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2. (If select 3 and above) In what manner and to what extent do the design of the delivery mechanisms and the governance structure of the Strategy contribute to its effectiveness and efficiency? Why do you say that?

- 2a. What changes, if any, would you recommend?

3. Apart from what we've discussed, are there any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Strategy?

D. RECOMMENDATIONS

1. Looking back over your involvement in the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

2. Do you have any additional comments you would like to make regarding the Strategy?

3. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, researchers, etc.)?

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for Prevention Stakeholders (G2)

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada’s Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In what area(s) of activities have you been involved?

- Prevention
- Treatment
- Enforcement
- Other _____
- None of the above
- Not sure

**Confirm the appropriateness of the interview guide.
If not appropriate, change to the appropriate guide or to the general guide
if involved in more than one action plan.**

2. How familiar are you with the Prevention activities of the Strategy?

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

3. How do you describe your involvement with respect to the Prevention Activities of the National Anti-Drug Strategy?

3a. How long have been involved with this part of Strategy?

_____ years

4. The Prevention Action Plan of the Strategy has focused on raising awareness and understanding of the harmful social and health effects of illicit drug use, particularly among youth, and developing prevention strategies. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need do you think there has been for this type of programming?

No need at all		Somewhat		Major need		N/A
1	2	3	4	5		

4a. Why do you say that?

5. Do you view the Prevention Action Plan and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

5b. What do you see as the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to prevention?

6. What, if any, other programs are implemented by federal and/or provincial/territorial departments, the non-profit and/or private sector that share similar objectives with the Prevention Action Plan?

IF NONE IDENTIFIED, SKIP TO SECTION B

6a. In what manner and to what extent does the Strategy complement these other programs and services?

6b. In what manner and to what extent does the Strategy overlap or duplicate these other programs and services?

B. EFFECTIVENESS

1. The activities of the Prevention Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the Action Plan has had to date in terms of:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Helping youth and their parents better understand negative consequences of illicit drug use?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
b	Helping youth to make informed decisions about illicit drug use?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
c	Enhancing supports available for at-risk populations	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
d	Enhancing knowledge in communities to address illicit drug use and its negative consequences?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
e	Strengthening community responses to illicit drug issues?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

2. What other impacts, positive or negative, have been generated by the activities of the Prevention Action Plan?

3. What major factors have contributed to the success of the Prevention Action Plan to date?

4. What do you see as some of the factors that may have constrained its success to date?

5. Are there particular documents that you recommend we review regarding outcomes relevant to the Prevention Action Plan (e.g. recent performance reports or stakeholder surveys)?

C. EFFICIENCY AND ECONOMY

1. How familiar are you with the delivery mechanism and cost- efficiency of the Strategy or any of these three action plans? (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2. (If select 3 and above) Based on your experience, in what manner and to what extent does the design of the delivery mechanisms and the governance structure of the Strategy contribute to its effectiveness and efficiency? Why do you say that?

2a. What changes, if any, would you recommend?

3. Apart from what we have discussed, what, if any, alternative approaches, structures or strategies might be more efficient in achieving the intended results of the Prevention Action Plan?

D. RECOMMENDATIONS

1. Looking back over your involvement in the Prevention activities of the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

2. Do you have any additional comments you would like to make regarding the Strategy?

3. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, researchers, etc.)?

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for Treatment Stakeholders (G2)

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada’s Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In what area(s) of activities have you been involved?

- Prevention
- Treatment
- Enforcement
- Other _____
- None of the above
- Not sure

**Confirm the appropriateness of the interview guide.
If not appropriate, change to the appropriate guide or to the general guide
if involved in more than one action plan.**

2. How familiar are you with the Treatment activities of the Strategy?

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

3. How do you describe your involvement with respect to the Treatment Activities of the National Anti-Drug Strategy?

3a. How long have been involved with this part of Strategy?

_____ years

4. The Treatment Action Plan has focused on supporting effective treatment and rehabilitation systems. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need do you think there has been for this type of programming?

No need at all		Somewhat		Major need		N/A
1	2	3	4	5		

4a. Why do you say that?

