



# Results of the Stakeholder Survey Designed to Inform the Drug Prevention Strategy for Canada's Youth

## **FINAL REPORT**

*Ce rapport est également disponible en français*

Submitted to:

Canadian Centre on Substance Abuse  
75 Albert Street, Suite 500  
Ottawa, Ontario  
K1P 5E7

**EKOS RESEARCH ASSOCIATES INC.**

January 30, 2009

## EKOS RESEARCH ASSOCIATES

### **Ottawa Office**

359 Kent Street, Suite 300

Ottawa, Ontario

K2P 0R6

Tel: (613) 235 7215

Fax: (613) 235 8498

E-mail: [pobox@ekos.com](mailto:pobox@ekos.com)

### **Toronto Office**

480 University Avenue, Suite 1006

Toronto, Ontario

M5G 1V2

Tel: (416) 598 8002

Fax: (416) 598 2543

E-mail: [toronto@ekos.com](mailto:toronto@ekos.com)

**[www.ekos.com](http://www.ekos.com)**

# TABLE OF CONTENTS

<b>Highlights.....</b>	<b>iii</b>
<b>1. Introduction.....</b>	<b>1</b>
1.1 Background.....	1
1.2 Survey Objectives & Methodology.....	3
1.3 Analysis of Findings.....	4
1.4 Sample Characteristics.....	5
<b>2. Familiarity with Environment and Existing Programs.....</b>	<b>7</b>
<b>3. Information Sources.....</b>	<b>9</b>
3.1 General Information Sources.....	9
3.2 Affiliations & Coordination Efforts.....	11
<b>4. Profile of Existing Programs.....</b>	<b>13</b>
4.1 General Nature of Programs.....	13
4.2 Target Audience.....	17
4.3 Delivery Agents.....	18
<b>5. Quality of Programs.....</b>	<b>21</b>
5.1 Availability of Evaluation Evidence.....	21
5.2 Evaluation Evidence.....	22
5.3 Specific Strengths & Weaknesses of Programs.....	25
<b>6. Current Gaps.....</b>	<b>27</b>
6.1 Integration, Coordination & Other Organisation Involvement.....	27
6.2 Collaboration Needs.....	32
<b>7. Need for National Standards.....</b>	<b>33</b>
7.1 Need for Assistance to Apply Standards.....	34
7.2 Utility of Specific Products.....	36
7.3 Methods of Disseminating Standards.....	37
<b>8. Key Needs.....</b>	<b>39</b>
8.1 Demand for Information.....	39
8.2 Demand for Specific Support and Assistance.....	41

<b>9. Summary and Conclusions.....</b>	<b>45</b>
9.1 National Standards .....	46
9.2 Limitations .....	46
9.3 Recommendations.....	47

Appendix A: Details on Contact with CCSA and Use of CCSA Information

Appendix B: Questionnaire

# HIGHLIGHTS

## ***Awareness and Information Sources for Programs***

A majority of stakeholders are confident that they have a good grasp of the risk factors associated with drug abuse among youth, as well as with (to a lesser extent) protective factors and most are also familiar with the organizations in their community implementing drug prevention programs aimed at youth. Many reported less knowledge of resources to support them in planning, choosing, delivering and evaluating prevention programs, particularly program evaluation. They are also less knowledgeable about existing youth drug prevention programs.

Most stakeholders rely on the Internet and choose to obtain information electronically, rather than in print.

## ***Existing Programs***

Over half of these organizations are focused primarily on youth, and a similar number are focused specifically on drug prevention. Among the stakeholders surveyed for this study (which readers should note are a specific subset of all community programs that exist nationally), programs offered are designed to address a range of issues or areas, including drug education, skill building, protective factors, and resistance skills. Although youth is the prime target of these programs, close to two-thirds also target parents, and over half include teachers or education professionals within their target audiences. Most programs employ a number of methods of recruitment, including direct communications with students, parents or stakeholders; referrals; word-of-mouth in the community; and direct communications with constituents or members. The most common delivery agents (for six in ten programs) are counsellors, most often used in addiction agencies. Other delivery agents include health workers, community agencies, teachers, and law enforcement officers. Over two-in-ten also count other youth among their delivery agents.

Most stakeholders base their selection of program offerings on information or awareness of what programs work for specific segments, issues or situations. The fact that stakeholders feel less well equipped in terms of knowledge of programs in existence and tools or resources to select programs is therefore a key gap in their ability to select an appropriate program.

## ***Perceived Quality of Programs***

Research and evaluation play a strong role in the selection, development or implementation of existing youth drug prevention programs. Over half of stakeholders always conduct a literature review or consult best practices at a minimum to help structure programs. On the other hand, fewer than half consistently implement any process evaluation or impact and outcome research to evaluate effectiveness, and over one in four never employ any process or impact assessment of their program(s).

Lack of time and money are identified as two key obstacles to conducting outcome research or evaluation. Knowledge of how to conduct outcome research or evaluation, and access to qualified resources to undertake this research, are also a factor for three in ten or more stakeholders.

A majority of stakeholders reported that their programs are “quite” or “very” successful in many areas based on outcome research conducted. In particular, programs are rated as quite successful in terms of participant ratings, audience engagement and overall quality and utility. Over three-quarters also rate their programs as “quite” or “very” successful in terms of community response, ease of delivery and knowledge or attitude change among participants. Programs are evaluated as less effective, however, in terms of actual evidence of reduced drug use or harm (four in ten rate their program as only somewhat successful on this point). Therefore, while programs are well delivered, received, and engage their target audience, the desired ultimate outcome of reduced drug use or harm is certainly harder to attain (or perhaps to demonstrate).

It is interesting to note that stakeholders that did not undertake outcome research are less likely to rate their programs as successful in terms of overall quality, or audience and stakeholder engagement, although these elements are still rated as “quite” or “very” successful by over two-thirds. Six in ten stakeholders that have not conducted outcome research however, also rate their programs as “quite” or “very” successful in terms of expected outcomes.

Stakeholders most commonly identified the building of relationships and trust as a strength of their program. Other strengths commonly identified include the fact that they are evidence-based, flexible, inclusive, contributing to local capacity, successful in reaching goals, and easy to use.

A key program weakness commonly identified is insufficient funding. Other key weaknesses include a lack of long-term follow-up, lack of coordination among partners, difficulties in evaluating effectiveness, and lack of other resources (including trained personnel).

## ***Current Gaps***

Over seven in ten stakeholders reported working in an integration fashion with other partners and programs, and only one in six works in isolation. Despite the fact that most are working in integration or collaboration, they do not feel that programs in their community are very well integrated at all. In fact, half feel that they are only moderately integrated or not at all integrated. Different or conflicting organizational mandates is most commonly identified as a key barrier to integration.

Partners commonly involved in prevention programs include educators (cited by half of stakeholders that partner), law enforcement agencies, and health authorities. Three in ten also cited engagement by government agencies in the planning, funding or delivery of programs. Only small proportions engage other partners such as businesses, sister organizations, the research community or philanthropic organizations. Partners are seen to be moderately or very involved in prevention programs offered by stakeholders, particularly at the planning and delivery stages. In fact, six in ten stakeholders reported partner engagement

in service delivery, and over half reported partners working in advisory or information sharing roles. Four in ten partners play a role in funding or promoting programs.

When asked what they would need to be able to collaborate or partner more fully with others, additional funding or financial resources is cited most often, followed by additional human resources. Buy-in from relevant organizations, better planning and coordination, assistance networking, and better program promotion are also factors which could contribute to more effective collaboration.

### ***Need for National Standards***

Stakeholders clearly agree that additional outside resources could have a positive impact on their organization's ability to deliver effective drug prevention programs. In particular, the vast majority of stakeholders agree that the development and sharing of best practices, as well as evidence-based guidelines would have a moderate or large impact on their ability to deliver effective youth drug prevention programs. A majority also agree that community organizations could benefit from improved accountability of programs, as well as improved capacity to select and plan.

Stakeholders identified a number of factors that would enable them to apply standards or best practices to their own community or organization. Chief among these are access to current evidence, funding, and additional resources (e.g., staff). Support in collaboration and partner engagement and information support are also identified.

Consistent with these needs, a vast majority of stakeholders feel that a web-based platform that gathers information (including research), training resources, and room to provide input as being potentially useful to their organization. Similarly, most feel that an integrated national network of youth health organizations (providing the potential for exchange) would be potentially useful. Over three-quarters consider guidelines for partnership development in youth drug prevention to be useful.

A web-based platform is seen to be the most effective way of disseminating national standards, followed by dissemination through existing networks, conferences or by engaging stakeholders.

### ***Key Needs***

Consistent with their limits in knowledge or familiarity with resources or information available to support them, stakeholders demonstrate a clear interest in additional information supports. In terms of selecting a program, many stakeholders are keenly interested in support with selecting the best program for their specific needs, and in knowing what programs are available. Some also require assistance in defining their goals, scope and audience.

In terms of planning and implementing programs, stakeholders reported an interest in best practices, partnership models, methods of reaching target audiences, and appropriate delivery agents and settings. In

the context of both selecting and implementing programs, many stakeholders also identified a need for support in obtaining funding.

In terms of supports for evaluating programs, two-thirds expressed an interest in information about realistic outcomes and timeframes, best practices in assessment, and performance indicators. Many are also seeking assistance with planning for evaluation, possible partnership models, and defining assessment goals.

## ***Implications for CCSA***

While stakeholders are knowledgeable of the risk and protective factors at play in drug abuse among youth, they are less well equipped in terms of practical resources to assist them in selecting, planning, delivering and evaluating prevention programs to address these. Particularly lacking is familiarity with resources to evaluate the impacts of drug prevention programs.

A single source where stakeholders could find information about existing programs, how they are implemented, who they target, and how effective they are would be a hugely useful tool for organizations working in this field. Standards by which to review programs and assess their effectiveness and general appropriateness for their own particular needs would also be a key resource that many organizations would find fundamentally useful. This would help them to select, plan, implement and evaluate their programs with some degree of confidence.

Although most stakeholders reported working in integration with other partners and programs in their community, they feel that programs in their community are not very well integrated or are moderately integrated. Differing or conflicting organizational mandates can present one barrier to integration. Many stakeholders feel that they could benefit from additional financial or human resources to be able to collaborate more fully. A formalized vehicle or opportunities for sharing information, experiences and generally coordinating approaches would be seen as a very useful resource for most stakeholder organizations working in this area. Opportunities to stakeholders to develop partnerships with others in their community working in complementary areas would also be of considerable use to many organizations.

Research and evaluation plays some role in the selection and implementation of prevention programs. Stakeholders most often rely on best practices or literature reviews however, and fewer than half consistently implement any process or outcome research and evaluation. In fact, over one-quarter never employ any type of process or impact evaluation. Lack of time and money are cited as two key obstacles to such research. Lack of knowledge and access to qualified resources can also prevent an obstacle to evaluation.

A majority of stakeholders believe that their programs are quite or very successful in many areas, particularly in terms of participant engagement and satisfaction, and overall quality and utility. Stakeholders are less enthusiastic, however, in rating the success of their programs in terms of harm reduction or reduced



drug use. Therefore, while programs are well received and delivered, they are not necessarily having the desired final outcomes in terms of youth drug abuse.

Given the limited familiarity with resources available, moderate effectiveness of programs in effecting ultimate outcomes, and the limited evaluation research conducted, it is not surprising to find that there is strong support for national standards. Stakeholders clearly agree that their organization could benefit from outside resources. In particular, stakeholders would value a development and sharing of best practices. Most also feel that evidence-based guidelines, improved program accountability, and improved organizational capacity to select and plan would impact their ability to deliver effective youth drug prevention programs. The vast majority would support a web-based platform to deliver national standards and supporting resources.

Stakeholders identify a need for additional financial and human resources to be able to effectively apply national standards or best practices to their own organization, as well as other supports and information resources. Stakeholders are interested in a range of supports linked to selecting, implementing and evaluating programs.



# 1. INTRODUCTION

## 1.1 BACKGROUND

The transition from childhood to adulthood is characterized by complex psychological, physiological, and neurological development. Psychologically, adolescence is a time of identity development and role change. Youth begin to seek independence from their families and peer relationships take on a more significant role in their life. Physiologically, youth undergo growth and hormone changes associated with puberty. Neurologically, the brain undergoes important structural changes that impact a host of factors including motivation and the ability to make informed judgments. It is important to recognize that these systems do not develop independently, but are interrelated and significantly impact each other.<sup>1</sup>

Adolescence is also marked by increased risk taking behaviour and novelty seeking including experimenting with substance use and engaging in antisocial behaviour. The tendency among youth to engage in risky behaviour can have serious consequences including morbidity and mortality.<sup>2</sup> That said the majority of youth do not report alcohol or drug use problems, The most common substances used by youth are alcohol and cannabis, and most youth will desist in cannabis use and reduce their risky alcohol use in adulthood with the adoption of adult roles. For a subgroup of youth, however, substance use persists and progresses into problematic use and addiction.<sup>3</sup> There is evidence that adolescence may be a sensitive period for substance abuse. That is, adolescents who use substances are more likely than adults to develop dependency and addictions.<sup>4</sup>

Given the significant risk that youth face, there is a need for effective youth-focused health promotion and substance abuse prevention initiatives. Prevention programs for youth have been proven effective to delay the onset of use and to reduce use by those already using. Despite this, there has been no national approach to youth illegal drug use prevention in Canada, making it an anomaly among Western nations. Existing Canadian prevention efforts are fragmented, and there is little coordination or examination of best practices.

---

<sup>1</sup> Spear, L. P. (2000). The adolescent brain and age-related behavioural manifestations. *Neuroscience and Biobehavioral Reviews*, 24, 417-463.

<sup>2</sup> Kramer, E., Houser, R. F., Chomitz, V. R., & Hacker, K. A. (2004). Defining and understanding healthy lifestyles choices for adolescents. *Journal of Adolescent Health*, 35, 26-33.

<sup>3</sup> Bachman, J. G., Wadsworth, K. N., O'Malley, P. M., Johnston, L. D., & Schulenberg, J. E. (2007). *Smoking, Drinking, and Drug Use in Young Adulthood: The Impacts of New Freedoms and New Responsibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.

<sup>4</sup> Chambers, R., A., Taylor, J. R., & Potenza, M. N. (2003). Developmental neurocircuitry of motivation in adolescence: A critical period of addiction vulnerability. *American Journal of Psychiatry*, 160, 1041-1052  
and Izenwasser, S. (2005). Differential effects of psychoactive drugs in adolescents and adults. *Critical Review of Neurobiology*, 17, 51-68.

The overarching goal of the Drug Prevention Strategy for Canada's Youth is to contribute to the reduction of illicit drug use in Canadian youth. This includes reducing the number of youth who use illicit drugs, deterring and delaying onset of use, reducing the frequency of illicit drug use, and reducing the use of multiple illicit drugs by youth who use.

The Drug Prevention Strategy for Canada's youth is a five-year plan that connects to and builds on the knowledge and experience of a broad, multi-stakeholder group of those involved with prevention and youth development in schools, families and communities. The Strategy is based on three intersecting and complimentary approaches that are specifically intended to leverage off one another. These include:

- ***A Media/Youth Consortium*** of national cooperative group of media, marketing, communications, youth service, and drug prevention experts. This collective group shares resources and expertise in order to effectively communicate and reinforce evidence-based prevention messages directly to youth in two ways: through the organizations that work with youth in their environment, and through the media that market to youth how well existing programs meet evidence-based criteria.
- ***Canadian National Standards*** for the design and delivery of prevention programs, a compendium of existing resources meeting these standards, and the means for communities, families and others to access these.
- ***Sustainable Partnerships*** formalized in a series of agreements across Canada where organizations with different sectoral capacities commit to leveraging their abilities to sustain the implementation of this Strategy's deliverables.

These linked components are designed to reach youth, their parents and community/school based groups through a multi-pronged approach that leverages action from all levels of government, service providers, the not-for-profit sector, national organizations and the private sector. The Strategy is to be delivered in three phases spread over a five year period.

The purpose of the current project is to provide a baseline documenting the existing state of drug use among youth and the current drug prevention programs for youth. Accordingly, EKOS Research was commissioned by the Canadian Centre on Substance Abuse (CCSA) to conduct the online survey of drug prevention stakeholders. The purpose of this survey of stakeholders is to examine awareness and knowledge of existing youth drug prevention programs, as well as needs and gaps in the content and delivery of programs. The results of this survey will contribute to the development and implementation of a national drug prevention strategy for Canada's youth.

## 1.2 SURVEY OBJECTIVES & METHODOLOGY

As noted in the previous section, the stakeholder survey is important in establishing a baseline against which changes can be measured in a subsequent survey conducted toward the end of the Strategy. As well, this survey can be expected to provide useful and valuable information to the implementation of the Strategy. The specific objectives of the survey include:

- Determining the extent to which key stakeholders and program providers are aware of existing programs;
- Examining use of existing programs by key stakeholders and program providers;
- Exploring their assessment of the quality and utility of programs available;
- Exploring their assessment of the limitations or gaps in current programs or delivery; and
- Identifying needs that are not met by existing programs.

These research objectives have been met through a self-administered online survey of key stakeholders and program providers, which include (but not necessarily limited to) school curricula supervisors, public health representatives, enforcement workers, parent/teacher organizations, and youth-serving groups or organizations.

The survey instrument was designed to address all issues and objectives, including:

- Awareness of existing drug prevention programs aimed at youth;
- Information sources for youth drug prevention approaches and programs;
- Use of existing programs;
- Perceived quality and utility of existing programs;
- Strengths and weaknesses of current programs;
- Current gaps in youth prevention programs and program delivery;
- Awareness of the federal strategy;
- Perceived need for and function of national standards; and
- Key needs or priorities to be addressed in the field of youth prevention.

Following a pretest, the survey instrument was administered using a bilingual email invitation and a bilingual questionnaire, installed on a secure website. In most cases, stakeholders were sent an email to their individual organization containing a brief description of the survey (in both languages) along with a hypertext link to a survey website and a PIN. Other, larger organizations, with member organizations, were

asked to pass along the invitation to their members. In each case, once they click on the survey link, their browser was directed to a website containing the survey instrument.

Initially, 269 organizations were invited to participate. The list of stakeholders was provided by the CCSA, as a partial list of community organizations involved with youth and in drug prevention. As a “stakeholders’ survey” it should be noted that the survey and results from it are not intended to be representative of all community organizations dealing with youth and/or drug prevention. They can more accurately be described as those closest to the CCSA, many with active dealings the CCSA. As such, they are likely the most prominent and largest, as well as organized groups in this area. The final sample includes a total of 173 stakeholders that completed the survey. Of these 120 were sent individual invitations to the survey, while 53 completed the questionnaire based on a more generic invitation that was sent through some group or network within the stakeholder community dealing with youth and drug prevention. Of the 269 individual organizations sent an individual e-mail, the response rate was 41 per cent.

## 1.3 ANALYSIS OF FINDINGS

Because the sample is fairly small, and results are reflective of a narrower stakeholder group, rather than representative of the broader pool of community organizations dealing with youth and drug prevention, results have been described in terms of broad trends and major patterns of sub-group differences. Detailed results are provided in the technical appendix, although readers should be cautioned about the relatively small size of the sample, particularly in cases where questions were answered by a subset of stakeholders, and in reviewing results for sub-segments of the stakeholder pool. Again, readers should also be cautioned that there is no way of verifying or measuring the extent to which the initial sample of organizations provided for the survey is an exhaustive or representative list of even CCSA’s stakeholders, and it is likely not reflective of the broader population of community organizations dealing with youth and drug prevention. The evidence is instructive for understanding what types of programs are being used by some organizations, what information they use and how they use it and what information gaps exist that the CCSA could possibly assist with. It cannot be used to estimate the level of demand or other measures which would rely on a more representative sample. These limitations must be kept in mind in interpreting the information presented in this report. Although margins of error and some statistical testing has been used in the reporting of findings, results should be interpreted as more qualitative, reflecting broad trends in the stakeholder population, than quantitatively accurate to a fine level of precision.

## 1.4 SAMPLE CHARACTERISTICS

The following table provides an overview of the stakeholders responding to the survey. Stakeholders represent a variety of different organizations, including addictions agencies (24 per cent), health centres (16 per cent), non-governmental organizations (14 per cent), and government agencies (12 per cent). Fewer than one in ten works with parent or youth community groups or law enforcement agencies.