5. Based on your experience, do you view the Treatment Action Plan and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
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5a. Why do you say that?

5b. What do you see as the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to treatment?

6. What, if any, other programs are implemented by federal and/or provincial/territorial departments, the non-profit and/or private sector that share similar objectives with the Treatment Action Plan?

IF NONE IDENTIFIED, SKIP TO SECTION B

6a. In what manner and to what extent does the Strategy complement these other programs and services?

6b. In what manner and to what extent does the Strategy overlap or duplicate these other programs and services?

B. EFFECTIVENESS

1. The activities of the Treatment Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the Strategy has had to date in terms of:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Enhancing the capacity to offer a range of treatment services and programs?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
Can you provide some examples?								
b	Improving collaboration on responses and knowledge on treatment issues?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
c	Enhancing commitment of Provincial and Territorial governments to improve treatment systems in targeted areas of need?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
d	Increasing availability of and access to effective treatment services and programs for targeted populations?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
e	Improving treatment systems and services to address illicit drug dependency among target groups?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

2. **What other impacts, positive or negative, have been generated by the activities of the Treatment Action Plan?**

3. **What major factors have contributed to the success of the Treatment Action Plan to date?**

4. **What do you see as some of the factors that may have constrained its success to date?**

5. **Are there particular documents that you recommend we review regarding outcomes relevant to the Treatment Action Plan** (e.g. recent performance reports or stakeholder surveys)?

C. EFFICIENCY AND ECONOMY

1. **How familiar are you with the delivery mechanism and cost- efficiency of the Strategy or any of these three action plans?** (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2. (If select 3 and above) **In what manner and to what extent does the design of the delivery mechanisms and the governance structure of the Strategy contribute to its effectiveness and efficiency? Why do you say that?**

2a. What changes, if any, would you recommend?

3. Apart from what we've discussed, what if any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Treatment Action Plan?

D. RECOMMENDATIONS

1. Looking back over your involvement in the Treatment activities of the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

2. Do you have any additional comments you would like to make regarding the Strategy?

3. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, researchers, etc.)?

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy General Interview Guide for Enforcement Stakeholders (International)

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada’s Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

A component of the Enforcement Action Plan is the Annual Contributions to UNODC and CICAD. This component is led by the Department of Foreign Affairs and International Trade Canada. The funds allow Canada to assist financially the United Nations Office on Drugs and Crime (UNODC) in fulfilling its mandate in the fight against drugs and international crime at the global level, assist financially the Inter-American Drug Abuse Control Commission (CICAD) in fulfilling its mandate in the fight against drugs in the Americas, and facilitate Canada’s cooperation internationally.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. What is your role within your organization?

2. How would you describe your involvement with respect to the Government of Canada and the National Anti-Drug Strategy?

3. How long have you been involved with this area of activities?

_____ years

4. On a scale of 1 to 5, where 1 is not familiar at all, 3 is somewhat familiar, and 5 is very familiar, how familiar would you say you are with the National Anti-Drug Strategy?

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

5. With which aspects of the National Anti-Drug Strategy are you most familiar?

6. What do you see as the role of the Canadian federal government relative to the role of international/multilateral organizations and governments in other countries?

7. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need for the Canadian federal government to be involved in this area?

No need at all		Somewhat		Major need	
1	2	3	4	5	N/A

7a. Why do you say that?

B. EFFECTIVENESS

1. The following statement is an objective the Strategy. Based on your experience, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the Strategy has been to date in:

Success in achieving objective of		Not at all successful	2	Somewhat successful	4	Very successful	N/A
a	Contributing to the disruption of illicit drug operations (i.e. through capacity building and international partnerships)	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							

2. What other significant impacts, positive and negative have been generated related to international activities of the Strategy?

3. In your opinion, what major factors have contributed to the success of the international activities of the Strategy to date?

4. What do you see as some of the factors that may have constrained the success of the international activities of the Strategy to date?

5. Are there particular documents that you recommend we review regarding outcomes relevant to the international activities of the Strategy (e.g. recent performance reports, surveys, research reports)?

C. EFFICIENCY AND ECONOMY

1. Do you think it is a cost-efficient approach for Canada to assist financially the UNODC and CICAD, and to be engaged in international cooperation on issues pertaining to fighting drugs and crime internationally? Why do you say that? (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

2. Based on your experience, are there any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the National Anti-Drug Strategy with respect to international activities?

D. RECOMMENDATIONS

1. Looking back over your involvement in the National Anti-Drug Strategy and your involvement in fighting drugs and crime internationally more broadly, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

2. Do you have any additional comments you would like to make regarding the Strategy?

THANK YOU FOR YOUR PARTICIPATION!

National Anti-Drug Strategy Interview Guide for External Stakeholders (G3)

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada's Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Phone Number	

A. RELEVANCE

1. In what area(s) of activities have you been involved?

- Prevention
- Treatment
- Enforcement
- All of the above
- None of the above
- Other _____
- Not sure

Describe your involvement:

1a. How long have you been involved with this area of activities?

_____ years

2. How familiar are you with the Strategy?

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

3. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need do you think there is for programming that:

Need for programming that:	No need at all	2	Somewhat of a need	4	Major need	N/A
a Raises awareness and understanding of the harmful social and health effects of illicit drug use (particularly among youth) and develops prevention strategies	1	2	3	4	5	N/A
Why do you say that?						
b Supports effective treatment and rehabilitation systems and services	1	2	3	4	5	N/A
Why do you say that?						
c Contributes to the disruption of illicit drug operations in a safe manner by targeting criminal organizations	1	2	3	4	5	N/A
Why do you say that?						

4. Do you view the National Anti-Drug Strategy and its associated activities as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other_____	<input type="checkbox"/> Don't know
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4a. Why do you say that?

4b. What do you see as the role of the federal government relative to the role provincial/territorial governments and other stakeholders?

B. EFFECTIVENESS

1. The following statements are the overall objective of the Prevention/Treatment/Enforcement action plans of the Strategy. Based on your experience, on a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think that the Strategy has been to date in:

Success in achieving objectives of		Not at all successful	2	Somewhat successful	4	Very successful	N/A
a	<u>If involved in PREVENTION ACTION PLAN:</u> Raising awareness and understanding of the harmful social and health effects of illicit drug use, particularly among youth, and developing prevention strategies	1	2	3	4	5	N/A
Why do you say that?							
In what areas has significant progress been made?							
In what areas has less progress been made to date that might have been expected?							

Success in achieving objectives of		Not at all successful	2	Somewhat successful	4	Very successful	N/A
b	<u>If involved in TREATMENT ACTION PLAN:</u> Supporting effective treatment and rehabilitation systems and services	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							
c	<u>If involved in ENFORCEMENT ACTION PLAN:</u> Contributing to the disruption of illicit drug operations	1	2	3	4	5	N/A
<p>Why do you say that?</p> <p>In what areas has significant progress been made?</p> <p>In what areas has less progress been made to date that might have been expected?</p>							

2. What other significant impacts, positive and negative, would you say this component of the Strategy has been generated?

3. In your opinion, what major factors have contributed to the success of the Strategy to date?

4. What do you see as some of the factors that may have constrained its success to date?

5. Are there particular documents that you recommend we review regarding outcomes relevant to the Strategy (e.g. recent performance reports, surveys, research reports)?

C. EFFICIENCY AND ECONOMY

1. How familiar are you with the delivery mechanism and cost- efficiency of the Strategy or any of these three action plans? (by cost efficiency, we mean the cost of resources used approximates the minimum amount of resources needed to complete a task and achieve expected outcomes)

Not familiar at all		Somewhat familiar		Very familiar
1	2	3	4	5

2. (If select 3 and above) In what manner and to what extent do the design of the delivery mechanisms and the governance structure of the Strategy contribute to its effectiveness and efficiency? Why do you say that?

- 2a. What changes, if any, would you recommend?

3. Apart from what we've discussed, are there any alternative approaches, structures or strategies that might be more efficient in achieving the intended results of the Strategy?