Youth is a primary target audience for half the stakeholder organizations responding to the survey. The length of experience these organizations have in terms of working with youth varies considerably, with 60 per cent reporting 10 years experience or more. The same is true in terms of their length of experience working in the area of drug prevention.

Stakeholders from across the country responded to this survey. A significant proportion (one-third) of the organizations responding operates in the province of Ontario, 16 per cent in B.C., and 11 per cent in Manitoba. Fewer than one in ten operates in other provinces and territories. Roughly three in ten responding organizations reported that their organization focuses at the local, regional or national level. Few operate nationally or internationally.

### Sample Distribution by Key Organizational Characteristics

	n=173
<b>Which of the following best describes your organization?</b>	
School/Education	9%
Community group, working with youth	8%
Community group working with parents	1%
Law enforcement	9%
Government agency	12%
Addictions agency	24%
Health Centre	16%
Non-Governmental not for profit organization working with you	14%
For-profit organization	1%
Philanthropic organization	0%
<b>Is youth the primary target group for your organization?</b>	
Yes	50%
No	48%

<b>How many years has your organization been involved with youth?</b>	
One year or less	17%
Two to five years	5%
Six to nine years	3%
10 years and more	60%
Not really involved with youth	3%
<b>How many years has your organization been involved with drug prevention?</b>	
One year or less	20%
Two to five years	7%
Six to nine years	4%
10 years and more	54%
Not really involved with youth	2%
Don't know/No response	12%
<b>In what province do you operate?</b>	
British Columbia	16%
Alberta	8%
Saskatchewan	2%
Manitoba	11%
Ontario	33%
Quebec	1%
New Brunswick	4%
Nova Scotia	5%
Prince Edward Island	3%
Newfoundland and Labrador	3%
Yukon	1%
Northwest Territories	9%
Nunavut	2%
All of them	3%
<b>What is the scope of your organization?</b>	
Local	27%
Region	29%
Provincial	30%
National	8%
International	5%



## 2. FAMILIARITY WITH ENVIRONMENT AND EXISTING PROGRAMS

In order to help situate the survey results, it is helpful to have a general understanding of what stakeholders know (even from a self-reported perspective). It also helps an organization like the CCSA to know what information it can provide. To this end, stakeholder respondents were first asked in the survey questionnaire about their familiarity with the types of programs, underlying protective and/or risk factors, as well as the resources and supports that are available and can be used with respect to youth drug prevention and their associated programs. Keeping in mind that the responses reflect a self-assessment, it is interesting to see that the stakeholder community feels comfortable with their own understanding of the risks, and to a lesser extent, the protective factors, related to drug prevention among youth. Stakeholders also reported themselves to be on comfortable ground with regard to their knowledge of other organizations doing this type of work and of the types of programs that exist. There seems to be a stronger role to be played in providing stakeholders with more detailed information about specific programs that exist and on how to select and plan programs. The greatest gap seems to be in information about assessment of performance of programs and how well they meet the intended objectives.

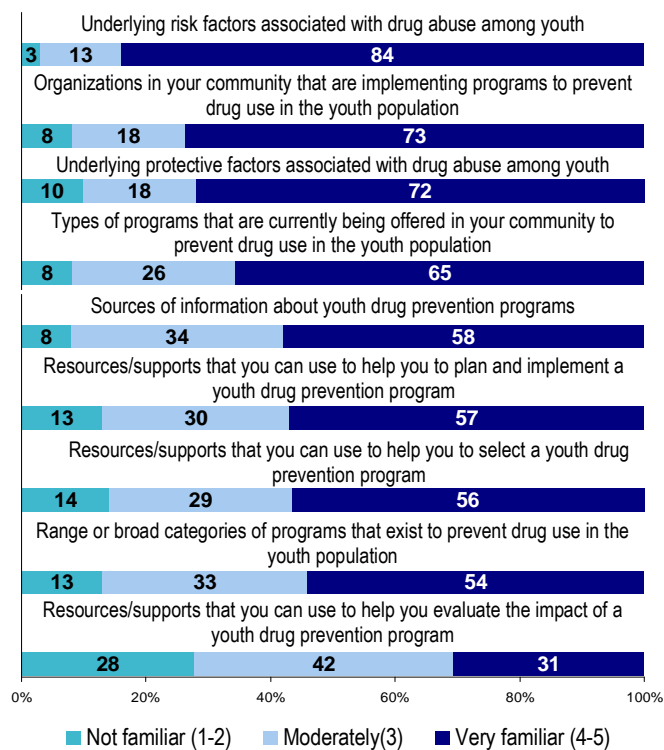
In terms of detailed survey findings, eight in ten respondents believe that they are very familiar with the underlying risk factors associated with drug abuse among youth, and seven in ten said that they are familiar with the underlying protective factors associated with drug abuse among youth. In terms of existing programs, seven in ten reported familiarity with organizations in their community that are implementing programs to prevent drug use among youth and two in three are familiar with the types of programs that are currently being offered in their community to prevent drug use as high. Only a handful of stakeholder organizations said that they are not familiar with these.

Over half consider themselves to be very familiar with the sources of information about youth drug prevention programs, resources and supports they can use to help plan and implement or to select a youth drug prevention program, as well as the range or broad categories of programs that exist to prevent drug use in the youth population. That said, about one in three organizations are only moderately familiar with these and at least a handful have no familiarity with them at all (eight to 14 per cent, depending on the specific element).

Only one in three reported that they are familiar with the resources and supports that one can use to help evaluate the impact of a youth drug prevention program, while four in ten respondents reported being moderately familiar with such resources. About as many stakeholders said that they are not familiar with these resources as those that said that they are familiar with them, highlighting this area as the widest gap in information in the stakeholder community.

## Familiarity with Youth Drug Prevention Programs and Resources

“How familiar are you with the...?”



- Not surprisingly, stakeholders organization that are dealing with youth and or drug prevention have a greater familiarity with youth drug prevention programs, underlying risk factors and the various resources available than those that are from organizations unrelated to youth/drug prevention.

# 3. INFORMATION SOURCES

## 3.1 GENERAL INFORMATION SOURCES

Stakeholders were asked a series of questions about information they typically seek regarding youth and drug prevention programs, as well as the sources and demand for different types of information. Stakeholders most commonly turn to Canadian addictions agencies (64 per cent) and Health Canada or the Public Health Agency of Canada (PHAC) (62 per cent) for information on drug prevention programs for youth. Just over four in ten said that they specifically contact experts in the area, an academic source, health promotion departments or regional health authorities. Four in ten said they use other provincial government sources as typical sources of information, and about one-third seek information from local police or other law enforcement organizations. About one in four cite international addictions agencies and other not-for-profit agencies as sources for information regarding youth drug prevention programs.

### Sources of Information

“Where do you typically get information about drug prevention programs for youth from?”

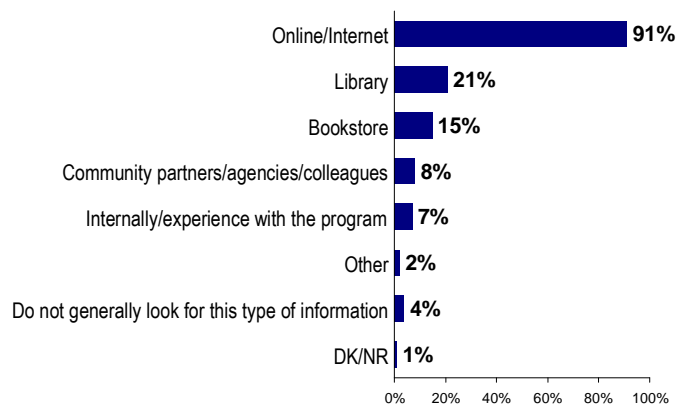


- Naturally, stakeholders with high levels of knowledge of programs typically cite more sources (i.e., academic sources, specific expertise and international agencies) compared to those with less familiarity.
- Respondents whose primary target group is youth tend more often to seek information from specific contact with expertise in the area, local police or other law enforcement organizations as well as health promotion departments or regional health authorities.
- Stakeholders involved in formalized networks and associations focusing on youth/drug prevention are more apt than others to turn to academic sources, and sources with specific expertise.
- Organizations with more than ten years experience with youth and with drug prevention are more apt than those with less experience to identify Canadian addiction agencies, international addiction agencies, other not-for-profit agencies, and public health authorities as information sources.

Stakeholders most commonly seek out information electronically, using the Internet (91 per cent). Very few consult libraries (21 per cent) or book stores (15 per cent) for information on youth drug prevention programs. Furthermore, fewer than one in ten reported looking to community partners, agencies or colleagues, or seek information or experience internally to their organization for information on drug prevention programs.

## Location of Information

**“Where do you typically look for information about drug prevention programs for youth?”**



Stakeholders interviewed as a follow-up to the survey identified the Internet as a key source for research as well. Some noted that they turn to particular sources or sites that they have found useful in the past, including the Alberta Government, CCSA, and American sources. One also noted that conferences or workshops are another source of information, describing how they implemented the “What’s With Weed” program after attending a workshop on it.

Interview respondents all described that while there is a lot of information out there on programs, it is often difficult to know how reliable the information is. They noted that you can typically read one interesting study or approach, and then find another one that completely refutes it.

This small sample of stakeholders pointed to a lack of information on: how to implement programs; how to integrate research and evaluation; and how to conduct evaluation. They also underscored the limited information available on the effectiveness of existing programs. Overall, they described a paucity of reliable information on evidence-based practices and approaches. Not only do they want information and support for conducting evaluation research, but they want to be able to access useful information and data on the effectiveness of existing programs and approaches.

One respondent also noted that some approaches, programs or tools out there have been developed privately, and have to be purchased.

Several suggested that they would like to be able to access reliable, useful information and data from a single trusted source.

## 3.2 AFFILIATIONS & COORDINATION EFFORTS

Two in three responding organizations described some form of membership in a formalized group that focuses on youth or drug prevention. Coalitions or strategies, and networks top the list, followed by umbrella organizations or associations. Only two in ten responding organizations do not belong to any of those mentioned related to youth or drug prevention, although an additional one in eight were unsure.

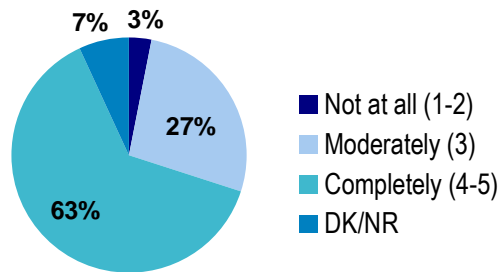
Stakeholders with a stronger central focus on youth/drug prevention, as well as those with high knowledge levels more often belong to formalized umbrella organizations/associations, networks and coalitions/strategies. Networks and coalitions are more prevalent in Ontario than other regions.

Member organizations share information and resources quite regularly (i.e., monthly or more often), according to half of those in a formalized group. Another one in five said that the communications occur quarterly and few said that it happens less often. Naturally, coordinated actions occur less frequently, although surprisingly more than one in three said that this occurs with regular frequency (i.e., once a month or more). Another one in six said the occurrence is quarterly. The same number said that this type of action is even less frequent (17 per cent saying semi-annually or less often), and two in ten said that there is no scheduled frequency, but that this occurs on an as needed basis.

Stakeholders are quite favourable in their views about the value their organizations get from their membership in these types of groups. Nearly two in three believe that their membership enhances their capacity considerably. Another one in four believes that the impact is at least moderate, and only a handful do not believe that they see any impact on capacity from their membership.

### Involvement re: Members' Capacity

"To what extent do you believe that involvement with this group enhances members' capacity?"



n=113

CCSA Stakeholder Survey, 2008

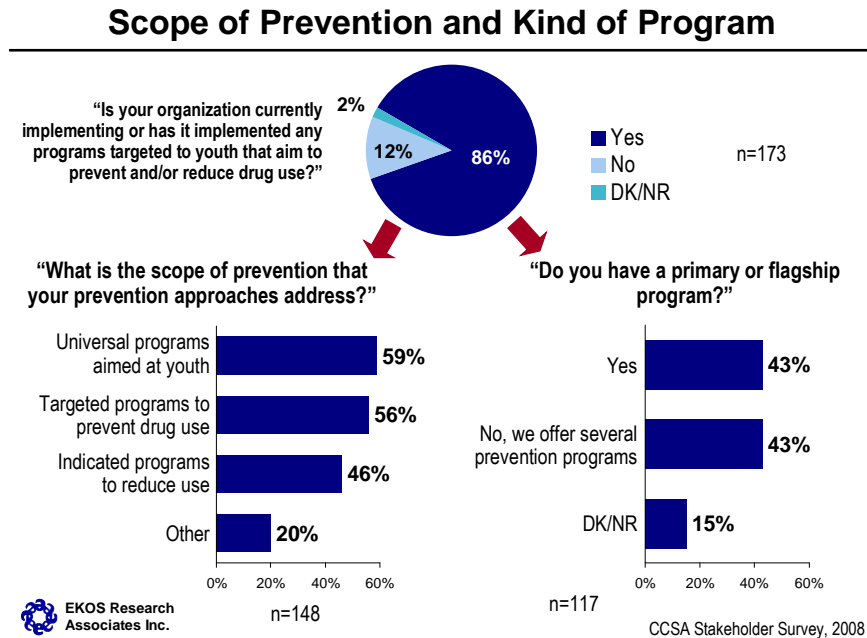
Members of these types of groups seem to be very active, with a strong commitment to them. Most stakeholders (74 per cent) involved in a formalized group reported that they play an active role in the group organization. Almost the same proportion (72 per cent) reported that members contribute to common objectives or goals. Stakeholders with greater knowledge and greater experience with youth and drug prevention more often reported an active role within this group.

# 4. PROFILE OF EXISTING PROGRAMS

## 4.1 GENERAL NATURE OF PROGRAMS

Given that the survey explores the quality, and strengths and weaknesses of existing programs, as well as need that stakeholders have for information and other supports, it is useful to first understand what types of programs these organizations are delivering. It is important to note once again, however, that the survey sample may not be representative of the broader population of community organizations working with youth or addressing drug prevention.

Respondents were also asked whether their organization is currently implementing or has implemented any programs targeted to youth that aim to prevent and/or reduce drug use. Most of the responding stakeholder organizations' (86 per cent) said they are currently implementing or have previously implemented programs targeted to youth that aim to prevent and/or reduce drug use. Of those implementing programs, nearly six in ten identified universal programs aimed at youth more generally, a similar number target programs to prevent drug use specifically, and just under half indicated they have implemented programs to reduce use.

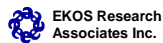
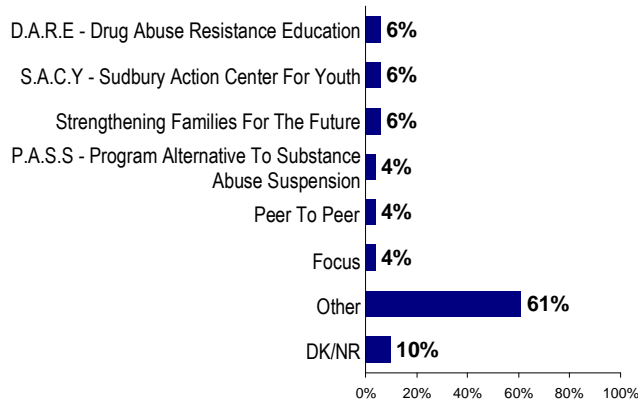


Results also indicate that four in ten have a primary or flagship program, and the same proportion offers several prevention programs. Stakeholder organizations with more experience (i.e., exceed 10 years involvement) with youth and/or drug prevention more often cite universal programs that are aimed at youth and targeted programs that are developed to prevent drug use, compared to those with less experience.

Those that indicated they have a primary or flagship program were asked to identify the name of this program. Six individual programs were fairly prevalent; however, a wide variety of program names and descriptions were cited by many others, none with a particularly large prevalence.

### Name of Primary or Flagship Program

**“What is the name of the program that your organization considers to be the primary or flagship program that you offer?”**



(Those who have a primary or flagship program)  
n=51

CCSA Stakeholder Survey, 2008

In the follow-up interviews, stakeholders described a significant variety in the prevention programs they are implementing, including Smartrisk, DARE, What’s With Weed, and Party. They are generally implementing these programs in addition to other activities such as talks and activities in schools on drug prevention and use or on bullying, and other activities such as leadership camp. One organization also noted that they work particularly with youth who have already been suspended from school for drug possession.

One interview respondent indicated that they are developing and implementing their own programs as opposed to making use of pre-existing programs. This respondent described a lack of human resources, as well as absence of clear evidence of the program’s effectiveness as reasons for not using existing programs such as DARE.



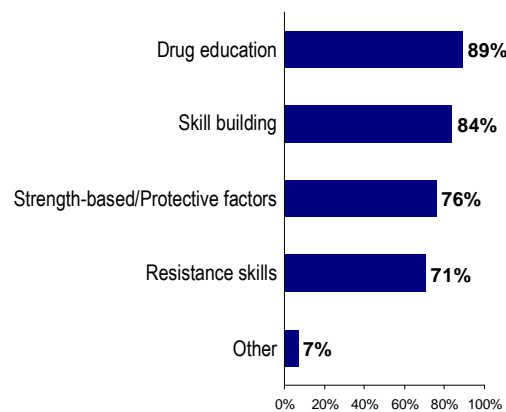
One interview respondent indicated that their organization has a number of prevention programs for youth at risk, which involve firefighters and police officers mentoring at-risk youth. These programs match a youth with a firefighter or police officer, through which the youth learn skills, obtain a sense of belonging, and engage in physical activity.

All interview respondents described a wide range of target audiences. In fact, some also have other community activities or engagement outside of drug prevention (e.g., community policing), noting that drug prevention is only a small part of what they do. Delivery agents vary and include teachers, police officers, volunteers, and social workers or counsellors).

Survey respondents were asked a series of questions concerning the program or programs their organization provided. Those organizations providing a central, flagship program responded with reference to this program, whereas those that offer multiple programs responded with reference to the set of programs offered by their organization. The first area explored was the approach to their programs. Drug education is a central focus for most programs, as is skill building. A slightly lower proportion focus on strength-based/protective factors, and/or resistance skills, although this still describes three in four programs offered.

## Skills Targeted

“Which of the following are addressed by at least some of your programs?”

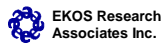
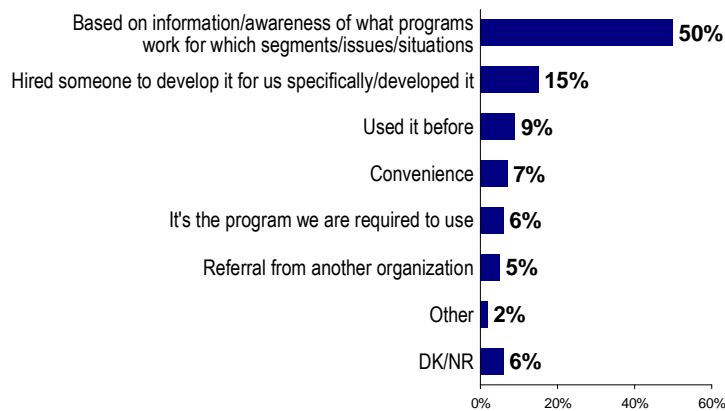


- Stakeholders with greater knowledge and familiarity of programs and resources regarding youth and drug prevention tend to address resistance skills and strength-based/protective factors in their programs more often than those with less familiarity.

Stakeholders most often base their choice of program offerings on information or awareness of what particular programs work for a given segment, issue or situation (half of stakeholders surveyed). A much smaller proportion (15 per cent) noted that they have designed and developed a program to their specifications, rather than adopting programs or approaches already in existence. At the other end of the scale, one in ten base the selection of programs on familiarity, choosing to continue using programs they have used in the past. Similarly, some refer to convenience as a factor which enters into their selection of program(s) and a small number simply have no choice in the program they use.