D. RECOMMENDATIONS

1. Looking back over your involvement in the Strategy, what do you see as some of the (other) key lessons that have been learned and best practices that have developed?

2. Do you have any additional comments you would like to make regarding the Strategy?

3. Are there any other organizations or individuals you would recommend we contact to get feedback on the Strategy (e.g. funding recipients, provincial/territorial/municipal or other partners, researchers, etc.)?

THANK YOU FOR YOUR PARTICIPATION!

**National Anti-Drug Strategy
CIHR Research on Drug Treatment Models Online Survey**

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate **the National Anti-Drug Strategy**. The Strategy was initiated in 2007 and is a horizontal initiative of 12 federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas: a Prevention Action Plan, a Treatment Action Plan, and an Enforcement Action Plan. The Canadian Institutes of Health Research (CIHR) Research on Drug Treatment Models is a component of the Treatment Action Plan.

As part of this evaluation, we are conducting a survey of individuals and organizations that are funded through the CIHR to support research on the development, improvement and evaluation of addiction treatments. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other survey respondents. The survey takes 10 minutes to complete.

CONTACT INFORMATION

Name	
Position	
Organization	
Region	
Telephone Number	

A. RELEVANCE

1. Please describe your involvement with respect to the CIHR component of the treatment activities of the National Anti-Drug Strategy?

1a. How long have been involved with this part of the CIHR?

_____ years

2. The Treatment Action Plan has focused on supporting effective treatment and rehabilitation systems. On a scale of 1 to 5, where 1 is no need at all, 3 is somewhat of a need, and 5 is a major need, how much of a need do you think there has been for CIHR research activities related to drug addiction treatments?

No need at all		Somewhat		Major need	
1	2	3	4	5	N/A

2a. Why do you say that?

3. Based on your experience, do you view funding research on drug treatment models as aligning with the roles and responsibilities of the federal government?

Federal government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other_____	<input type="checkbox"/> Don't know
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3a. Why do you say that?

3b. How do you see the role of the federal government relative to the role of the provincial/territorial governments and other stakeholders with respect to the CIHR component of the Treatment Action Plan?

B. EFFECTIVENESS

1. Please identify the research products and outputs of the CIHR project on drug treatments that you are involved in to date: (Please check all that apply)

- Peer review publications - Quantity:_____
- Other publications - Quantity:_____
- Manuals, guidelines, handbooks - Quantity:_____
- Website - Quantity:_____
- Workshops - Quantity:_____
- Partnerships with service providers - Quantity:_____
- Other - Please specify:_____

2. The activities of the Treatment Action Plan could potentially generate a variety of different types of impacts. On a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact, how much of an impact do you believe that the CIHR component has had to date in terms of the following statements. Select “N/A” if not relevant to your project.

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Enhancing the capacity to offer a range of treatment services and programs?	1	2	3	4	5	N/A	
(if 3 or more) Can you provide some examples related to CIHR activities?								
b	Improving collaboration on responses and knowledge on treatment issues?	1	2	3	4	5	N/A	
(if 3 or more) Can you provide some examples related to CIHR activities?								
c	Improving treatment systems and services to address illicit drug dependency among target groups?	1	2	3	4	5	N/A	
(if 3 or more) Can you provide some examples related to CIHR activities?								

3. What other impacts have been generated by the activities of the CIHR component of the Treatment Action Plan?

4. What major factors have contributed to the success of the CIHR component of the Treatment Action Plan to date?

5. What do you see as some of the factors that may have constrained its success to date?

6. Are you aware of any particular knowledge transfer activity or plan in order to transform the CIHR research findings into treatment policies and practices?

Yes No

If yes, please describe:

7. Looking back over your involvement in the CIHR component of the Treatment Action Plan, what do you see as some of the key lessons that have been learned and best practices that have been developed?

8. Are there any additional comments you would like to make regarding the CIHR component of the Strategy?

THANK YOU FOR YOUR PARTICIPATION!

LEARNING CIRCLE – DRUG STRATEGY COMMUNITY INITIATIVES FUND

Vancouver, BC

March 16, 2011

Structure of the Learning Circle:

- The facilitator poses a question.
- Moments of thought.
- Each participant has an opportunity to express his or her thoughts in response to the question, around the circle. A participant can choose to pass.
- After everyone has either responded or chosen to pass, the space is opened up for cross-talk—questions, comments, and further thoughts that have been called to mind by what has been heard in the circle go-around.
- At the end of each set of discussions, participants have a few minutes to write down their conclusions and learnings from that part of discussion, on the index cards.
- Number the index cards and return them to the facilitator.

Questions:

1. Briefly describe your project and specify to each of the following issues your project is particularly contributing to:
 - Developing and providing supports to increase awareness and understanding of illicit drugs and their negative consequences.
 - Enhancing supports for targeted risk populations.
 - Changing attitudes and behaviours within target populations.
 - Enhancing community capacity and uptake to address illicit drug use and its negative consequences.
2. What part of your project is/was innovative?

Write-up – What have you learned about the DSCIF? What will you be taking away from this discussion?

3. What evaluation activities have you done as part of your project (formal and informal) and what are the results?
4. What lessons have you learned from conducting this particular project? What would you do differently if you want to do it again in order to be more successful? How will this learning be used going forward?
5. Given what we've learned and the possible legacy going forwards, was the DSCIF an effective way to dealing with youth and drug issues?

Write-up – What have you learned about the DSCIF? What will you be taking away from this discussion?

LEARNING CIRCLE – RCMP’S ABORIGINAL SHIELD PROGRAM

Saskatoon, SK

May 20, 2011

Structure of the Learning Circle:

- The facilitator poses a question.
- Moment of thought.
- Each participant has an opportunity to express his or her thoughts in response to the question, around the circle. A participant can choose to pass.
- After everyone has either responded or chosen to pass, the space is opened for cross-talk—questions, comments, and further thoughts that have been called to mind by what has been heard in the circle go-around.
- At the end of each set of discussions, participants have a few minutes to write down their conclusions and learnings from that part of discussion, on the index cards.
- Number the index cards and return them to the facilitator (no names should be written on the cards).

Questions:

1. Name at least one particular and current need in your community which could be addressed, in part, by the Aboriginal Shield Program (ASP).
2. To which of the following do you think ASP can contribute more and why:
 - Increasing awareness and understanding of illicit drugs and their negative consequences.
 - Changing attitudes and behaviours among youth.
 - Enhancing community capacity to address illicit drug use and its negative consequences.

Write-up – What have you learned about the ASP from this part of group discussion?

3. In what other youth-driven activities have you been involved in the past? How do these activities relate to or compare with ASP?

4. What part of ASP would be new or innovative in your community?
5. What challenges or gaps do you expect to experience when delivering ASP?
6. What lessons have you learned during this training session with respect to approaches and practices that are effective in delivering substance abuse prevention programs for youth?
7. How will you use this learning going forward?

Write-up – What will you be taking away from this part of discussion? What have you learned from this part of group discussion?

LEARNING CIRCLE – YOUTH JUSTICE ANTI-DRUG STRATEGY

**Ottawa, ON
March 10, 2011**

Structure of the Learning Circle:

- Who has participated in a learning circle before?
- We most commonly use them for discussions involving multiple delivery points of similar services.
- This is somewhat different because projects vary significantly from each other.
- First section - selection of topics that we want to talk about it:
- Process:
 - I pose a question.
 - Moments of thought.
 - In a regular way without interruption around the circle each participant has an opportunity to express his or her thoughts in response to the question.
 - After everyone has either responded or chosen to pass, the space is opened up for cross-talk—questions, comments, and further thoughts that have been called to mind by what has been heard in the circle go-around.
- Pick a volunteer to start - people speak in order.
- OK to pass – go back to them at the end.
- No interruptions.