## Basis for Selection of Programs

“Which of the following were used in the selection of your various programs?”



n=148

CCSA Stakeholder Survey, 2008

In the follow-up interviews, respondents said that their choice of program or approach is generally based on a number of factors, including:

- Available information or research on the Internet;
- Feedback from other communities;
- Experience of local professionals (e.g. social workers, counselors) or of other communities nearby;
- Personal experience;
- Input from schools and community partners;

- Specific community needs (e.g., outbreak of crystal meth in community); and,
- General philosophy and approach of the community partners working together on drug prevention.

One respondent also noted that the selection of program must satisfy all community partners engaged in the process, noting that there can be conflicting views or philosophies to accommodate.

## 4.2 TARGET AUDIENCE

With regard to audiences targeted by programs offered, virtually all programs target youth, although two in three programs offered target parents and over just over half are aimed at teachers and/or education professionals. Others target the stakeholder community or the community at large, as well as professionals that work with youth are the primary targets.

Those with a high level of knowledge of programs and resources are also more apt than other stakeholders to report that their program(s) target a number of audiences, including parents, teachers, community stakeholders and other professionals working with youth. Organizations that deliver several programs are more apt than those with a single program to target other audiences beyond youth (such as parents, teachers and other stakeholders in the community), suggesting that these groups are secondary to targeting youth.

According to survey results, many programs target specific segments of the youth population, including those experiencing family issues with substance abuse, at risk families, First Nations youth, visible minorities, and low income families/youth. One in four target youth with difficulties academically, youth with mental health issues, street involved youth, youth involved with the criminal justice system and/or youth in care. Athletes, new immigrants, and sexual minority youth are targeted in a few cases.

Organizations offering multiple programs are more apt to target specific at risk segments, with the exception of visible minorities and sexual minority youth. Stakeholders with more years of experience with youth and drug prevention are more often the ones targeting specific sub-groups.

With regard to reach and selection of participants, most programs rely on very direct and targeted methods of recruitment. Nearly two-thirds communicate directly with students, parents or stakeholders. Six in ten accept referrals from another organizations or schools (presumably that have the greatest direct contact with the target audience), and almost as many reach participants through word of mouth in the community. Just under half work with constituents, members, and stakeholders, and the fewest use advertisements in the community or in other organizations (the most diffuse and indirect method) to reach potential participants.

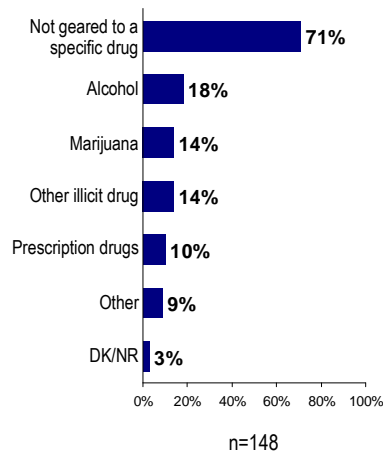
## 4.3 DELIVERY AGENTS

According to seven in ten stakeholders, most programs are not designed to address one specific drug. Among those that do have programs geared towards specific drugs or drug types, alcohol, marijuana and other illicit drugs are the most likely, followed by prescription drugs.

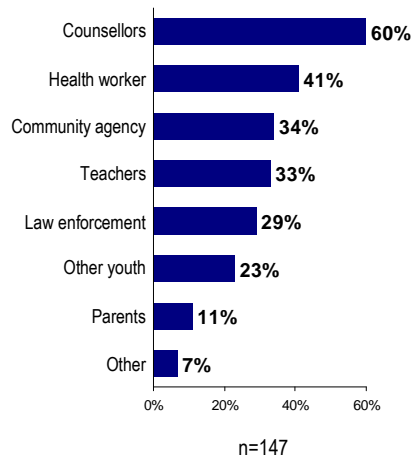
Stakeholders work with a range of delivery agents for their programs. The most common delivery agents are counsellors, with 60 per cent using these services (and even more of addiction agencies doing so). Other delivery agents, utilized by about one-third of stakeholders, include health workers, community agencies, and teachers. Slightly fewer rely on law enforcement as delivery agents or other youth to help deliver their programs. Parents are used as delivery agents in some, but relatively few cases.

### Specific Program Orientation and Delivery Agents

“Are any of your programs geared to a specific drug or type of drug?”



“Who is delivering your programs?”



EKOS Research  
Associates Inc.

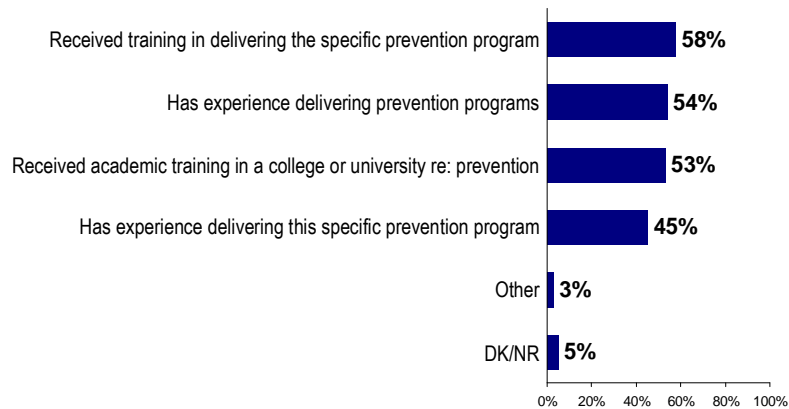
CCSA Stakeholder Survey, 2008

- Stakeholders whose primary target group is youth are more apt than others to state that their programs are drug-specific. Similarly, stakeholders with more years of experience with youth and drug prevention are also more apt than those with less experience to report that their programs are drug-specific.

Most stakeholders surveyed require that their delivery agents have some type of training or experience in the delivery of drug prevention programs. Over half require training that is specific to the prevention program. A similar number require experience in the delivery of prevention programs generally. The same proportion requires post-secondary training in drug prevention. Slightly fewer require practical experience specific to the program they are delivering.

## Minimum Training Required of Delivery Agents

“What is the minimum relevant training or experience required of your (primary) delivery agents?” [Multiple responses accepted]

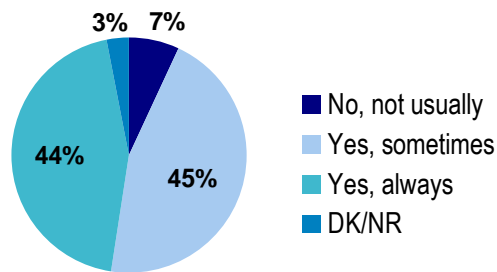


- Organizations with a single or flagship program are more likely to require training specific to the prevention program being delivered, compared with those offering multiple programs. This is also more often true of organizations with a provincial scope (compared with those with a smaller geographical focus).
- Addiction agency organizations more often require academic training as is also true of organizations with a regional scope.

Most stakeholders provide some type of training for delivery agents. That said, not quite half provide this training consistently to all delivery agents; while a similar number providing training more sporadically. Only a handful of stakeholders do not usually provide training to those delivering the drug prevention program.

## Training Provided to Delivery Agents

“Is training provided to those who are delivering the program?”



- As noted previously, organizations with flagship programs more often noted that training is consistently provided, as do organizations whose scope tends to be provincial.

# 5. QUALITY OF PROGRAMS

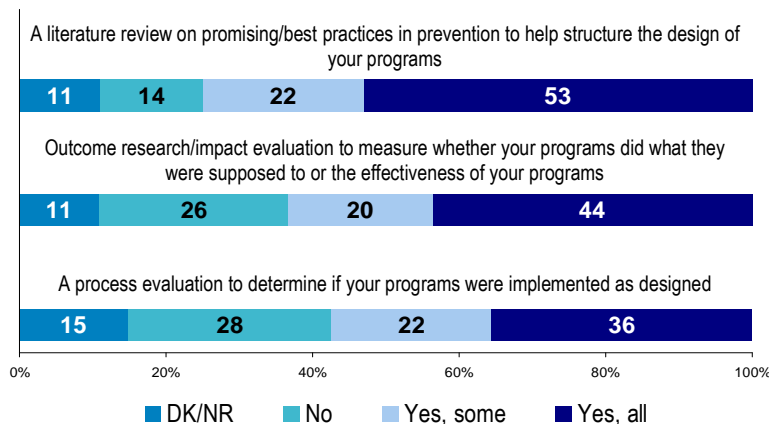
## 5.1 AVAILABILITY OF EVALUATION EVIDENCE

Research and evaluation often play some role in the selection, development or implementation of prevention programs. According to survey results, a majority of organizations consult best practices at a minimum, and over half conduct evaluation research. That said, it is not an insignificant minority that reported no such guidance or feedback in the selection of their programs, and another one in ten stakeholders are not aware of whether their organizations or programs have employed a literature search, process evaluation or impact evaluation.

Specifically, a literature review on best practices in prevention is the most frequently used guide to the selection or design of programs, with three in four organizations reporting their use for at least some of their programs (and 53 per cent saying they always use a literature review). Two in three said that they rely on an outcome or impact evaluation at least some of the time. Process evaluations are less commonly conducted, although just over half said that they use them at least some of the time (and 36 per cent using them all of the time).

### Research and Evaluation Conducted

“Has it been conducted as part of program development, selection, or implementation?”



- Stakeholders with greater knowledge or familiarity levels are more apt to have employed each type of research listed.

Among those organizations performing them, most said that they obtain useful information regarding potential program enhancements,

In the follow-up interviews respondents noted that they access what information, literature and data they can find to help them design, select and structure programs. They generally rely on Internet searches and input from others to obtain this information. They underscored their own inability to assess the reliability and validity of information available.

Interview respondents indicated that they are conducting limited research or evaluation, with a lack of resources as a key barrier. Several noted their preference for following youth in order to assess the actual impacts, but that they have thus far not been able to do so. Research is generally limited to questionnaires following participation in a program or activity, with some describing the use of both pre and post participation questionnaires. They described their frustration at not being able to conduct meaningful evaluation. One respondent noted that while feedback from participants may be very positive, it is difficult to know whether there has been any concrete impact on attitudes and behaviour.

In terms of evaluation tools, some interview respondents noted that existing or “canned” programs often come with evaluation tools or questionnaires that they can use, whereas others said that they develop their own.

In terms of additional supports to help them conduct evaluation, follow-up interview respondents reiterated their interest in being able to access reliable data on the effectiveness of programs and approaches, as well as tested evaluation tools or approaches which they can benefit from. Several noted that, while they understand the importance of evaluation, they lack the necessary expertise to develop evaluation tools. Above all, they said that they require resources to be able to undertake more extensive evaluation activities.

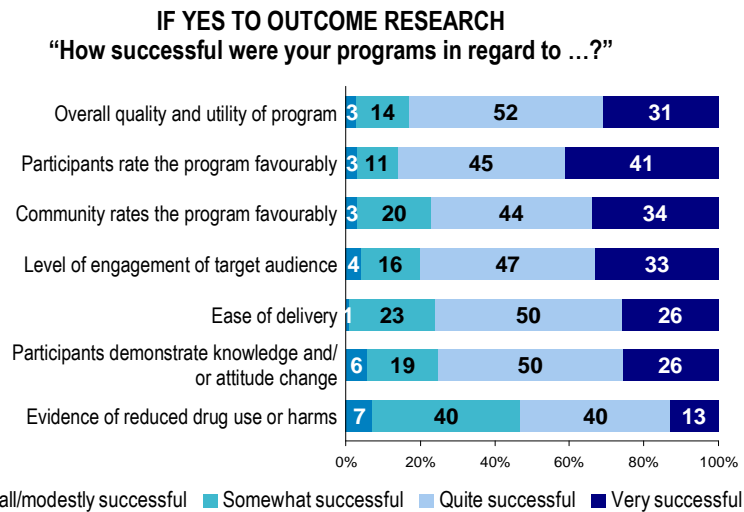
## 5.2 EVALUATION EVIDENCE

Those stakeholders in the survey sample that had conducted outcome research of their program(s) were asked to rate the success of the program based on evaluation findings. For almost all areas explored, at least three in four stakeholders reported that the program was “quite” to “very” successful. Most programs do well on the easier fronts such as participant reception or ratings, community response and engagement by the target audience. Programs have more difficulty showing any impact in participant attitude and behaviours or in an actual decrease in drug use. That said, eight in ten describe the program as “very” or “quite” successful in terms of overall quality and utility.



Specifically, four in ten reported that the program evaluated was very successful in terms of participant reception or ratings, with another 52 per cent saying that the programs were “quite” successful. Similarly, over one-third described their program(s) as very successful in terms of community response and engagement by the target audience. On the other hand, 40 per cent describe the program as only somewhat successful in terms of evidence of reduced drug use or harm. These results point to a need for proven program approaches, a sharing of best practices, and continued evaluation and impact research.

## Success of Programs re: Outcome Research



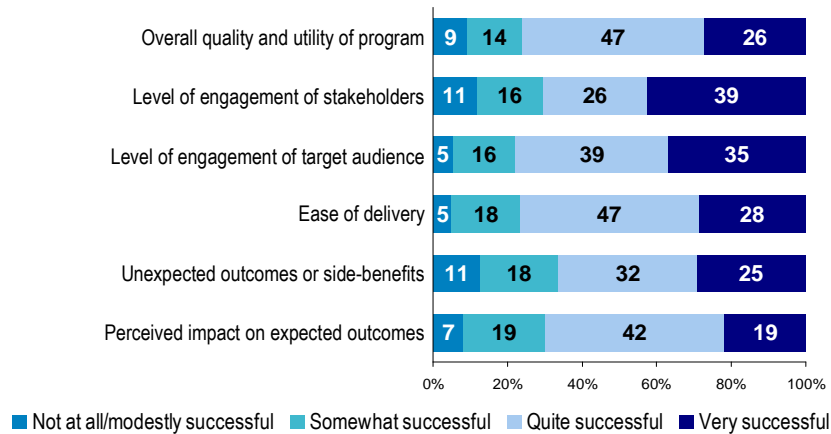
In terms of reasons for not conducting outcome research or evaluation, the primary obstacles are time and financial resources. Information on “how to” is an issue for over one-third as is having access to individuals with the knowledge or ability to undertake this research, highlighting a fairly prevalent need for access to program evaluation tools and/or resources.

Stakeholders that did not conduct outcome research on their program(s) were asked to rate the perceived success of certain aspects of their program(s). These stakeholders are less positive than those that evaluated their programs; more often describing them as not at all successful on each point examined. Given that it is stakeholders with less familiarity or knowledge about programs available that are also less apt to have undertaken the research, this may point to either an inability to realistically judge their own programs or a strong need for greater information regarding, for example, available programs to support program evaluation.

Engagement by stakeholders and engagement by the target audience are most often described as very successful (by 39 and 35 per cent, respectively). Over one-quarter describe their program as very successful in terms of the ease of delivery, overall quality and utility, and unexpected side outcomes or benefits. As with stakeholders that have conducted outcome research, programs are perceived to have been less successful in terms of impacts or outcomes.

## Success of Programs Without Outcome Research

IF NO TO OUTCOME RESEARCH  
 “How successful would you rate your programs in regard to...?”

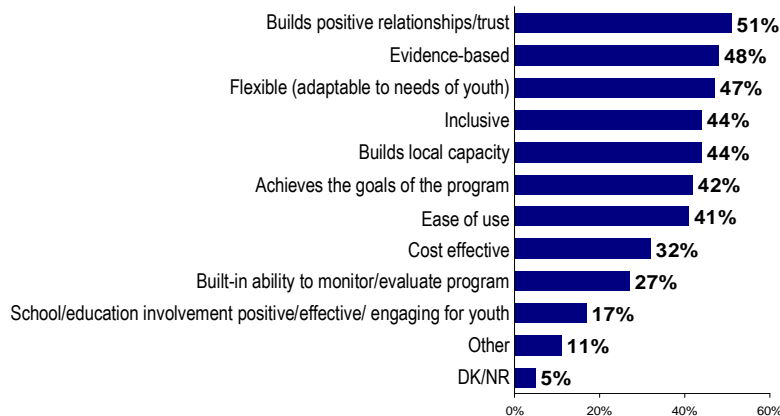


## 5.3 SPECIFIC STRENGTHS & WEAKNESSES OF PROGRAMS

Stakeholder respondents offering single or flagship programs were asked to identify the perceived strengths of the program they have implemented. Building positive relationships and trust are indicated most frequently. Other frequently noted strengths include the program's evidence base, and its flexibility and adaptability. More than four in ten stakeholders noted inclusivity, building local capacity, achieving the goals of the program, and ease of use as strengths of their program. Fewer, but still one-third of stakeholders, said their program is cost effective. Another one in four noted the built-in ability to monitor and evaluate the program. One-fifth of respondents described the strength of school involvement as positive, effective and engaging for youth. One-fifth of respondents described the strength of school involvement as positive, effective and engaging for youth.

### Strengths of the Program

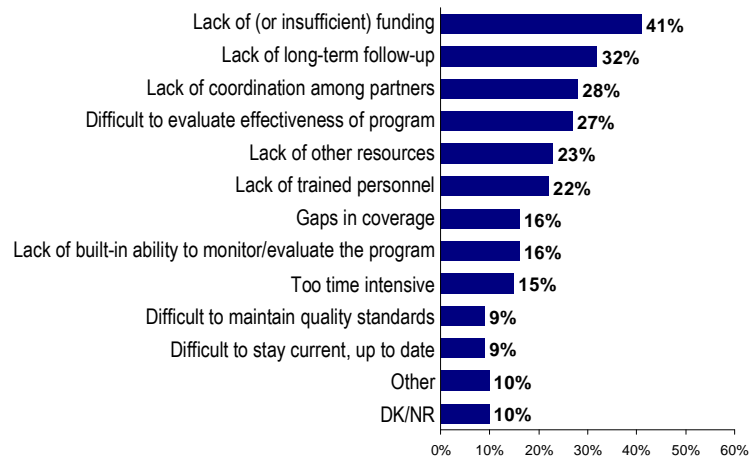
“As far as you can tell, what are the strengths of the program that you have implemented?”




In terms of weaknesses or pitfalls of the program, lack of (or insufficient) funding is cited most often (by four in ten respondents), followed by a lack of long-term follow-up. Over one-quarter list the lack of coordination among partners, and difficulties evaluating the effectiveness of the program. Over two in ten reported a lack of resources (other than funding) as a weakness, as well as a lack of trained personnel. Other weaknesses include gaps in coverage, the lack of built-in ability to monitor/evaluate the program, that their program is too time intensive.

## Weaknesses of the Program

**“As far as you can tell, what are the weaknesses or pitfalls of the program that you have implemented?”**



 EKOS Research Associates Inc.

n=81

CCSA Stakeholder Survey, 2008

These results were validated in the follow-up interviews, where respondents described the same types of strengths and weaknesses. Strengths include the partnerships and extent of coordination or collaboration in the community, and the commitment of individuals involved. Weaknesses most often identified were a lack of resources (financial and human), as well as a lack of practical information and tools to help them evaluate their own programs, and also information to assist stakeholders in knowing the effectiveness of existing programs. One interview respondent also identified a lack of prevention officers with specific youth experience as another weakness.

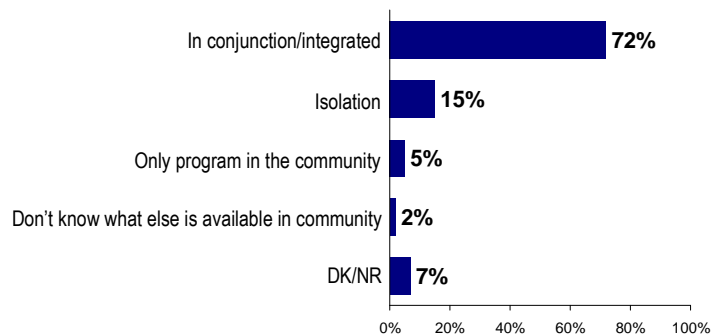
# 6. CURRENT GAPS

## 6.1 INTEGRATION, COORDINATION & OTHER ORGANISATION INVOLVEMENT

A majority (72 per cent) of stakeholders in the survey sample indicated that their program(s) are coordinated and/or integrated with other programs in the community, whereas only 15 per cent work in isolation. A small proportion of stakeholders noted that they offer the only program(s) available in their community.