Questions:

Round 1:

- More about your projects.
- What you took away from yesterday's session.
- What you would like to talk about today – potential topics:

- Developing and providing effective supports and strategies to increase awareness and understanding of illicit drugs and their negative consequences.
- Enhancing supports for targeted risk populations.
- Changing attitudes and behaviours within target populations.
- Enhancing community capacity and uptake to address illicit drug use and its negative consequences.
- Developing research and knowledge that has been integrated into the planning and development of treatment services.
- Enhancing capacity to deliver treatment services and programs to target populations.
- Collaboration, consultation and partnership activities implemented under the Strategy’s funded projects.
- Overall improvement of treatment services.

Round 2 - 4: Questions About Each Selected Topic

- What have we learned about the topic?
- How has the Youth Justice Anti-Drug Strategy contributed to that?
- How will that information be used going forward?

Round 5: Question About the Strategy

- Given what we’ve learned and the possible legacy going forwards, was the National Anti-Drug Strategy and more specifically the Youth Justice Anti-Drug Strategy, an effective way to dealing with these issues?

Round 6: Wrap-up – What will you be taking away from these sessions?

LEARNING CIRCLE – NATIONAL YOUTH INTERVENTION AND DIVERSION PROGRAM (NYIDP)

**Grande Prairie, AB
March 17, 2011**

Structure of the Learning Circle:

- Process:
 - The facilitator poses a question.
 - Moments of thought.
 - In a regular way without interruption around the circle, each participant has an opportunity to express his or her thoughts in response to the question.
 - After everyone has either responded or chosen to pass, the space is opened up for cross-talk—questions, comments, and further thoughts that have been called to mind by what has been heard in the circle go-around.
- Pick a volunteer to start - people speak in order.
- OK to pass – go back to them at the end.
- No interruptions.
- At the end of each set of discussions, participants have a few minutes to write down their general conclusions and learnings from that part of discussion, on the index cards.
- Number the index cards and return them to the facilitator.

Discussion 1:

1. Briefly describe your organization and your role/involvement in the NYIDP.
2. Based on your experience and learning from the NYIDP, specify to which of the following issues the NYIDP is particularly contributing to and explain how:
 - Enhancing capacity to plan or deliver treatment services and programs to youth.
 - Improving collaboration on responses and knowledge of treatment issues.

- Increasing availability of and access to effective treatment services and programs for youth.
- Enhancing commitment to improve treatment systems for youth.
- Overall improvement of treatment services.

Write-up – What have you learned about the potential impacts and contributions of NYIDP? What will you be taking away from this discussion?

Discussion 2:

1. Given what you have learned, how effective is the NYIDP as a way of dealing with youth and drug issues? Any examples, successful and unsuccessful stories?
2. What lessons have you learned from your involvement in the NYIDP? How will this learning be used going forward?
3. What would you like to be different about the NYIDP in order for the program to be more successful?

Wrap-up – What have you learned about the effectiveness of the NYIDP? What will you be taking away from this discussion?

Prevention Action Plan Case Study Interview

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada's Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Phone Number	

A. EFFECTIVENESS

1. We understand that you were involved with the _____ project(s) supported through the National Anti-Drug Strategy. What was your role with respect to this project?

2. What led to the development of the project?

3. Was the project developed in response to the availability of funding from the Strategy or was it already being considered or developed?

- a. Developed in response to funding from the Strategy
- b. Was already planned
- c. Other (_____)
- d. Don't know/don't recall

Comments? _____

4. Apart from the funding provided by the Strategy, what other sources of funding were used for this project?

5. What was the total budget for the project?

_____ (confirm)

6. What is the current status of the project?

- a. Completed (when) _____
- b. Ongoing
- c. Suspended (started but not completed)
- d. Hasn't started
- e. Cancelled
- f. Other _____
- g. Don't know/don't recall

Comments? _____

7. What did you see as the primary objectives of the project? What key issue or issues was the project designed to address?

8. On a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think the project has been in achieving these objectives?

Not at all successful		Somewhat		Very successful	
1	2	3	4	5	N/A

8a. Why do you say that?

9. In what respects has the project been particularly successful?

10. In what respects has the project been less successful?

11. The projects funded through the Strategy vary widely in terms of types of impacts they generate. To what extent has this project generated the following impacts to date, on a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Helping youth and their parents better understand negative consequences of illicit drug use?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that? Can you provide some examples?								

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
b	Helping youth to make informed decisions about illicit drug use?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
c	Enhancing supports available for at-risk populations	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
d	Enhancing knowledge in communities to address illicit drug use and its negative consequences?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
e	Strengthening community responses to illicit drug issues?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

12. What other positive or negative impacts were generated?

13. What are some of the key factors that contributed to the success of the project?

14. What do you see as some of the factors that have constrained the success?

15. What actions have been taken since the project was completed? How are the results being used? By whom?

16. Looking back over your involvement in this project, what do you see as some of the key lessons that have been learned and best practices that have developed?

THANK YOU FOR YOUR PARTICIPATION!

Treatment Action Plan Case Study Interview

The Government of Canada has a long history in the horizontal management of drug issues. Following the Canada's Drug Strategy (CDS), which had focused on substance use and abuse since 1978, **the National Anti-Drug Strategy** (the Strategy) was initiated in 2007. The Strategy is a horizontal initiative of twelve federal departments and agencies, led by the Department of Justice Canada. The goal of the Strategy is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs. The Strategy has three major activity areas:

1. Prevention Action Plan;
2. Treatment Action Plan; and
3. Enforcement Action Plan.

Ference Weicker & Company, a management consulting firm, has been hired by the Department of Justice to evaluate the Strategy. As part of this evaluation, we are conducting interviews with representatives from organizations and departments that have been involved with the Strategy in different ways. The information we collect from you will be held confidential and will be reported only in summary form with the responses of other representatives whom we interview.

CONTACT INFORMATION

Name	
Position	
Organization	
Phone Number	

A. EFFECTIVENESS

1. We understand that you were involved with the _____ project(s) supported through the National Anti-Drug Strategy's. What was your role with respect to this project?

2. What led to the development of the project?

3. Was the project developed in response to the availability of funding from the Strategy or was it already being considered or developed?

- a Developed in response to funding from the Strategy
- b Was already planned
- c Other (_____)
- d Don't know/don't recall

Comments? _____

4. Apart from the funding provided by the Strategy, what other sources of funding were used for this project?

5. What was the total budget for the project?

_____ (confirm)

6. What is the current status of the project?

- a. Completed (when) _____
- b. On-going
- c. Suspended (started but not completed)
- d. Hasn't started
- e. Cancelled
- f. Other _____
- g. Don't know/don't recall

Comments? _____

7. What did you see as the primary objectives of the project? What key issue or issues was the project designed to address?

8. On a scale of 1 to 5, where 1 is not at all successful, 3 is somewhat successful and 5 is very successful, how successful do you think the project has been in achieving these objectives?

Not at all successful		Somewhat		Very successful	
1	2	3	4	5	N/A

8a. Why do you say that?

9. In what respects has the project been particularly successful?

10. In what respects has the project been less successful?

11. The projects funded through the Strategy vary widely in terms of the types of impacts they generate. How much, if at all, has this project generated the following impacts to date, on a scale of 1 to 5, where 1 is no impact at all in that area, 3 is somewhat of an impact, and 5 is a major impact:

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
a	Enhancing the capacity to offer a range of treatment services and programs?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
Can you provide some examples?								

How much of an impact do you believe that the support provided by the Strategy has had to date in terms of:		Rating of Impact						
		No Impact		Somewhat		Major Impact		N/A
		1	2	3	4	5	N/A	
b	Improving collaboration on responses and knowledge on treatment issues?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
c	Enhancing provincial or territorial commitments to improve treatment systems in targeted areas of need?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
d	Increasing availability of and access to effective treatment services and programs for targeted populations?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								
e	Improving treatment systems and services to address illicit drug dependency among target groups?	1	2	3	4	5	N/A	
(if 3 or more) In what way? (if 2 or less) Why do you say that?								

12. What other negative or positive impacts were generated?

13. What are some of the key factors that contributed to the success of the project?

14. What do you see as some of the factors that have constrained the success?

15. What actions have been taken since the project was completed? How are the results or tools being used? By whom?

16. Looking back over your involvement in this project, what do you see as some of the key lessons that have been learned and best practices that have developed?