### Integration of Community Programming

**“As far as you know, do your programs work in conjunction or in an integrated fashion with other programs in the community or does it operate in isolation?”**



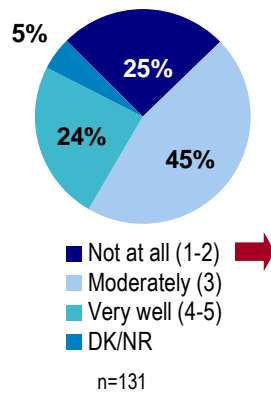
- Stakeholders with a high level of knowledge of programs available and those whose organization is involved in a network or association dealing specifically with youth or drug prevention are more apt than others to report working in a coordinated or integrated fashion with other programs in their community.

Among the stakeholders that work in an integrated fashion with others in the community, only one in four feels that programs in their community are well coordinated. Almost half believe that the programs in their community are moderately well coordinated or integrated with each other, and another one in four believes that they are not at all integrated or coordinated with one another.

Among the main reasons for this is the diversity in mandates of organizations engaged in programs, noting that different organizations have different mandates (cited by 54 per cent of stakeholders that do not feel that their programs are sufficiently coordinated). Lack of knowledge or awareness of alternative programs, lack of time or resources to coordinate, a sense that organizations do not believe that it is necessary to coordinate, and competition for funding are cited more sporadically as obstacles to coordination.

### Coordination of Programs

“To what extent would you say that the programs offered in your community are coordinated/integrated with one another?”



EKOS Research Associates Inc.

“Why do you think that programs in your community are not well coordinated?”

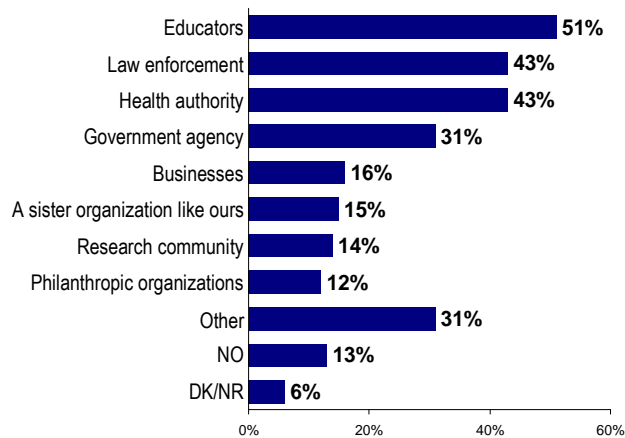


CCSA Stakeholder Survey, 2008

The majority of stakeholders in the survey sample noted that their program is engaged with partners, with educators, law enforcement and health authorities at the top of the partnership list (43 to 51 per cent of the time). Three in ten identify government agencies as partners. Smaller numbers cite businesses, a sister organization similar to their own, the research community and philanthropic organizations as partners.

## Other Organizations Involved

**“Is any other organization involved in the planning, funding or delivery of the programs (i.e., a partner in program)?”**



 EKOS Research Associates Inc.

n=148

CCSA Stakeholder Survey, 2008

- Stakeholders with multiple program offerings more often cite a number of other partners (including law enforcement, educators, health authorities, government agencies, as well as businesses), as is also the case with stakeholders with a longer track record with drug prevention.

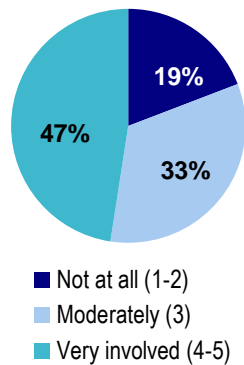
In the follow-up interviews, all respondents said that community partners are fairly well integrated in their programs. Each described a close collaboration with partners in the community. They generally reported partners with law enforcement, schools, health partners, social workers. One respondent from a fairly prominent and well-known stakeholder organization noted that they sit on a community board focused on prevention, which receives municipal funding for a coordinator. Another indicated that they are a member of 22 different committees focused on a wide range of community issues. This respondent felt that while integration is already strong, it could be improved by the introduction of one community centre, where all resources would come together under one roof to share resources and support each other.

Furthering the discussion on partnership engagement, stakeholders in the survey were asked to describe the extent of involvement of partners in their program(s). Stakeholders reported a fairly high level of engagement by partners. Nearly half indicated that other agencies/organizations have been very involved, whereas one-third reported moderate involvement. Fewer than one in five stakeholders indicated that partner organizations have only minimal involvement.

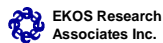
When asked how these organizations or agencies have been involved, half reported that they are engaged at the planning, implementation and delivery stages of the program, and over one-third described partners that are engaged in all stages or aspects of the program(s). Fewer list partnerships involving participant selection, or evaluation and reporting.

### Level of Involvement of Other Agencies

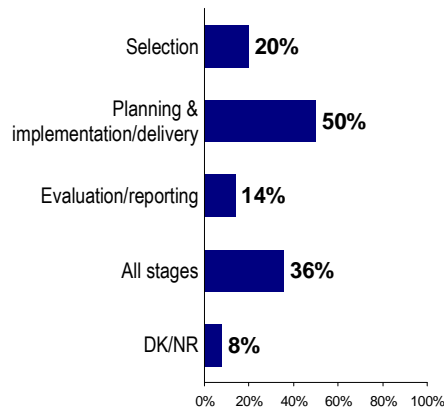
“How involved have other agencies or organizations been in the programs?”



n=122



“At what stages?”



n=121

(Those with involved partners)

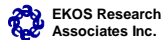
CCSA Stakeholder Survey, 2008



Next, those stakeholders reporting engagement or involvement by other organizations were asked to describe the nature of partner involvement. Stakeholders most often describe partners as being involved in the delivery of service (63 per cent), followed closely by an advisory/consultative role. Over half cite partner engagement in the sharing of information. Four in ten list funding, as well as promotion and/or marketing support. One-third of these other organizations were involved in resource development, while slightly fewer describe an involvement in coordination or management, as well as training.

## Nature of Involvement

“What was the nature of their involvement?”



(Those who said yes)  
n=120

CCSA Stakeholder Survey, 2008

- Stakeholders with more years of experience in drug prevention or youth as a primary focus are more apt than other organizations to cite stakeholder involvement in a number of areas, including delivery, promotion, an advisory capacity, and information sharing. The same is true of those with greater familiarity with or knowledge of programs.

## 6.2 COLLABORATION NEEDS

Surveyed stakeholders with partners in their program(s) were asked what they needed to enable them to more fully collaborate/partner with others. The most common obstacles to further collaboration or partnership identified lack of human and financial resources, lack of access to funding, and insufficient staff. Buy-in from relevant organizations, and a need for better planning and coordination were cited by four in ten organizations (41 per cent, each). Three in ten stakeholders indicated that they could benefit from assistance with networking and better promotion/marketing of the program. Two in ten cited a need for greater flexibility to make decisions.

### Specific Needs to Collaborate with Others

“What would you need, if anything, to enable you to more fully collaborate/partner with others?”



(Those who said yes)  
n=145

CCSA Stakeholder Survey, 2008

- Stakeholders with more experience with drug prevention and a specific focus on youth as the primary target group are more apt than others to identify many of the needs listed, including opportunities to access more resources, more staff, buy in from other organizations, assistance networking, better promotion, and flexibility in decision-making.

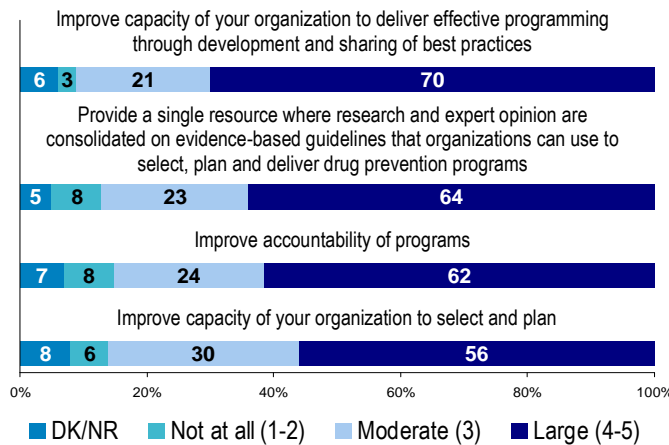
# 7. NEED FOR NATIONAL STANDARDS

As part of the survey, participants were informed that CCSA, in partnership with stakeholders, is in the process of developing a national strategy that would include national standards for youth drug prevention programs. These national standards would be designed to accomplish a number of specific objectives. Each of these objectives were tested in the survey, asking respondents to rate the extent of contribution that would be made to their organization’s ability to deliver effective drug prevention programs (assuming that the national standards could fully achieve each of its objectives). Based on the results, use of best practices to inform program delivery was at the top of the list, followed by a consolidated source of expertise that could be used as a resource for selection, planning and implementation of programs, as well as improved accountability.

In terms of specific results, seven of ten stakeholders agree that the development and sharing of best practices would have a large impact on their organization’s effectiveness. Similarly, over six in ten (64 per cent) agree that evidence-based guidelines would have a large impact. Furthermore, over two in ten believe that such resources (sharing of best practices and evidence-based guidelines) could have a moderate impact, and only a handful of organizations are not convinced of their value. As well, just over six in ten stakeholders agree that improved accountability of programs (which best practices and effective guidelines could contribute to) would also have a large impact on their ability to deliver effective prevention programs. Over half (56 per cent) reported that improving capacity to select and plan would also significantly contribute to community organizations’ ability to deliver effective drug prevention programs for youth.

## Relative Contribution to Effective Delivery

“How much of a contribution would it make to community organizations’ ability to deliver effective drug prevention programs for youth?”



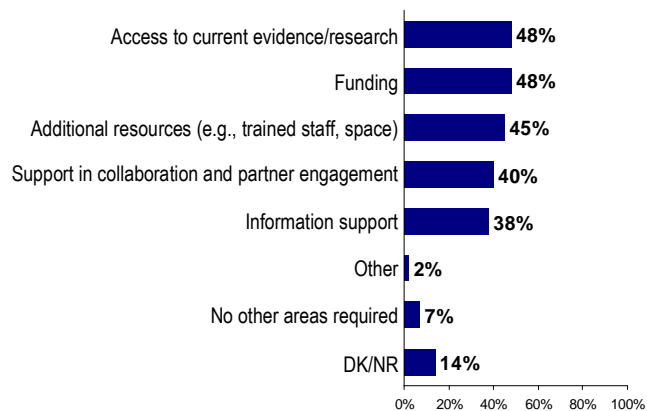
- Stakeholders with a high level of knowledge of programs, and organizations involved in networks and associations dealing specifically with youth and/or drug prevention are more likely than other organizations to feel that improving accountability to programs would make a large contribution.

## 7.1 NEED FOR ASSISTANCE TO APPLY STANDARDS

When asked what they need to adapt or apply a set of standards or best practices in their own organization, access to current evidence/research, funding, and other additional resources, such as trained staff or space were at the top of the list. Slightly fewer pointed to a need for support in collaboration and partner engagement and information support.

### Demand for Assistance with Adapting or Applying Standards

“What do you need, if anything, to help you adapt or apply a set of standards or best practices to your own particular community or organization?”



n=173

CCSA Stakeholder Survey, 2008

- Stakeholders that offer many programs are more apt than those with a primary/flagship program to cite a need for additional resources and access to evidence, while those with a flagship program are more apt to need support with partner collaboration.
- Organizations with more experience with youth and/or drug prevention are more apt to cite a need for several of these supports, including information, access to evidence, funding and additional resources.

From the follow-up interviews, it is interesting to note that some respondents seemed somewhat confused by the term “standards”, and asked for an explanation of standards might involve. That said, once respondents were clear on the term they did agree that standards would be a positive step that would help support them. They suggested that standards might:

- Help ensure standardized measurement of programs and approaches;
- Provide a focus for administration and deployment of resources;
- Reduce their need to “reinvent the wheel”; and,
- Ensure that approaches are based on evidence-based practice.

To help them use or apply standards, interview respondents again emphasized the desirability of being able to obtain information in one place. They suggested that standards be communicated through the Internet. They also suggested that some networking component or possibility would help support their ability to apply standards. They expressed an interest in being able to connect and learn from others who have implemented similar approaches. This connection could be facilitated electronically or with some face to face interaction. According to one respondent, “the best thing they could do would be to bring together people in prevention from across the country”. This same respondent described that they are a member of Amber Alert in the US, and that each year he goes to the US to meet with other members, citing this as extremely valuable and useful information and interaction. Finally, a few interview respondents emphasized the need for some training in specific areas, particularly related to evaluating their own programs.

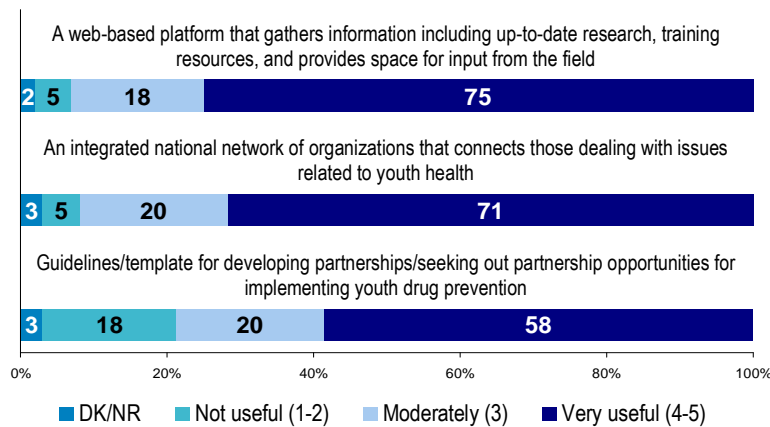
Two interview respondents further specified that any best practices or standards would need to be formulated for stakeholders on the assumption of an integrated community approach to service delivery. In terms of support, they would like to see some assistance or guidance on community partnerships in implementing programs. Several suggested that it will be key to communicate this information out to all key stakeholders, asking them to pass the information along through any major groups or associations that they are involved in, as well as down through provinces and out to all front-line workers. One stakeholder suggested that communication/ implementation be conducted in partnership with the PHAC, which is already reaching out to communities with strategies on immunization, and STDs, which could work hand in hand with drug prevention.

## 7.2 UTILITY OF SPECIFIC PRODUCTS

Survey respondents were asked to rate the usefulness of three separate types of assistance for their organization. Results highlight a web-based platform with up-to-date research, training resources, and space for input from the field as having the widest appeal. An integrated national network of organizations that connects those dealing with issues related to youth health is also seen as very useful. Guidelines for developing partnerships/seeking out partnership opportunities is also of value to many, although the appeal and demand is not as strong as the website and network are.

### Usefulness of Platforms/Networks/Guidelines

“How useful would it be for your organization...?”



n=173

CCSA Stakeholder Survey, 2008

- Stakeholders with less experience with youth or in drug prevention are more apt to indicate that guidelines for developing partnerships would be very useful to them.
- Organizations that are not involved in a formalized network or association related to youth and drug prevention typically find the web-based platform less appealing.

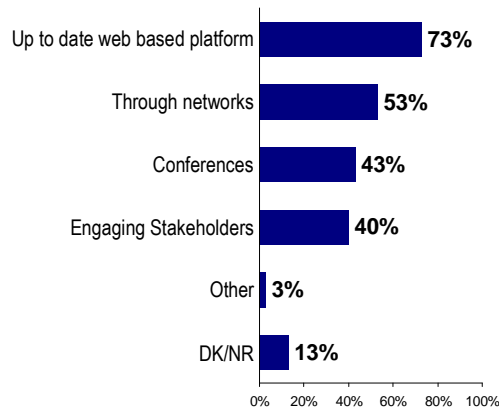
When asked in the survey about other areas where useful information or support could be provided a number of things were suggested related to program evaluation, including up to date information, working guidelines, and best practices, as well as lists of those that are in position to instruct or conduct this type of research. A national network to have access to provincial/federal agencies and other resources was also suggested.

## 7.3 METHODS OF DISSEMINATING STANDARDS

In terms of best methods of disseminating national standards for wide accessibility, an up to date web based platform is seen as the most useful, according to three in four organizations responding to the survey. This is followed by dissemination through networks, although less widely seen as useful (53 per cent). Conferences or engaging stakeholders follow as a third (and perhaps additional) tier.

### Methods to Disseminate National Standards

“What would be the best way to disseminate national standards so organizations are able to access them?”







# 8. KEY NEEDS

## 8.1 DEMAND FOR INFORMATION

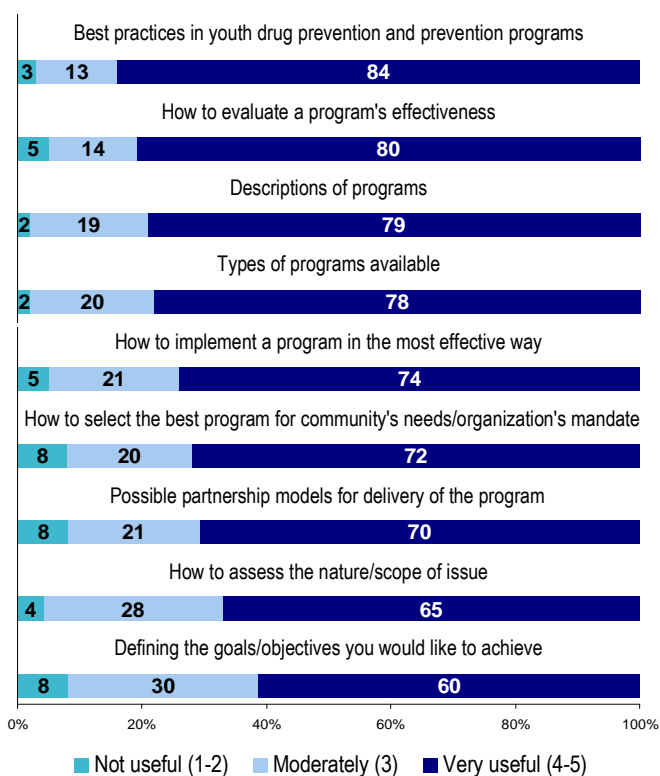
Stakeholders were asked next about the usefulness of additional types of information relating to youth drug prevention programs. Interest is highest in information relating to best practices, program evaluation, and program descriptions, which fits well with what stakeholders indicated as weaker areas of knowledge earlier in the survey. This is also not surprising given the perceived value that is attached to best practices and evidence-based guidelines, and to the perceived limitations in the effectiveness of programs implemented.

Over eight in ten stakeholders responding to the survey agree that additional information on best practices would be very useful to them, followed closely by information on how to evaluate programs, descriptions of programs, and types of programs available. Roughly seven in ten stakeholders or more would find information on the following to be very useful:

- how to implement a program in the most effective way;
- how to select the best program for community's needs/organization's mandate;
- possible partnership models for delivery of programs; and,
- how to access the nature/scope of the issue and defining the goals/objectives they would like to achieve.

## Demand for Information

**“How useful would you find additional information on...?”**



n=159

CCSA Stakeholder Survey, 2008

In the follow-up interviews, respondents reiterated their own need for practical, useful and reliable tools to assist them, as well as evidence-based evaluation information. They would like to see good information and tools to help them: choose programs (by seeing effectiveness information on different programs); implement programs; conduct research and evaluation; and enhance or develop community partnerships. They also described a keen interest in being able to access good data and information from one source.

Interview respondents agreed unanimously that a national media/youth consortium of organizations would be a valuable approach to gathering and sharing information and experiences. “This would be awesome”, according to one stakeholder representative. All interview respondents emphasized that youth communicate through very different approaches, and are highly in tune with new technology. They suggested that youth need to be reached in ways which are geared to their activities and interests (e.g., via cell phone, Facebook, etc.) and through channels they use. One in fact noted that their own community had been discussing the possibility of putting messages out through Youtube and Facebook.

One respondent also noted that youth are best reached by youth. Youth are more receptive to messages from other youth than from adults. Another emphasized that any such approach should include a component specifically targeting Aboriginal youth.

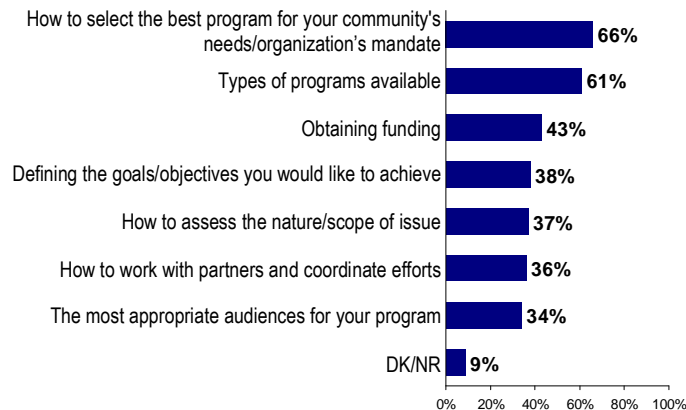
It should also be noted that several respondents said that are grateful for the opportunity to provide input. They appreciated being asked about their needs and how the Strategy can support them.

## 8.2 DEMAND FOR SPECIFIC SUPPORT AND ASSISTANCE

In terms of areas with which stakeholders would like to have more or better support to help with selecting a program, the most frequently endorsed issues, according to survey results, were 1) finding the best fit for their needs and 2) knowledge of the types of programs available. Support in obtaining funding was also identified, although to a lesser degree (by 43 per cent of stakeholders). Somewhat fewer (one in three) pointed to support in defining goals/objectives they would like to achieve; how to assess the nature/scope of issue; how to work with partners and coordinate efforts; and support finding the most appropriate audiences for their program.

### Demand for Support with Selecting Programs

“Which areas, if any, would you like to have more or better support to help with SELECTING a program?”



n=173

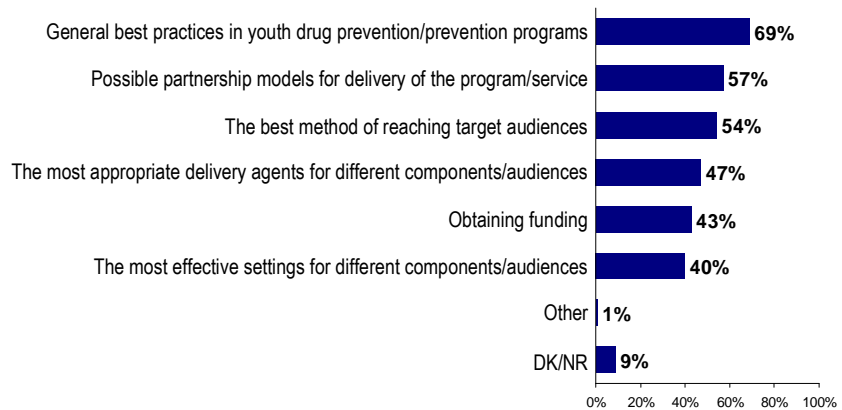
CCSA Stakeholder Survey, 2008


- Stakeholders with a single or primary/flagship program, and those with more experience with youth and/or drug prevention were more apt to want greater support in how to work with partners and coordinate efforts, as well as in obtaining funding.

When asked in the survey about specific areas of support with planning and implementing a program, a need for more information regarding general best practices in youth drug prevention/prevention programs is at the top of the list. Assistance in identifying possible partnership models for delivery of the program/service, or best methods of reaching target audiences are also in demand. Appropriate delivery agents for different components/audiences; obtaining funding; and the most effective setting for different components/ audiences are of interest to fewer organizations (although still of use to four in ten).

## Demand for Support with Planning & Implementing Programs

**“Which areas, if any, would you like to have more or better support to help with PLANNING AND IMPLEMENTING a program?”**



 EKOS Research Associates Inc.

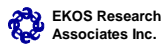
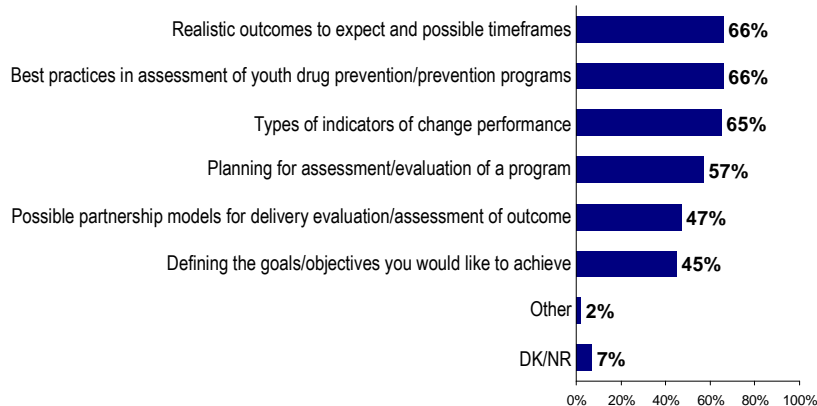
n=173

CCSA Stakeholder Survey, 2008

Within the context of evaluating their programs, realistic outcomes to expect and possible timeframes, best practices in assessment of youth drug prevention/prevention programs and types of indicators of change performance each top the list, according to two in three responding organizations. Slightly fewer are looking for support in planning for an assessment/evaluation of a program. Possible partnership models for the delivery of an evaluation of outcome, as well as definition of the goals/objectives of the program are other areas that some stakeholders would like assistance with, although these are less in demand than more of the nuts and bolts of evaluation (outcomes, timeframes, best practices, and performance indicators).

## Demand for Support with Evaluating Programs

**“Which areas, if any, would you like to have more or better support to help with EVALUATING the program?”**



n=173

CCSA Stakeholder Survey, 2008

When asked for suggested additional areas where they could benefit from information or other assistance three main areas were cited. These, and examples of each are:

- **Support to collaborate with and develop various partners.**
  - ◇ “Information on what existing/developed programs work out there and if they would work in our community with youth.”
  - ◇ “The CCSA website tends to only have stuff the CCSA has produced. More useful if it included a link to access other programs and other resources not just their own.”

- **Evidence/research criteria/strategies and approaches developed to accurately assess what programs work or where the need is.**
  - ◇ “Continuous information on how to assist youth and the effects of existing and new drugs.”
  - ◇ “When governments allocate funds for high-risk youth, so many non-profits seem to jump out of the woodwork. Some aren't effective but get funding anyway, so we need to find out what programs are truly effective. Government can play a role in deciding this; in reporting phase, need a different evaluation method.”
  - ◇ “Information regarding different approaches in order to facilitate or stimulate communication/sharing between the youth and worker/organization.”
  
- **Increased/consistent funding into more effective areas.**
  - ◇ “How to acquire more sustainable federal funding - so that the program can be expanded and delivered city wide.”
  - ◇ “Need more beds/and subsidize funding beds - 7/11 weeks waiting list: because if a youth has to wait they have more chances to relapse.”
  - ◇ “More funding, general decision maker awareness: basically people in position to make decisions, politicians town councillors department heads, to have them understand interrelated connectedness of issues that don't always look like substance abuse issues, program development that recognises connection of health, housing, poverty, socio economic situations, these things are all connected with substance abuse, don't silo our thinking i.e. housing has everything to do with substance abuse.”

## 9. SUMMARY AND CONCLUSIONS

According to those stakeholders participating in this survey (and the handful participating in follow-up in-depth interviews), most drug prevention programs currently in use are directed to youth in general (often supplemented with efforts to target specific at-risk groups), involve youth and their parents as well as educators and other stakeholders, focus on drugs in general (as opposed to specific drugs), and are perceived to be reasonably effective. Programs currently in use typically focus on drug education, skill-building, and developing protective factors and resistance skills. Most stakeholders identified a range of strengths of their programs, including trust and relationship building with youth, are evidenced-based and flexible. Most programs are coordinated with key stakeholders in the community, including educators, law enforcement, and health authorities. In sum, this suggests there are some good, effective programs in use.

Although some stakeholders have implemented effective programs, there remain some significant gaps and weaknesses. For instance, less than half of the participating stakeholders reported that they regularly conduct process evaluations or outcome evaluations, and thus those who do not are unable to objectively evaluate the effectiveness of their drug prevention programs. Many of those who do not conduct evaluations identify time and money as primary impediments. Approximately one-third of respondents not conducting an outcome evaluation reported that they (or their organization) lack the expertise to conduct such an evaluation. Lack of resources (primarily funds or staff) is often cited as a challenge facing stakeholders.

Of those who do conduct an evaluation of their program(s), more than 75 per cent reported that their program(s) are “quite” or “very” successful in terms of participant ratings, audience engagement, community response, ease of delivery, attitude change, and overall quality. Only about half of organizations who conduct an outcome evaluation reported that they have good evidence of reduced drug use or harms.

Many stakeholders reported keen interest in learning more about other existing drug prevention programs, and about resources that would help them identify, evaluate, select, and implement new programs. Currently, most stakeholders obtain information on drug prevention programs electronically from the federal government (Health Canada or Public Health Agency of Canada) and addictions agencies (such as CCSA and the Centre for Addictions and Mental Health). Less frequently cited sources include provincial governments, academic sources, law enforcement sources, and international sources. At present, there appears to be a need for a centralized resource that would compile information on youth drug prevention programs. This was cited in survey results and repeated emphatically by respondents in the follow-up interviews.

There is considerable interest in establishing a web-based interactive platform that could provide up-to-date research, training resources, and information on best practices, networking opportunities, and guidelines for developing partnerships. Many stakeholders expressed a need for help identifying what programs are available and how to evaluate and select among these programs. In terms of selecting

programs, most stakeholders want help identifying the best program given their community's needs and their organization's mandate; in terms of planning and implementing programs, most want help with best practices, possible partnership models, and reaching target audiences; and, in terms of evaluating programs, most want help with assessment issues: how best to assess prevention, identifying realistic outcomes and time frames, and identifying indicators of change.

## 9.1 NATIONAL STANDARDS

As part of the survey, stakeholders were asked the extent to which the four objectives identified by CCSA and partners working on national standards for youth drug prevention programs would make a contribution to the effectiveness of their organizations' youth drug prevention programs. The four objectives were identified as:

- Provide a single resource where research and expert opinion are consolidated on evidence-based guidelines that organizations can use to select, plan, and deliver drug prevention programs;
- Improve the capacity of organizations to deliver effective programming through the development and sharing of best practices;
- Improve accountability of programs; and
- Improve capacity of organizations to select and plan.

Survey participants were quite supportive of these objectives, which was also validated in the follow-up interviews with a handful of stakeholders. More than 60 per cent of stakeholders believe that each of these objectives would make a large or very large contribution, whereas less than 10 per cent do not feel these would not make a significant contribution. More than 75 per cent of participants indicated that they would find the following very useful: information on types of programs available, best practices, and how to effectively implement and evaluate programs, and even stronger support was expressed in the follow-up interviews. To move towards these standards or best practices, stakeholders indicated that they need funding, other resources (e.g., staff, space), access to research or evidence, and information support.

## 9.2 LIMITATIONS

From what CCSA is aware of, there exists no compendium of drug prevention program providers in Canada, just as there is no compendium of drug prevention programs. Recruitment of potential participants for this survey was based on a review of CCSA's contacts, known networks, and word of mouth. Given these less than ideal recruitment methods, there is no way of knowing the extent to which the survey participants are representative of the population of youth drug prevention program providers.



No single survey can do justice to the broad set of programs that exist in this country. To gain further insight into the existing programs and their unique and significant features requires a different approach than the Internet survey approach used here. This survey has provided a general assessment of the strengths, weaknesses, needs and gaps of the current set of programs, but it is not an effective way of assessing the strengths and weaknesses of individual programs. The development of national standards might help organizations develop and implement means by which their programs could be evaluated and compared.

## 9.3 RECOMMENDATIONS

A large number of organizations across the country are providing drug prevention programs for youth, and most of these programs are coordinated (if not run in partnership) with local community resources. Lacking in many cases, however, is coordination and support across communities. Programs for youth would benefit from greater sharing of information and resources, and greater financial support and training.

Prevention program providers would welcome and benefit from a web-based, interactive source of current information on cutting edge research, evidence-based programs, and assistance evaluating their programs. This would represent a one stop shopping approach which virtually all stakeholders said that they would like to see. It is important that this resource be interactive, as many program providers have developed and are using effective programs, and could be utilized as key informants for those who lack the resources or expertise to develop their own. To help organizations determine which program might be best for their context, it will be important to establish a common or standard set of criteria against which programs might be assessed, taking into account the characteristics of the target audience and important local features. Along with this, stakeholders said that they would welcome any attempt to create national opportunities for stakeholders to come together to exchange information and experiences in this area.



APPENDIX A  
DETAILS ON CONTACT WITH CCSA AND  
USE OF CCSA INFORMATION

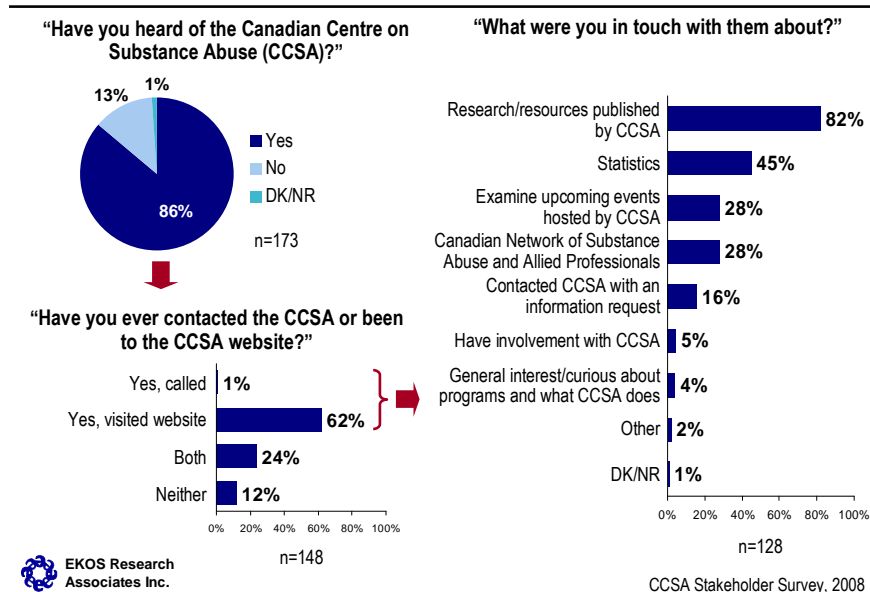


## Details on Contact with CCSA and Use of CCSA Information

From the context of information sources that stakeholders use, it is useful to know if organizations are aware of the Canadian Centre on Substance Abuse (CCSA), and whether they have contacted the CCSA for information or other reasons. Given that the survey is with stakeholders, it is not surprising to see that claimed awareness is high, with more than eight in ten respondents saying they have heard of the centre. Among those that have heard of the centre, two-thirds have visited the CCSA website, a small number have called the CCSA, and another quarter have both called the CCSA and visited their website. Of the wider stakeholder community surveyed then, roughly three in four reported some level of contact with the CCSA, although this is likely driven largely by the selection of organizations for the survey sample rather than an actual reflection of the incidence of contact among community organizations.

Among those that contacted CCSA, most (82 per cent) did so to discuss research or resources that had been published by CCSA. Just under half also wanted to obtain statistics. Just over one in four were looking for information about upcoming events hosted by CCSA, or about the Canadian Network of Substance Abuse and Allied Professionals, while fewer (16 per cent) had a specific information request.

### Awareness and Contact with CCSA



All interview respondents from the follow-up said that they have obtained information from the CCSA in the past, or have had occasion to attend meetings or workshops organized by the CCSA. They had favourable impressions of the information and support provided by the CCSA. One respondent, however, expressed concern that there are sometimes fees involved with downloading information, which can be an obstacle. Another also believed that the CCSA can be biased in recommending specific approaches, suggesting that there should always be a careful examination of pros and cons of an approach, or evidence-based information backing any recommendations.

APPENDIX B  
QUESTIONNAIRE





**INTRO [0,0]**

EKOS Research has been commissioned by the Canadian Centre on Substance Abuse (CCSA) to conduct this survey of drug prevention stakeholders. The purpose of the survey is to gather background information about existing youth drug prevention programs, as well as help identify needs and gaps in the content and delivery of programs. The results of this survey will contribute to the development and implementation of a national drug prevention strategy for Canada’s youth. Specifically, it will aid in the development and dissemination of National Standards for youth prevention programs and will also inform priorities regarding materials and resources that should be addressed as part of the national drug prevention strategy. As well, these results will be reviewed by a National Advisory Group on Youth Prevention and used to identify priority areas in prevention that should be addressed at a national level.

Your name was provided to EKOS by the CCSA for the purposes of this research only. Although your participation is voluntary, your responses are very important. The survey should require about 20-25 minutes of your time to complete. Your responses will be kept strictly confidential by EKOS and are protected under the provisions of the Privacy Act. Any information you provide will be used in aggregate form only. You can obtain a copy of the results summary report on the CCSA web site once it is completed.

**INSTRUCTIONS**

Please consider the questions and your answers carefully.

On each screen, after selecting your answer, click on the "Back" or "Continue" buttons at the bottom of the screen to move forward or backward in the questionnaire.

If you leave the survey before completing it, you can return to the survey URL later, and you will be returned to the page where you left off. Your answers up to that point in the survey will be saved. In order to do that, please provide us with your email address. We will send you an email with the embedded identifier to link you to your responses.

If you have any questions about how to complete the survey, please call EKOS Research Associates at 1-800-388-2873 or email us at [ccsa@ekos.com](mailto:ccsa@ekos.com).

**NMAIL**

Email address -> ANMAIL; E50 L1 C50.....	1
Refuse.....	9

**DFN [0,0]**

**Drug prevention** throughout this survey refers to policies, practices, and programs that promote health development, prevent or delay the onset of substance use, reduce the frequency and/or quantity of use, or prevent the negative consequences associated with substance use.

**Q1P [0,0]**

How familiar would you say that you are with the...?

**Q1AA**

range or broad categories of programs (e.g., skill-based, strength-based, education-based) that exist to prevent drug use in the youth population

Not at all familiar 1.....	1
2.....	2
Moderately familiar 3.....	3
4.....	4
Completely familiar 5.....	5
Don't know .....	9

**Q1AG**

underlying risk factors associated with drug abuse among youth

Not at all familiar 1.....	1
2.....	2
Moderately familiar 3.....	3
4.....	4
Completely familiar 5.....	5
Don't know .....	9

**Q1AH**

underlying protective factors associated with drug abuse among youth

Not at all familiar 1.....	1
2.....	2
Moderately familiar 3.....	3
4.....	4
Completely familiar 5.....	5
Don't know .....	9

**Q1AI**

sources of information about youth drug prevention programs

Not at all familiar 1..... 1  
2..... 2  
Moderately familiar 3..... 3  
4..... 4  
Completely familiar 5..... 5  
Don't know ..... 9

**Q1AJ**

resources/supports that you can use to help you to select a youth drug prevention program

Not at all familiar 1..... 1  
2..... 2  
Moderately familiar 3..... 3  
4..... 4  
Completely familiar 5..... 5  
Don't know ..... 9

**Q1AK**

resources/supports that you can use to help you to plan and implement a youth drug prevention program

Not at all familiar 1..... 1  
2..... 2  
Moderately familiar 3..... 3  
4..... 4  
Completely familiar 5..... 5  
Don't know ..... 9

**Q1AL**

resources/supports that you can use to help you evaluate the impact of a youth drug prevention program

Not at all familiar 1..... 1  
2..... 2  
Moderately familiar 3..... 3  
4..... 4  
Completely familiar 5..... 5  
Don't know ..... 9

**Q1AM**

the types of programs that are currently being offered in your community to prevent drug use in the youth population

Not at all familiar 1.....	1
2.....	2
Moderately familiar 3.....	3
4.....	4
Completely familiar 5.....	5
Don't know .....	9

**Q1AN**

organizations in your community that are implementing programs to prevent drug use in the youth population

Not at all familiar 1.....	1
2.....	2
Moderately familiar 3.....	3
4.....	4
Completely familiar 5.....	5
Don't know .....	9

**Q3**

Have you heard of the Canadian Centre on Substance Abuse (CCSA)?

Yes.....	1
No.....	2
Don't know/No response.....	9

**Q4**

***IF YES to Q3***

If... Q3.EQ.1

Have you ever contacted the CCSA or been to the CCSA website?

Yes, called.....	1
Yes, visited website.....	2
Both.....	3
Neither.....	4
Don't know/No response.....	9

**Q5 [1,6]**

**IF YES to Q4**

If... Q4.EQ.1,2,3

What were you in touch with them about?