17. Are there particular documents that you recommend we review regarding outcomes relevant to the project (e.g. recent performance reports, surveys, research reports)?

18. We are looking to conduct interviews with 3-4 stakeholders that have been involved with the project. Are there any other individuals you would recommend we contact to get feedback on the outcomes and impacts of the project?

THANK YOU FOR YOUR PARTICIPATION!

Cost-Efficiency Analysis Template

As part of the evaluation of the National Anti-Drug Strategy, we are collecting data on those components which provided funding for projects. More specifically, we are collecting data on:

- Total budget for the component
- Actual expenditures – O&M
- Actual expenditures – G&C
- Program staffing (FTEs)
- Number of applications / proposals processed
- Number of applications / proposals approved
- Number of projects actually funded
- Value of funding provided to the project
- Total dollars leveraged from other funders / sources
- Geographic scope of program
- Percent of projects targeting at-risk population
- Members of the target population reached/served
- Number of resources/tools developed
- Number of programs/service enhancements completed
- Number of innovative interventions initiated
- Number of key partners (non-government) established
- Number of projects completed
- Number of projects reported achieving their intended outcomes
- Number of project reporting over-spending
- Number of projects reporting under-spending

We will aggregate the results and compare the National Anti-Drug Strategy with other federal horizontal strategies in order to provide information on how program dollars are used.

The attached form is provided to obtain data on your component.

- This form is required to be completed for each fiscal year between 2007 and 2010.
- If the information related to a section is not available, please enter NA (Not Available) in the appropriate cell.
- This form is designed to be used for a variety of NADS programs. If the information requested is not relevant to a program, please enter “NR” (Not Relevant) in the appropriate cell.
- Any further explanation or information that you may wish to add to any section of the form can be provided as an appendix.
- Please refer to the footnotes for more instructions on some particular sections.

Contact Information
Name:
Phone:
Department:

Check the program for which the form is completed
<input type="checkbox"/> Crime Prevention Action Fund (CPAF) <input type="checkbox"/> Drugs Organized Crime Awareness Services (DOCAS) <input type="checkbox"/> Drug Strategy Community Initiatives Fund (DSCIF) <input type="checkbox"/> Drug Treatment Court Funding Program (DTCFP) <input type="checkbox"/> Drug Treatment Funding Program (DTFP) <input type="checkbox"/> National Native Alcohol and Drug Abuse Program (NNADAP) <input type="checkbox"/> National Youth Intervention and Diversion Program (NYIDP) <input type="checkbox"/> Youth Justice Anti-Drug Strategy (YJADS)

Start Date of the Program
Established:

Cost-Efficiency Template			
Data	2007/08	2008/09	2009/10
Budget, Expenditures and Staffing			
Total budget for the component			
Actual expenditures – O&M			
Actual expenditures – G&C			
Program staffing (FTEs)			
Applications Processed, Approved and Funded			
Number of applications / proposals processed			
Number of applications / proposals approved			
Number of projects actually funded ¹¹⁸			
Value of funding provided to the projects			
Total dollars leveraged by projects from other funders / sources			

¹¹⁸ This number could be different from the number of approved projects for cases where the approved projects may withdraw or be discontinued, or are not being funded for any other reason. Otherwise, the number would be the same as approved ones.

Cost-Efficiency Template			
Data	2007/08	2008/09	2009/10
Target Groups			
Geographic scope of program			
Percent of projects targeting at-risk population			
Members of the target population reached/served			
Project Outputs			
Number of resources/tools developed ¹¹⁹			
Number of programs/service enhancements completed			
Number of innovative interventions initiated			
Number of key partners (non-government) established			
Project Completion			
Number of projects completed ¹²⁰			
Number of projects reported achieving their intended outcomes			

¹¹⁹ This section should include all resources/tools (e.g., tracking tools, manuals, etc.) developed for different purposes, with different scopes to be used. Programs may provide more details or explanations about the tools as an appendix.

¹²⁰ “Completed” means funding to the project is completed. Further details or descriptions about the status of projects, if available, may be provided as an appendix.