Contacted CCSA with an information request .....	1	
Research/resources published by CCSA .....	2	
Canadian Network of Substance Abuse and Allied Professionals.....	3	
Statistics .....	4	
Examine upcoming events hosted by CCSA .....	5	
Other (please specify) -> AQ5; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q7P [0,0]**

In this survey a program or practice is defined broadly to include both prevention practices integrated into other programs as well as stand-alone prevention programs with a curriculum or manual.

**Q7**

Is your organization currently implementing or has it implemented any programs targeted to youth that aim to prevent and/or reduce drug use?

Yes.....	1
No.....	2
Don't know/No response .....	9

**Q8C [1,6]**

If... Q7.EQ.2

Are any of the following factors part of the reason why you are not currently or have not recently implemented any programs addressing drug prevention among youth?

Please select all that apply

Not part of mandate .....	1	
Funding limitations.....	2	
Lack of quality programming .....	3	
Lack of tailored/suitable programming .....	4	
Staffing issues/shortage of trained staff.....	5	
Other (please specify) -> AQ8C; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q7SKP**

*If no to q7 then go to q20 after q8c*

If... Q7.EQ.2,9

1 ..... 1 ->Q20

**Q8A [1,5]**

What is the scope of prevention that your prevention approaches address?

- Universal programs that are aimed at youth regardless of risk..... 1
- Targeted programs that are developed to prevent drug use in a specific population of youth based on risk..... 2
- Indicated programs that aim to reduce use in those who already use ..... 3
- Other (please specify) -> AQ8A; C350 L3 C75 ..... 77
- Don't know/No response ..... 99 X

**Q8B**

Do you have a primary or flagship program?

- Yes..... 1
- No, we offer several prevention programs and cannot identify a flagship ..... 2 ->Q9AB
- Don't know/No response ..... 9 ->Q9AB

**Q8NAME**

If... Q8B.EQ.1

What is the name of the program that your organization considers to be the primary or flagship program that you offer?

- Response -> AQ8NAME; C350 L3 C75 ..... 77
- Don't know/No response ..... 99 X

**Q9AP [0,0]**

If your organization offers more than one program, please refer to the primary or flagship program when answering the next questions.

**Q9A [1,5]**

What is the main content of your program?

Please select all that apply

Skill building .....	1	
Drug education .....	2	
Resistance skills .....	3	
Strength-based/Protective factors .....	4	
Other (please specify) -> AQ9A; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q9B [1,7]**

Who is the audience for the program?

Please select all that apply

Youth .....	1	
Parents .....	2	
Teachers/education professionals .....	3	
Other professionals who work with youth.....	6	
Other stakeholders in the community .....	4	
Community at large .....	5	
Other (please specify) -> AQ9B; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q9C [1,6]**

How does your organization reach and select the participants for the program/components?

Please select all that apply

Direct communications they are the students/parents or staff in/enrolled in our organization .....	1	
Direct communications – they are our constituents/members/stakeholders .....	2	
Through word of mouth in the community.....	3	
Through referral from another organization or school .....	4	
Through advertisement in the community or in other organizations .....	5	
Other (please specify) -> AQ9C; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q10**

How did you select or develop this program?

Used it before .....	1	
It's the program we are required to use .....	2	
Referral from another organization .....	3	
Hired someone to develop it for us specifically/developed it ourselves.....	4	
Based on information/awareness of what programs work for which segments/issues/situations .....	5	
Convenience (i.e. there is a delivery outline and resources available) .....	6	
Other (please specify) -> AQ10; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q11 [0,0]**

*Only for programs that target youth*

If... Q9B.EQ.1

What age range does your program for youth target?

**Q11A**

If... Q9B.EQ.1

Lower limit:

years -> AQ11A; N2.0 [1-98] .....	1
Don't know/No response .....	99

**Q11B**

If... Q9B.EQ.1

Upper limit:

years -> AQ11B; N2.0 [1-98].....	1
Don't know/No response .....	99

**Q12 [1,17]**

Does it target other populations?

Please select all that apply



No specific populations .....	2	X
Visible minorities .....	3	
Athletes.....	4	
At risk families .....	5	
Students .....	6	
First Nations youth .....	7	
New immigrants .....	8	
Visible minorities .....	9	
Parents .....	10	
Street involved youth.....	11	
Low income families/youth .....	12	
Youth in care .....	13	
Youth with difficulties academically.....	14	
Sexual minority youth .....	15	
Youth involved with the criminal justice system.....	16	
Youth with family issues such as substance abuse .....	17	
Youth with mental health issues.....	18	
Other (please specify) -> AQ12; C350 L2 C75.....	1	
Don't know/No response .....	99	X

**Q14 [1,5]**

Is the program geared to a specific drug or type of drug?

Please select all that apply

Not geared to a specific drug.....	98	X
Alcohol .....	1	
Prescription drugs .....	2	
Marijuana.....	3	
Other illicit drug .....	4	
Other (please specify) -> AQ14; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q15A [1,8]**

Who is delivering the program?

Please select all that apply

Parents .....	1	
Teachers .....	2	
Law enforcement .....	3	
Counselors .....	4	
Health worker .....	5	
Community agency.....	6	
Other youth.....	7	
Other (please specify) -> AQ15A; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q15B [1,5]**

What relevant training or experience has the (primary) delivery agent had to deliver this program?

Please select all that apply

- Received academic training in a college or university regarding prevention ..... 1
- Received training in delivering the specific prevention program ..... 2
- Has experience delivering this specific prevention program ..... 3
- Has experience delivering prevention programs ..... 4
- Other (please specify) -> AQ15B; C350 L2 C75 ..... 77
- Don't know/No response ..... 99 X

**Q15B2**

Is training provided to those who are delivering the program?

- No, not usually ..... 1
- Yes, sometimes ..... 2
- Yes, always ..... 3
- Don't know/No response ..... 9 X

**Q15CP [0,0]**

Have any of the following been conducted as part of program development, selection, or implementation:

**Q15CA**

A literature review on promising/best practices in prevention to help structure the design your program (e.g., theoretical approach, delivery techniques, how to capture your target audience)

- Yes ..... 1
- No ..... 2
- Don't know ..... 9

**Q15CB**

A process evaluation to determine if your program was implemented as designed

- Yes ..... 1
- No ..... 2
- Don't know ..... 9

**Q15CC**

Outcome research/impact evaluation to measure whether your program did what it was supposed to or the effectiveness of your program

- Yes..... 1
- No..... 2
- Don't know ..... 9

**Q15D [1,3]**

*If yes to process evaluation*

If... Q15CB.EQ.1

What were the main lessons learned from the process evaluation about how your program was implemented?

- Ways the program might be enhanced..... 1
- The extent to which the program works ..... 2
- Other (please specify) -> AQ15D; C350 L3 C75 ..... 77
- Don't know/No response ..... 99 X

**Q15EP [0,0]**

*If yes to outcome research*

If... Q15CC.EQ.1

Based on the criteria used to establish the effectiveness of the program, how successful was your program in the following areas:

**Q15E1**

If... Q15CC.EQ.1

- Ease of delivery
- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness ..... 8
- Not applicable..... 9

**Q15E2**

If... Q15CC.EQ.1

Level of engagement of the target audience

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness ..... 8
- Not applicable..... 9

**Q15E3**

If... Q15CC.EQ.1

Participants rate the program favorably

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness ..... 8
- Not applicable..... 9

**Q15E4**

If... Q15CC.EQ.1

Participants demonstrate knowledge (e.g., greater awareness of risk), behaviour (e.g., reduced absenteeism), and/or attitude change (e.g., positive attitudes towards police)

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness ..... 8
- Not applicable..... 9

**Q15E5**

If... Q15CC.EQ.1

Community (e.g., parents, teachers, police) rates the program favorably

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15E6**

If... Q15CC.EQ.1

Evidence of reduced drug use or harms among participants

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15E7**

If... Q15CC.EQ.1

The overall quality and utility of the program

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15E8 [0,1]**

If... Q15CC.EQ.1

Other (please specify)Q15EBOX

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15F [1,6]**

*If no to outcome research*

If... Q15CC.EQ.2

What were your reasons for not conducting outcome research?

Please select all that apply

Time .....	1
Money.....	2
Knowledge of how to do it .....	3
Access to those with knowledge of how to do it .....	5
Didn't think of it.....	4
Other (please specify) -> AQ15F; C350 L2 C75.....	77
Don't know/No response .....	99

X

**Q16P [0,0]**

*If no to outcome research*

If... Q15CC.EQ.2

From what you have seen, how successful would you rate your program along the following dimensions?

**Q16A**

*If no to outcome research*

If... Q15CC.EQ.2

Ease of delivery

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16B**

*If no to outcome research*

If... Q15CC.EQ.2

Perceived impact on expected outcomes

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16C**

*If no to outcome research*

If... Q15CC.EQ.2

Unexpected outcomes or side-benefits

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16D**

*If no to outcome research*

If... Q15CC.EQ.2

The level of engagement of the target audience

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16E**

*If no to outcome research*

If... Q15CC.EQ.2

The level of engagement of stakeholders (e.g., parents, teachers, etc.)

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16G**

*If no to outcome research*

If... Q15CC.EQ.2

The overall quality and utility of the program

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q17 [1,10]**

As far as you can tell, what are the strengths of the program that you have implemented? (If you have not completed the program, please provide any strengths that you are aware of or can anticipate at this point.)

Please select all that apply

Flexible (adaptable to needs of youth).....	1
Achieves the goals of the program .....	2
Ease of use.....	3
Evidence-based.....	4
Inclusive (e.g., users and non-users, youth and parents) .....	5
Builds local capacity.....	6
Builds positive relationships/trust .....	7
Built in ability to monitor/evaluate program .....	8
Cost effective.....	9
Other (please specify) -> AQ17; C350 L2 C75.....	77
Don't know/No response.....	99

X



**Q18 [1,12]**

As far as you can tell, what are the weaknesses or pitfalls of the program that you have implemented? (If you have not completed the program, please provide any weaknesses that you are aware of.)

Please select all that apply

Lack of (or insufficient) funding .....	1	
Lack of trained personnel .....	2	
Lack of other resources .....	3	
Difficult to maintain quality standards .....	4	
Lack of coordination among partners .....	5	
Difficult to evaluate effectiveness of program .....	6	
Lack of long-term follow-up .....	7	
Gaps in coverage .....	8	
Too time intensive .....	9	
Difficult to stay current, up to date.....	10	
Lack of built in ability to monitor/evaluate the program.....	11	
Other (please specify) -> AQ18; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q8SKP**

*Primary/flagship program has already answered; skip to next section*

If... Q8B.EQ.1

1 .....	1	->Q19P
---------	---	--------

**Q9AB [1,5]**

Which of the following are addressed by at least some of your programs?

Please select all that apply

Skill building .....	1	
Drug education .....	2	
Resistance skills .....	3	
Strength-based/Protective factors .....	4	
Other (please specify) -> AQ9AB; C350 L2 C75 .....	77	
Don't know/No response .....	99	X

**Q9BB [1,7]**

Which audiences are targeted by your programs?

Please select all that apply

- Youth ..... 1
- Parents ..... 2
- Teachers/education professionals ..... 3
- Other professionals who work with youth..... 6
- Other stakeholders in the community ..... 4
- Community at large ..... 5
- Other (please specify) -> AQ9BB; C350 L2 C75..... 77
- Don't know/No response ..... 99 X

**Q9CB [1,6]**

How does your organization reach and select the participants for the programs/ components?

Please select all that apply

- Direct communications they are the students/parents or staff in/enrolled in our organization ..... 1
- Direct communications – they are our constituents/members/stakeholders ..... 2
- Through word of mouth in the community..... 3
- Through referral from another organization or school ..... 4
- Through advertisement in the community or in other organizations ..... 5
- Other (please specify) -> AQ9CB; C350 L2 C75..... 77
- Don't know/No response ..... 99 X

**Q10B**

Which of the following were used in the selection of your various programs?

Please select all that apply

- Used it before ..... 1
- It's the program we are required to use ..... 2
- Referral from another organization ..... 3
- Hired someone to develop it for us specifically/developed it ourselves..... 4
- Based on information/awareness of what programs work for which segments/issues/situations ..... 5
- Convenience (i.e. there is a delivery outline and resources available) ..... 6
- Other (please specify) -> AQ10B; C350 L2 C75 ..... 77
- Don't know/No response ..... 99 X

**Q11PB [0,0]**

*Only for programs that target youth*

If... Q9BB.EQ.1

What age range do your programs for youth target?

**Q11AB**

If... Q9BB.EQ.1

Lower limit:

years -> AQ11AB; N2.0 [1-98]..... 1  
Don't know/No response ..... 99

**Q11BB**

If... Q9BB.EQ.1

Upper limit:

years -> AQ11BB; N2.0 [1-98]..... 1  
Don't know/No response ..... 99

**Q12B [1,17]**

Do your programs target other populations

Please select all that apply

- No specific populations ..... 2 X
- Visible minorities ..... 3
- Athletes..... 4
- At risk families ..... 5
- Students ..... 6
- First Nations youth ..... 7
- New immigrants ..... 8
- Visible minorities ..... 9
- Parents ..... 10
- Street involved youth..... 11
- Low income families/youth ..... 12
- Youth in care ..... 13
- Youth with difficulties academically ..... 14
- Sexual minority youth ..... 15
- Youth involved with the criminal justice system..... 16
- Youth with family issues such as substance abuse ..... 17
- Youth with mental health issues ..... 18
- Other (please specify) -> AQ12B; C350 L2 C75 ..... 1
- Don't know/No response ..... 99 X

**Q14B [1,5]**

Are any of your programs geared to a specific drug or type of drug?

Please select all that apply

Not geared to a specific drug.....	98	X
Alcohol.....	1	
Prescription drugs.....	2	
Marijuana.....	3	
Other illicit drug.....	4	
Other (please specify) -> AQ14B; C350 L2 C75.....	77	
Don't know/No response.....	99	X

**Q15AB [1,8]**

Who is delivering your programs?

Please select all that apply

Parents.....	1	
Teachers.....	2	
Law enforcement.....	3	
Counselors.....	4	
Health worker.....	5	
Community agency.....	6	
Other youth.....	7	
Other (please specify) -> AQ15AB; C350 L2 C75.....	77	
Don't know/No response.....	99	X

**Q15BB [1,5]**

What is the minimum relevant training or experience required of your (primary) delivery agents?

Please select all that apply

Received academic training in a college or university regarding prevention.....	1	
Received training in delivering the specific prevention program.....	2	
Has experience delivering this specific prevention program.....	3	
Has experience delivering prevention programs.....	4	
Other (please specify) -> AQ15BB; C350 L2 C75.....	77	
Don't know/No response.....	99	X

**Q15BB2**

Is training provided to those who are delivering the program?

No, not usually.....	1	
Yes, sometimes.....	2	
Yes, always.....	3	
Don't know/No response.....	9	X

**Q15CPB [0,0]**

Have any of the following been conducted as part of program development, selection, or implementation:

**Q15CBA**

A literature review on promising/best practices in prevention to help structure the design your programs (e.g., theoretical approach, delivery techniques, how to capture your target audience)

- Yes, all..... 1
- Yes, some ..... 2
- No..... 3
- Don't know ..... 9

**Q15CBB**

A process evaluation to determine if your programs were implemented as designed

- Yes, all..... 1
- Yes, some ..... 2
- No..... 3
- Don't know ..... 9

**Q15CBC**

Outcome research/impact evaluation to measure whether your programs did what they were supposed to or the effectiveness of your programs

- Yes, all..... 1
- Yes, some ..... 2
- No..... 3
- Don't know ..... 9

**Q15DB [1,3]**

*If yes to process evaluation*

If... Q15CBB.EQ.1,2

What were the main lessons learned from the process evaluation about how your programs were implemented?

- Ways the program might be enhanced..... 1
- The extent to which the program works ..... 2
- Other (please specify) -> AQ15DB; C350 L3 C75 ..... 77
- Don't know/No response ..... 99 X

**Q15EPB [0,0]**

*If yes to outcome research*

If... Q15CBC.EQ.1,2

Based on the criteria used to establish the effectiveness of the programs, how successful were your programs in the following areas:

**Q15EB1**

If... Q15CBC.EQ.1,2

Ease of delivery	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15EB2**

If... Q15CBC.EQ.1,2

Level of engagement of the target audience	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15EB3**

If... Q15CBC.EQ.1,2

Participants rate the program favorably	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15EB4**

If... Q15CBC.EQ.1,2

Participants demonstrate knowledge (e.g., greater awareness of risk), behaviour (e.g., reduced absenteeism), and/or attitude change (e.g., positive attitudes towards police)

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness..... 8
- Not applicable..... 9

**Q15EB5**

If... Q15CBC.EQ.1,2

Community (e.g., parents, teachers, police) rates the program favorably

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness..... 8
- Not applicable..... 9

**Q15EB6**

If... Q15CBC.EQ.1,2

Evidence of reduced drug use or harms among participants

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess effectiveness..... 8
- Not applicable..... 9

**Q15EB7**

If... Q15CBC.EQ.1,2

The overall quality and utility of the program

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15EB8 [0,1]**

If... Q15CBC.EQ.1,2

Other (please specify)Q15EBBOX

Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess effectiveness.....	8
Not applicable.....	9

**Q15FB [1,6]**

*If no to outcome research*

If... Q15CBC.EQ.3

What were your reasons for not conducting outcome research?

Please select all that apply

Time .....	1
Money.....	2
Knowledge of how to do it .....	3
Access to those with knowledge of how to do it .....	5
Didn't think of it.....	4
Other (please specify) -> AQ15FB; C350 L2 C75 .....	77
Don't know/No response .....	99

X



**Q16PB [0,0]**

*If no to outcome research*

If... Q15CBC.EQ.3

From what you have seen, how successful would you rate your programs along the following dimensions?

**Q16BA**

*If no to outcome research*

If... Q15CBC.EQ.3

Ease of delivery	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16BB**

*If no to outcome research*

If... Q15CBC.EQ.3

Perceived impact on expected outcomes	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16BC**

*If no to outcome research*

If... Q15CBC.EQ.3

Unexpected outcomes or side-benefits	
Not at all successful.....	1
Modestly successful.....	2
Somewhat successful.....	3
Quite successful.....	4
Very successful.....	5
Unable to assess.....	8
Not applicable.....	9

**Q16BD**

*If no to outcome research*

If... Q15CBC.EQ.3

The level of engagement of the target audience

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess..... 8
- Not applicable..... 9

**Q16BE**

*If no to outcome research*

If... Q15CBC.EQ.3

The level of engagement of stakeholders (e.g., parents, teachers, etc.)

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess..... 8
- Not applicable..... 9

**Q16BG**

*If no to outcome research*

If... Q15CBC.EQ.3

The overall quality and utility of the program

- Not at all successful..... 1
- Modestly successful..... 2
- Somewhat successful..... 3
- Quite successful..... 4
- Very successful..... 5
- Unable to assess..... 8
- Not applicable..... 9

**Q19P [0,0]**

This section explores the integration of programs in the community, as well as limitations or gaps in current programming and program delivery

**Q19**

As far as you know, do your programs work in conjunction or in an integrated fashion with other programs in the community or does it operate in isolation?

- In conjunction/integrated..... 1
- Isolation..... 2
- Only program in the community ..... 3
- Don't know what else is available in community ..... 4
- Don't know/No response..... 9 X

**Q20**

If... Q19.NE.2-4,9

To what extent would you say that the programs offered in your community are coordinated/integrated with one another?

- 1 Not at all..... 1
- 2..... 2
- 3 Moderately well..... 3
- 4..... 4
- 5 Extremely well ..... 5
- Don't know..... 9

**Q20SKP**

*If no to q7 then go to q23 after q20*

If... Q7.EQ.2,9

- 1..... 1 ->Q23

**Q21**

If... Q20.EQ.1,2,3

Why do you think that programs in your community are not well coordinated?

- Organizations don't know who else is offering programs in community..... 1
- Organizations don't believe that it is necessary/never thought about it..... 2
- Different organizations have different mandates and priorities..... 3
- Other (please specify) -> AQ21; C350 L2 C75..... 77
- Don't know/No response..... 99 X

**Q22A [1,9]**

Is any other organization involved in the planning, funding or delivery of the programs (i.e., a partner in program)?

Please select all that apply

Law enforcement .....	3		
Educators .....	4		
Health authority .....	5		
Government agency .....	6		
Philanthropic organizations (funders).....	7		
Businesses .....	8		
Research community (e.g., colleges and universities) .....	10		
A sister organization like ours .....	11		
Other .....	1		
No .....	2	X	->Q24P
Don't know/No response .....	9	X	->Q24P

**Q22D**

How involved have other agencies or organizations been in the programs?

1 Not at all involved .....	1
2 .....	2
3 Moderately involved.....	3
4 .....	4
5 Very involved .....	5
Don't know .....	9

**Q22E [1,3]**

At what stages?

Please select all that apply

Selection .....	1	
Planning & implementation/delivery.....	2	
Evaluation/reporting .....	3	
All stages .....	4	X
Don't know/No response .....	9	X

**Q22C [1,9]**

What was the nature of their involvement?

Please select all that apply

Funding.....	1	
Advisory/consultative.....	2	
Training.....	3	
Delivery of service.....	4	
Resource development.....	5	
Promotion/marketing.....	6	
Coordination or management.....	7	
Participating, sharing information.....	8	
Other (please specify) -> AQ22C; C350 L2 C75.....	77	
Don't know/No response.....	99	X

**Q23 [1,8]**

What would you need, if anything, to enable you to more fully collaborate/partner with others (e.g., missing structures, processes, etc)

Please select all that apply

Opportunities to access funding/more resources.....	1	
Assistance networking.....	2	
Buy in from relevant organizations (commitment of resources).....	3	
More staff.....	4	
Better planning and coordination.....	5	
Better promotion/marketing of the program.....	6	
Greater flexibility to make decisions.....	7	
Other (please specify) -> AQ23; C350 L2 C75.....	77	
Nothing else is required.....	98	X
Don't know/No response.....	99	X

**Q24P [0,0]**

CCSA is in the process of bringing together partners and stakeholders to develop a national strategy that would include national standards for youth drug prevention programs. The following are some objectives that these minimum standards could accomplish.

How much of a contribution do you think that each of the following would make to community organizations' ability to deliver effective drug prevention programs for youth?

**Q24A**

Provide a single resource where research and expert opinion are consolidated on evidence-based guidelines that organizations can use to select, plan and deliver drug prevention programs

No contribution at all 1.....	1
2.....	2
Moderate contribution 3.....	3
4.....	4
A very large contribution 5.....	5
Don't know.....	9

**Q24B**

Improve capacity of your organization to deliver effective programming through development and sharing of best practices

No contribution at all 1.....	1
2.....	2
Moderate contribution 3.....	3
4.....	4
A very large contribution 5.....	5
Don't know.....	9

**Q24C**

Improve accountability of programs

No contribution at all 1.....	1
2.....	2
Moderate contribution 3.....	3
4.....	4
A very large contribution 5.....	5
Don't know.....	9

**Q24D**

Improve capacity of your organization to select and plan

No contribution at all 1.....	1
2.....	2
Moderate contribution 3.....	3
4.....	4
A very large contribution 5.....	5
Don't know.....	9

**Q25P [0,0]**

This section will provide information regarding where we should be communicating information about standards and prevention in order to reach key stakeholders.

**Q25 [1,10]**

Where do you typically get information about drug prevention programs for youth from?

Please select all that apply

Health Canada/PHAC.....	1	
Additions agencies in Canada (e.g., CAMH, AFM, CCSA) .....	6	
International addictions agencies (e.g., NIDA, SAMSHA).....	7	
Other Not-for-Profit (e.g., McCreary Centre Society).....	8	
Health promotion departments or regional health authorities.....	9	
Other Provincial government.....	2	
Academic source .....	3	
Specific contact with expertise in the area .....	4	
Local police or other law enforcement organization (e.g., RCMP).....	5	
Other (please specify) -> AQ25; C350 L2 C75.....	77	
Do not generally look for this type of information.....	98	X->Q28 [skip to next section]
Don't know/No response .....	99	X

**Q25S [1,4]**

Where do you typically look for information about drug prevention programs for youth?

Please select all that apply

Online/Internet.....	1	
Library .....	2	
Bookstore .....	3	
Other (please specify) -> AQ25S; C350 L2 C75.....	77	
Do not generally look for this type of information.....	98	X->Q28 [skip to next section]
Don't know/No response .....	99	X

**Q27P [0,0]**

Over and above what you already have, how useful would you find additional information on the following?

**Q27A**

How to assess the nature/scope of issue

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q27B**

Defining the goals/objectives you would like to achieve

Not at all useful 1 ..... 1  
2 ..... 2  
Moderately useful 3 ..... 3  
4 ..... 4  
Extremely useful 5 ..... 5  
Don't know ..... 9

**Q27C**

Types of programs available

Not at all useful 1 ..... 1  
2 ..... 2  
Moderately useful 3 ..... 3  
4 ..... 4  
Extremely useful 5 ..... 5  
Don't know ..... 9

**Q27D**

Descriptions of programs

Not at all useful 1 ..... 1  
2 ..... 2  
Moderately useful 3 ..... 3  
4 ..... 4  
Extremely useful 5 ..... 5  
Don't know ..... 9

**Q27E**

How to select the best program for your community's needs/organization's mandate

Not at all useful 1 ..... 1  
2 ..... 2  
Moderately useful 3 ..... 3  
4 ..... 4  
Extremely useful 5 ..... 5  
Don't know ..... 9



**Q27F**

How to implement a program in the most effective way (e.g., conduit, delivery agent, target, etc)

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q27G**

Possible partnership models for delivery of the program

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q27H**

Best practices in youth drug prevention and prevention programs

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q27I**

How to evaluate a program's effectiveness

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q28 [1,8]**

Which areas, if any, would you like to have more or better support to help with **selecting** a program?

Please select all that apply

How to assess the nature/scope of issue .....	1	
Defining the goals/objectives you would like to achieve .....	2	
Types of programs available.....	3	
How to select the best program for your community's needs/organization's mandate .....	4	
The most appropriate audiences for your program.....	5	
How to work with partners and coordinate efforts .....	6	
Obtaining funding.....	7	
Other (please specify) -> AQ28; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q29 [1,7]**

Which areas, if any, would you like to have more or better support to help with **planning and implementing** a program?

Please select all that apply

The best method of reaching target audiences.....	1	
The most appropriate delivery agents for different components/audiences.....	2	
The most effective settings for different components and audiences .....	3	
Possible partnership models for delivery of the program/services .....	4	
General best practices in youth drug prevention and prevention programs .....	5	
Obtaining funding.....	6	
Other (please specify) -> AQ29; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q30 [1,7]**

Which areas, if any, would you like to have more or better support to help with **evaluating** the program?

Please select all that apply

Defining the goals/objectives you would like to achieve .....	1	
Types of indicators of change performance.....	2	
Planning for assessment/evaluation of a program .....	3	
Realistic outcomes to expect-and possible timeframes .....	4	
Possible partnership models for delivery evaluation/assessment of outcome .....	5	
Best practices in assessment of youth drug prevention and prevention programs.....	6	
Other (please specify) -> AQ30; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q31 [1,3]**

Are there other specific areas (not addressed above) where you would like to have information, support or assistance in the area of youth drug prevention?

Response -> AQ31; C350 L3 C75..... 77  
Don't know/No response ..... 99 X

**Q32 [1,6]**

What do you need, if anything, to help you adapt or apply a set of standards or best practices to your own particular community or organization (i.e., your own local or regional context)?

Please select all that apply

Information Support ..... 1  
Access to current evidence/research..... 2  
Support in Collaboration and partner engagement ..... 3  
Funding..... 4  
Additional resources (e.g., trained staff, space)..... 5  
Other (please specify) -> AQ32; C350 L2 C75 ..... 77  
No other areas required ..... 98 X  
Don't know/No response ..... 99 X

**Q33P [0,0]**

How useful would each of the following be for your organization?

**Q33A**

An integrated national network of organizations that connects those dealing with issues related to youth health

Not at all useful 1 ..... 1  
2 ..... 2  
Moderately useful 3 ..... 3  
4 ..... 4  
Extremely useful 5 ..... 5  
Don't know ..... 9

**Q33B**

A web-based platform that gathers information including up-to-date research, training resources, and provides space for input from the field

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q33C**

Guidelines/template for developing partnerships/seeking out partnership opportunities for implementing youth drug prevention

Not at all useful 1 .....	1
2.....	2
Moderately useful 3.....	3
4.....	4
Extremely useful 5.....	5
Don't know.....	9

**Q33D [1,3]**

Is there anything else that would be useful?

Please specify -> AQ33D; C350 L3 C75 .....	77	
No, nothing else.....	98	X
Don't know/No response .....	99	X

**Q34 [1,5]**

What would be the best way to disseminate National Standards so organizations are able to access them?

Please select all that apply

Up to date web based platform.....	1	
Through networks that include organizations that provide prevention services to youth.....	2	
Engaging Stakeholders .....	3	
Conferences .....	4	
Other (please specify) -> AQ34; C350 L2 C75.....	77	
Don't know/No response .....	99	X

**Q43 [1,3]**

Does your organization belong to any of the following related to youth or drug prevention?

Please select all that apply

Umbrella organization/association .....	1		
Networks .....	2		
Coalitions/Strategies .....	3		
None of the above.....	8	X	->Q35
Don't know/No response .....	9	X	->Q35

**Q44P [0,0]**

How often do members of the group do each of the following?

**Q44A**

Share information/share resources

Weekly .....	1
Monthly .....	2
Quarterly.....	3
Semi-annually.....	4
Annually .....	5
Less often .....	6
As needed .....	7
Don't know.....	9

**Q44B**

Coordinate actions

Weekly .....	1
Monthly .....	2
Quarterly.....	3
Semi-annually.....	4
Annually .....	5
Less often .....	6
As needed .....	7
Don't know.....	9

**Q45**

To what extent do you believe that involvement with this group enhances members' capacity?

- 1 Not at all ..... 1
- 2 ..... 2
- 3 Moderately ..... 3
- 4 ..... 4
- 5 Completely ..... 5
- Don't know/No response ..... 9

**Q46**

Do you have an active role within the group? (e.g., providing input)?

- Yes ..... 1
- No ..... 2
- Don't know/No response ..... 9

**Q48**

Are there specific collective objectives or goals members provide input into?

- Yes ..... 1
- No ..... 2
- Don't know/No response ..... 9

**Q35**

Which of the following best describes your organization?

- School/Education ..... 1
- Government agency ..... 5
- Addictions agency ..... 6
- Health Centre ..... 7
- Non-Governmental not for profit organization working with youth ..... 8
- Community group, working with youth ..... 2
- Community group working with parents ..... 3
- Law enforcement ..... 4
- For-profit organization ..... 9
- Philanthropic organization ..... 10
- Other (please specify) -> AQ35; C350 L2 C75 ..... 77
- Don't know/No response ..... 99 X

**Q36**

Is youth the primary target group for your organization?

Yes.....	1
No.....	2
Don't know/No response.....	9

**Q37 [1,16]**

Are there specific populations that your organization works with primarily?

Please select all that apply

No.....	98	X
Athletes.....	14	
At risk Families.....	15	
Students.....	1	
First Nations youth.....	2	
New immigrants.....	3	
Visible minorities.....	4	
Parents.....	5	
Street involved youth.....	6	
Low income families/youth.....	7	
Youth in care.....	8	
Youth with academic difficulties.....	9	
Sexual minority youth.....	10	
Youth involved with the criminal justice system.....	11	
Youth with family issues such as substance abuse.....	12	
Youth with mental health issues.....	13	
Other (please specify) -> AQ37; C350 L2 C75.....	77	
Don't know/No response.....	99	X

**Q37P [0,0]**

If... Q37.EQ.1

Please specify age group or grade level of students

**Q37A**

If... Q37.EQ.1

Lower limit:

1 -> AQ37A; N2.0 [1-98].....	1	N
years.....	2	
grade level.....	3	
Don't know/No response.....	999	

**Q37B**

If... Q37.EQ.1

Upper limit:

1 -> AQ37B; N2.0 [1-98] .....	1	N
years .....	2	
grade level .....	3	
Don't know/No response .....	999	

**Q38**

How many years has your organization been involved with youth?

One year or less .....	1
Two to five years .....	2
Six to nine years .....	3
10 years and more.....	4
Not really involved with youth.....	8
Don't know/No response .....	9

**Q39**

How many years has your organization been involved with drug prevention?

One year or less .....	1
Two to five years .....	2
Six to nine years .....	3
10 years and more.....	4
Not really involved with youth.....	8
Don't know/No response .....	9

**Q40 [1,3]**

If... Q38.NE.98.OR.Q39.NE.98

What is your own formal training to work with youth/in drug prevention?

Received academic training in a college or university regarding prevention .....	1	
Received other training in prevention.....	2	
Work experience in the prevention field .....	3	
Don't know/No response .....	99	X



**PROV [1,13]**

In what province do you operate?

Please select all that apply

British Columbia .....	1	
Alberta .....	2	
Saskatchewan .....	3	
Manitoba.....	4	
Ontario.....	5	
Quebec.....	6	
New Brunswick .....	7	
Nova Scotia .....	8	
Prince Edward Island.....	9	
Newfoundland and Labrador .....	10	
Yukon .....	11	
Northwest Territories.....	12	
Nunavut .....	13	
All of them.....	98	X
No response .....	99	X

**Q42**

What is the scope of your organization?

Local.....	1	
Region .....	2	
Provincial .....	3	
National .....	4	
International.....	5	
Don't know/No response .....	9	X

**THNK [0,0]**

Thank you for your participation in this survey. Your results will now be submitted.

**QPRINTOUT**

Would you like a printout of your responses?

Yes.....	1
No.....	2



## INTRO [0,0]

Le Centre canadien de lutte contre l'alcoolisme et les toxicomanies (CCLAT) a confié aux Associés de recherche EKOS le soin d'effectuer un sondage auprès des intervenants en prévention de la toxicomanie. Le sondage a pour but d'établir la sensibilisation aux programmes de prévention de la toxicomanie chez les jeunes, de connaître les besoins et de savoir quelles sont les lacunes dans le contenu des programmes et leur prestation. Les résultats du présent sondage vont contribuer à l'établissement et à la mise en œuvre d'une stratégie nationale de prévention en toxicomanie chez les jeunes Canadiens.

Le CCLAT a transmis votre nom à EKOS aux seules fins de la présente recherche. Vous êtes tout à fait libre d'y participer mais nous comptons beaucoup sur vos réponses. Il vous faudra de 20 à 25 minutes pour remplir le questionnaire. EKOS vous garantit que vos réponses vont demeurer absolument confidentielles et qu'elles seront protégées en vertu des dispositions de la Loi sur la protection des renseignements personnels. Toute information que vous fournirez ne sera utilisée que sous forme globale. Vous pourrez obtenir copie du sommaire des résultats sur le site Web du CCLAT lorsque l'étude sera terminée.

## DIRECTIVES

Veillez lire attentivement les questions et y répondre avec soin.

Sur chaque écran, après avoir sélectionné votre réponse, cliquez sur le bouton « Retour » ou « Continuer » au bas de l'écran pour vous déplacer vers l'avant ou vers l'arrière dans le questionnaire.

Si vous quittez le sondage avant d'avoir terminé, vous pourrez y revenir plus tard au moyen de l'adresse URL et vous obtiendrez la page où vous étiez en quittant. Les réponses que vous aurez données jusque-là auront été sauvegardées. Pour ce faire, veuillez nous fournir votre adresse électronique. Nous vous enverrons un courriel contenant l'identificateur intégré qui vous permettra d'avoir accès à vos réponses.

Pour toute question sur la façon de remplir le sondage, veuillez communiquer avec les Associés de recherche EKOS en composant le 1-800-388-2873 ou en adressant un courriel à [ccsa@ekos.com](mailto:ccsa@ekos.com).

## NMAIL

Adresse courriel -> ANMAIL; E50 L1 C50..... 1  
Refus..... 9

## DFN [0,0]

Tout au long du sondage, on entendra par **prévention en toxicomanie** les politiques, pratiques et programmes ayant pour but de promouvoir le développement de la santé, d'empêcher ou de retarder le début de la consommation, d'en réduire la fréquence et/ou la quantité ou d'empêcher les méfaits associés à la toxicomanie.

### **Q1P [0,0]**

Dans quelle mesure vous diriez-vous au courant de ce qui suit?

### **Q1AA**

la gamme ou les grandes catégories de programmes qui existent (basés, p. ex., sur les compétences, sur le renforcement ou sur l'éducation) afin de prévenir les toxicomanies chez les jeunes

Pas du tout au courant 1.....	1
2.....	2
Moyennement au courant 3.....	3
4.....	4
Parfaitement au courant 5.....	5
Je ne sais pas.....	9

### **Q1AG**

les facteurs de risque associés à la toxicomanie chez les jeunes

Pas du tout au courant 1.....	1
2.....	2
Moyennement au courant 3.....	3
4.....	4
Parfaitement au courant 5.....	5
Je ne sais pas.....	9

### **Q1AH**

les facteurs de protection des jeunes contre la toxicomanie

Pas du tout au courant 1.....	1
2.....	2
Moyennement au courant 3.....	3
4.....	4
Parfaitement au courant 5.....	5
Je ne sais pas.....	9

### **Q1AI**

les sources d'information sur les programmes de prévention de la toxicomanie chez les jeunes

Pas du tout au courant 1.....	1
2.....	2
Moyennement au courant 3.....	3
4.....	4
Parfaitement au courant 5.....	5
Je ne sais pas.....	9

**Q1AJ**

les ressources ou l'aide à votre portée afin de sélectionner un programme de prévention de la toxicomanie chez les jeunes

Pas du tout au courant 1..... 1  
2..... 2  
Moyennement au courant 3 ..... 3  
4..... 4  
Parfaitement au courant 5 ..... 5  
Je ne sais pas..... 9

**Q1AK**

les ressources ou l'aide à votre portée afin de concevoir et d'adopter un programme de prévention de la toxicomanie chez les jeunes

Pas du tout au courant 1..... 1  
2..... 2  
Moyennement au courant 3 ..... 3  
4..... 4  
Parfaitement au courant 5 ..... 5  
Je ne sais pas..... 9

**Q1AL**

les ressources ou l'aide à votre portée afin d'évaluer les effets d'un programme de prévention de la toxicomanie chez les jeunes

Pas du tout au courant 1..... 1  
2..... 2  
Moyennement au courant 3 ..... 3  
4..... 4  
Parfaitement au courant 5 ..... 5  
Je ne sais pas..... 9

**Q1AM**

les genres de programmes offerts dans votre collectivité afin de prévenir la consommation de drogues illicites chez les jeunes

Pas du tout au courant 1..... 1  
2..... 2  
Moyennement au courant 3 ..... 3  
4..... 4  
Parfaitement au courant 5 ..... 5  
Je ne sais pas..... 9

### Q1AN

les organisations de votre collectivité qui mettent en œuvre des programmes de prévention de la toxicomanie chez les jeunes

Pas du tout au courant 1.....	1
2.....	2
Moyennement au courant 3 .....	3
4.....	4
Parfaitement au courant 5 .....	5
Je ne sais pas.....	9

### Q3

Avez-vous entendu parler du Centre canadien de lutte contre l'alcoolisme et les toxicomanies (CCLAT)?

Oui.....	1
Non.....	2
Je ne sais pas/Pas de réponse.....	9

### Q4

#### *IF YES to Q3*

If... Q3.EQ.1

Avez-vous déjà communiqué avec le CCLAT ou consulté le site Web du CCLAT?

Oui, téléphoné .....	1
Oui, consulté le site Web.....	2
Fait l'un et l'autre .....	3
Fait ni l'un ni l'autre.....	4
Je ne sais pas/Pas de réponse.....	9

### Q5 [1,6]

#### *IF YES to Q4*

If... Q4.EQ.1,2,3

Quel était le but de votre communication?

Communiqué avec le CCLAT pour une demande de renseignements .....	1
Recherche/ressources publiées par le CCLAT .....	2
Réseau canadien des professionnels en toxicomanie et de domaines connexes .....	3
Statistiques.....	4
Examiner de futurs événements organisés par le CCLAT.....	5
Autre réponse (veuillez préciser) -> AQ5; C350 L2 C75.....	77
Je ne sais pas/Pas de réponse.....	99

X

**Q7P [0,0]**

Dans le cadre du présent sondage, les programmes ou pratiques comprennent de façon générale aussi bien les pratiques de prévention intégrées à d'autres programmes que les programmes de prévention autonomes, composés d'étapes à suivre ou comportant un manuel.

**Q7**

Votre organisation met-elle présentement en œuvre ou a-t-elle déjà mis en œuvre un programme ayant pour but de prévenir et/ou de réduire les toxicomanies chez les jeunes?

- Oui..... 1
- Non..... 2
- Je ne sais pas/Pas de réponse..... 9

**Q8C [1,6]**

If... Q7.EQ.2

La raison pour laquelle vous n'êtes pas en train de mettre en œuvre un programme ayant pour but de réduire les toxicomanies chez les jeunes ou ne l'avez pas déjà fait dépend-elle en partie de l'un ou l'autre des facteurs suivants?

Sélectionner toute réponse pertinente

- Pas inscrit dans notre mandat ..... 1
- Contraintes financières ..... 2
- Absence de programmes de qualité ..... 3
- Absence de programmes adéquats/taillés sur mesure ..... 4
- Problèmes de main-d'œuvre /pénurie de travailleurs qualifiés..... 5
- Autre réponse (veuillez préciser) -> AQ8C; C350 L2 C75 ..... 77
- Je ne sais pas/Pas de réponse..... 99 X

**Q7SKP**

*If no to q7 then go to q20 after q8c*

If... Q7.EQ.2,9

- 1 ..... 1 ->Q20

### Q8A [1,5]

Quelle est la portée de vos approches de prévention?

Programmes universels qui s'adressent aux jeunes indépendamment du risque.....	1	
Programmes ciblés développés pour prévenir l'usage de drogues chez une population particulière de jeunes selon les risques courus .....	2	
Programmes visant à réduire l'usage de drogues chez les gens qui en font déjà usage.....	3	
Autre réponse (veuillez préciser) -> AQ8A; C350 L3 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q8B

Avez-vous un programme primordial ou programme vedette?

Oui.....	1	
Non, nous offrons plusieurs programmes de prévention sans qu'aucun ne soit mis en vedette.....	2	->Q9AB
Je ne sais pas/Pas de réponse.....	9	->Q9AB

### Q8NAME

If... Q8B.EQ.1

Comment s'appelle le programme que votre organisation considère comme primordial ou comme son programme vedette?

Réponse -> AQ8NAME; C350 L3 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q9AP [0,0]

Si votre organisation offre plusieurs programmes, veuillez répondre aux prochaines questions en fonction de celui qu'elle considère comme primordial ou comme son programme vedette?

### Q9A [1,5]

En quoi consiste principalement votre programme?

Sélectionner toute réponse pertinente

Renforcement des compétences.....	1	
Sensibilisation aux drogues .....	2	
Aptitudes à la résistance .....	3	
Facteurs de protection/Facteurs axés sur les points forts.....	4	
Autre réponse (veuillez préciser) -> AQ9A; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X



### Q9B [1,7]

À qui s'adresse votre programme?

Sélectionner toute réponse pertinente

Jeunes .....	1	
Parents .....	2	
Enseignants/professionnels de l'enseignement .....	3	
Autres professionnels travaillant auprès des jeunes .....	6	
Autres intervenants communautaires.....	4	
Ensemble de la collectivité .....	5	
Autre réponse (veuillez préciser) -> AQ9B; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q9C [1,6]

Comment votre organisation procède-t-elle pour rejoindre et sélectionner les participants du programme ou de ses éléments?

Sélectionner toute réponse pertinente

Communication directe – ce sont les élèves, parents d'élèves ou personnel de notre organisation .....	1	
Communication directe – ce sont nos adhérents, membres, intervenants.....	2	
Bouche-à-oreille dans la collectivité .....	3	
Recommandation provenant d'une autre organisation ou école .....	4	
Publicité dans la collectivité ou dans d'autres organisations .....	5	
Autre réponse (veuillez préciser) -> AQ9C; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q10

Comment avez-vous sélectionné ou mis au point ce programme?

L'avons déjà utilisé.....	1	
Sommes tenus de l'utiliser.....	2	
Recommandé par une autre organisation.....	3	
Embauché quelqu'un pour l'élaborer exprès pour nous/Développé à l'interne .....	4	
D'après information/sensibilisation sur les bons programmes pour tel segment, tel problème, telle situation .....	5	
Par commodité (i.e. moyens de prestation et ressources disponibles) .....	6	
Autre réponse (veuillez préciser) -> AQ10; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q11 [0,0]

*Only for programs that target youth*

If... Q9B.EQ.1

Quels groupes d'âges votre programme destiné aux jeunes cible-t-il?

## Q11A

If... Q9B.EQ.1

Limite inférieure :

ans/année -> AQ11A; N2.0 [1-98] .....	1
Je ne sais pas/Pas de réponse .....	99

## Q11B

If... Q9B.EQ.1

Limite supérieure :

ans/année -> AQ11B; N2.0 [1-98] .....	1
Je ne sais pas/Pas de réponse .....	99

## Q12 [1,17]

Cible-t-il d'autres populations?

Sélectionner toute réponse pertinente

Aucune population en particulier .....	2	X
Minorités visibles .....	3	
Athlètes.....	4	
Familles à risque.....	5	
Étudiants.....	6	
Jeunes des Premières nations.....	7	
Nouveaux immigrants .....	8	
Minorités visibles .....	9	
Parents .....	10	
Jeunes sans-abri.....	11	
Familles/jeunes à faible revenu .....	12	
Jeunes sous tutelle .....	13	
Jeunes ayant des difficultés scolaires .....	14	
Jeunes d'une minorité sexuelle .....	15	
Jeunes aux prises avec le système de justice pénale.....	16	
Jeunes de familles à problème, notamment d'alcoolisme ou de toxicomanie .....	17	
Jeunes ayant des problèmes de santé mentale .....	18	
Autre réponse (veuillez préciser) -> AQ12; C350 L2 C75.....	1	
Je ne sais pas/Pas de réponse.....	99	X

**Q14 [1,5]**

Le programme porte-t-il sur une certaine drogue ou un type de drogue?

Sélectionner toute réponse pertinente

Ne porte pas sur une drogue en particulier .....	98	X
Alcool .....	1	
Médicaments d'ordonnance.....	2	
Marijuana.....	3	
Autre drogue illicite.....	4	
Autre réponse (veuillez préciser) -> AQ14; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

**Q15A [1,8]**

Qui livre le programme?

Sélectionner toute réponse pertinente

Parents .....	1	
Enseignants.....	2	
Agents d'exécution de la loi .....	3	
Orienteurs .....	4	
Travailleur de la santé .....	5	
Organisme communautaire.....	6	
Autres jeunes .....	7	
Autre réponse (veuillez préciser) -> AQ15A; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

**Q15B [1,5]**

Quelle formation ou expérience pertinente l'agent (principal) de prestation du programme a-t-il reçue ou acquise?

Sélectionner toute réponse pertinente

Formation collégiale ou universitaire en prévention .....	1	
Formation en prestation de ce programme en particulier .....	2	
Expérience dans la prestation de ce programme en particulier.....	3	
Expérience en prestation de programmes de prévention .....	4	
Autre réponse (veuillez préciser) -> AQ15B; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

**Q15B2**

Les agents de prestation du programme obtiennent-ils de la formation?

Non, normalement pas.....	1	
Oui, parfois.....	2	
Oui, toujours .....	3	
Je ne sais pas/Pas de réponse.....	9	X

**Q15CP [0,0]**

Avez-vous effectué l'une ou l'autre des mesures suivantes dans le cadre de l'élaboration, de la sélection ou de la mise en œuvre du programme que vous offrez?

**Q15CA**

Examen de la documentation sur les meilleures/plus prometteuses pratiques de prévention pour vous aider à structurer votre programme (p. ex., approche théorique, techniques de prestation, capture de votre public cible)

- Oui..... 1
- Non..... 2
- Je ne sais pas..... 9

**Q15CB**

Évaluation des processus pour vérifier si votre programme a été mis en œuvre tel que prévu

- Oui..... 1
- Non..... 2
- Je ne sais pas..... 9

**Q15CC**

Recherche sur les résultats/évaluation des effets pour savoir si votre programme a atteint ses objectifs ou pour mesurer son efficacité

- Oui..... 1
- Non..... 2
- Je ne sais pas..... 9

**Q15D [1,3]**

*If yes to process evaluation*

If... Q15CB.EQ.1

Quelles leçons avez-vous tirées de votre évaluation des processus, destinée à vérifier comment s'est faite la mise en œuvre de votre programme?

- Façons d'améliorer le programme..... 1
- La mesure dans laquelle le programme fonctionne ..... 2
- Autre réponse (veuillez préciser) -> AQ15D; C350 L3 C75 ..... 77
- Je ne sais pas/Pas de réponse..... 99 X

**Q15EP [0,0]**

*If yes to outcome research*

If... Q15CC.EQ.1

Selon les critères utilisés pour évaluer l'efficacité du programme, dans quelle mesure votre programme a-t-il remporté du succès dans les domaines suivants?

**Q15E1**

If... Q15CC.EQ.1

Facilité de prestation

- Pas de succès du tout ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9

**Q15E2**

If... Q15CC.EQ.1

Niveau d'engagement du public cible

- Pas de succès du tout ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9

**Q15E3**

If... Q15CC.EQ.1

Les participants donnent une note favorable au programme

- Pas de succès du tout ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9

### Q15E4

If... Q15CC.EQ.1

Les participants possèdent de meilleures connaissances (p. ex., relativement aux risques courus) et modifient leur comportement (p. ex., moins d'absentéisme) ou leur attitude (p. ex., attitude positive envers la police)

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15E5

If... Q15CC.EQ.1

La collectivité (p.ex., parents, enseignants, police) donne une note favorable au programme

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15E6

If... Q15CC.EQ.1

Réduction évidente d'usage de drogue ou de méfaits liés à la drogue parmi les participants

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15E7

If... Q15CC.EQ.1

#### Qualité et utilité générales du programme

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15E8 [0,1]

If... Q15CC.EQ.1

#### Autre (veuillez préciser)Q15EBOX

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15F [1,6]

#### *If no to outcome research*

If... Q15CC.EQ.2

Quelles sont vos raisons de ne pas avoir effectué de recherche sur les résultats?

#### Sélectionner toute réponse pertinente

Manque de temps.....	1
Manque d'argent.....	2
Connaissance de la façon de faire.....	3
Difficulté d'accès aux gens possédant les connaissances pour le faire .....	5
Pas pensé à le faire .....	4
Autre réponse (veuillez préciser) -> AQ15F; C350 L2 C75.....	77
Je ne sais pas/Pas de réponse.....	99

X

### Q16P [0,0]

#### *If no to outcome research*

If... Q15CC.EQ.2

D'après ce que vous avez constaté, comment évalueriez-vous votre programme sous les aspects suivants?

### Q16A

#### *If no to outcome research*

If... Q15CC.EQ.2

#### Facilité d'exécution

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès .....	5
Incapable d'évaluer .....	8
Sans objet .....	9

### Q16B

#### *If no to outcome research*

If... Q15CC.EQ.2

#### Effet perçu sur les résultats attendus

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès .....	5
Incapable d'évaluer .....	8
Sans objet .....	9

### Q16C

#### *If no to outcome research*

If... Q15CC.EQ.2

#### Résultats inattendus ou bienfaits supplémentaires

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès .....	5
Incapable d'évaluer .....	8
Sans objet .....	9



**Q16D**

*If no to outcome research*

If... Q15CC.EQ.2

Degré d'engagement du public cible

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

**Q16E**

*If no to outcome research*

If... Q15CC.EQ.2

Degré d'engagement des intervenants (p. ex., parents, enseignants, etc.)

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

**Q16G**

*If no to outcome research*

If... Q15CC.EQ.2

Qualité et utilité générales du programme

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

### Q17 [1,10]

À ce que vous sachiez, quels sont les points forts du programme que vous avez mis en œuvre? (Si le programme n'est pas terminé, veuillez mentionner les points forts que vous avez constatés jusqu'ici ou que vous prévoyez.)

Sélectionner toute réponse pertinente

Flexibilité (s'adapte aux besoins des jeunes) .....	1	
Atteint les objectifs du programme .....	2	
Facilité d'utilisation .....	3	
Se fonde sur des preuves .....	4	
Inclusif (p.ex., usagers, non usagers, jeunes et parents) .....	5	
Accroît la productivité locale .....	6	
Favorise les relations positives/axées sur la confiance .....	7	
Favorise la capacité à surveiller/évaluer le programme.....	8	
Efficient .....	9	
Autre réponse (veuillez préciser) -> AQ17; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q18 [1,12]

À ce que vous sachiez, quels sont les points faibles ou les embûches du programme que vous avez mis en œuvre? (Si le programme n'est pas terminé, veuillez mentionner les points faibles que vous avez constatés.)

Sélectionner toute réponse pertinente

Manque de financement (ou financement insuffisant).....	1	
Manque de personnel qualifié.....	2	
Manque d'autres ressources .....	3	
Difficulté à respecter les normes de qualité.....	4	
Manque de coordination entre les partenaires .....	5	
Difficulté à évaluer l'efficacité du programme .....	6	
Manque de suivi à long terme.....	7	
Lacunes relatives à la zone desservie .....	8	
Trop coûteux en temps .....	9	
Difficulté à rester au courant, à jour .....	10	
Manque de capacité pour surveiller/évaluer le programme.....	11	
Autre réponse (veuillez préciser) -> AQ18; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q8SKP

*Primary/flagship program has already answered; skip to next section*

If... Q8B.EQ.1

1 .....	1	
---------	---	--

->Q19P

### **Q9AB [1,5]**

Quels sont parmi les suivants les aspects visés par au moins quelques-uns de vos programmes?

Sélectionner toute réponse pertinente

Renforcement des compétences.....	1	
Sensibilisation aux drogues .....	2	
Aptitudes à la résistance .....	3	
Facteurs de protection/Facteurs axés sur les points forts.....	4	
Autre réponse (veuillez préciser) -> AQ9AB; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### **Q9BB [1,7]**

À qui s'adressent vos programmes?

Sélectionner toute réponse pertinente

Jeunes .....	1	
Parents .....	2	
Enseignants/professionnels de l'enseignement .....	3	
Autres professionnels travaillant auprès des jeunes .....	6	
Autres intervenants communautaires.....	4	
Ensemble de la collectivité.....	5	
Autre réponse (veuillez préciser) -> AQ9BB; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### **Q9CB [1,6]**

Comment votre organisation procède-t-elle pour rejoindre et sélectionner les participants de vos programmes ou d'éléments de programme?

Sélectionner toute réponse pertinente

Communication directe – ce sont les élèves, parents d'élèves ou personnel de notre organisation .....	1	
Communication directe – ce sont nos adhérents, membres, intervenants.....	2	
Bouche-à-oreille dans la collectivité .....	3	
Recommandation provenant d'une autre organisation ou école.....	4	
Publicité dans la collectivité ou dans d'autres organisations .....	5	
Autre réponse (veuillez préciser) -> AQ9CB; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

## Q10B

Comment avez-vous sélectionné vos divers programmes?

Sélectionner toute réponse pertinente

L'avons déjà utilisé.....	1	
Sommes tenus de l'utiliser.....	2	
Recommandé par une autre organisation.....	3	
Embauché quelqu'un pour l'élaborer exprès pour nous/Développé à l'interne .....	4	
D'après information/sensibilisation sur les bons programmes pour tel segment, tel problème, telle situation .....	5	
Par commodité (i.e. moyens de prestation et ressources disponibles) .....	6	
Autre réponse (veuillez préciser) -> AQ10B; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

## Q11PB [0,0]

*Only for programs that target youth*

If... Q9BB.EQ.1

Quels groupes d'âges vos programmes destinés aux jeunes ciblent-ils?

## Q11AB

If... Q9BB.EQ.1

Limite inférieure :

ans/année -> AQ11AB; N2.0 [1-98].....	1	
Je ne sais pas/Pas de réponse .....	99	

## Q11BB

If... Q9BB.EQ.1

Limite supérieure :

ans/année -> AQ11BB; N2.0 [1-98].....	1	
Je ne sais pas/Pas de réponse .....	99	

**Q12B [1,17]**

Vos programmes ciblent-ils d'autres populations?

Sélectionner toute réponse pertinente

Aucune population en particulier .....	2	X
Minorités visibles .....	3	
Athlètes.....	4	
Familles à risque.....	5	
Étudiants.....	6	
Jeunes des Premières nations.....	7	
Nouveaux immigrants .....	8	
Minorités visibles .....	9	
Parents .....	10	
Jeunes sans-abri.....	11	
Familles/jeunes à faible revenu .....	12	
Jeunes sous tutelle .....	13	
Jeunes ayant des difficultés scolaires .....	14	
Jeunes d'une minorité sexuelle .....	15	
Jeunes aux prises avec le système de justice pénale.....	16	
Jeunes de familles à problème, notamment d'alcoolisme ou de toxicomanie .....	17	
Jeunes ayant des problèmes de santé mentale .....	18	
Autre réponse (veuillez préciser) -> AQ12B; C350 L2 C75 .....	1	
Je ne sais pas/Pas de réponse.....	99	X

**Q14B [1,5]**

Y a-t-il de vos programmes qui portent sur une certaine drogue ou un type de drogue?

Sélectionner toute réponse pertinente

Ne portent pas sur une drogue en particulier .....	98	X
Alcool.....	1	
Médicaments d'ordonnance.....	2	
Marijuana.....	3	
Autre drogue illicite.....	4	
Autre réponse (veuillez préciser) -> AQ14B; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q15AB [1,8]

Qui livre vos programmes?

Sélectionner toute réponse pertinente

Parents .....	1	
Enseignants.....	2	
Agents d'exécution de la loi .....	3	
Orienteurs .....	4	
Travailleur de la santé .....	5	
Organisme communautaire.....	6	
Autres jeunes .....	7	
Autre réponse (veuillez préciser) -> AQ15AB; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q15BB [1,5]

Quelle formation ou expérience pertinente minimum vos agents (principaux) de prestation ont-ils reçue ou acquise?

Sélectionner toute réponse pertinente

Formation collégiale ou universitaire en prévention .....	1	
Formation en prestation de ce programme en particulier .....	2	
Expérience dans la prestation de ce programme en particulier.....	3	
Expérience en prestation de programmes de prévention .....	4	
Autre réponse (veuillez préciser) -> AQ15BB; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q15BB2

Les agents de prestation du programme obtiennent-ils de la formation?

Non, normalement pas.....	1	
Oui, parfois.....	2	
Oui, toujours.....	3	
Je ne sais pas/Pas de réponse.....	9	X

### Q15CPB [0,0]

Avez-vous effectué l'une ou l'autre des mesures suivantes dans le cadre de l'élaboration, de la sélection ou de la mise en œuvre du programme que vous offrez?

### Q15CBA

Examen de la documentation sur les meilleures/plus prometteuses pratiques de prévention pour vous aider à structurer votre programme (p. ex., approche théorique, techniques de prestation, capture de votre public cible)

Oui, toutes .....	1
Oui, quelques-unes .....	2
Non .....	3
Je ne sais pas.....	9

### Q15CBB

Évaluation des processus pour vérifier si votre programme a été mis en œuvre tel que prévu

Oui, toutes .....	1
Oui, quelques-unes .....	2
Non .....	3
Je ne sais pas.....	9

### Q15CBC

Recherche sur les résultats/évaluation des effets pour savoir si votre programme a atteint ses objectifs ou pour mesurer son efficacité

Oui, toutes .....	1
Oui, quelques-unes .....	2
Non .....	3
Je ne sais pas.....	9

### Q15DB [1,3]

*If yes to process evaluation*

If... Q15CBB.EQ.1,2

Quelles leçons avez-vous tirées de votre évaluation des processus, destinée à vérifier comment s'est faite la mise en œuvre de votre programme?

Façons d'améliorer le programme.....	1
La mesure dans laquelle le programme fonctionne .....	2
Autre réponse (veuillez préciser) -> AQ15DB; C350 L3 C75 .....	77
Je ne sais pas/Pas de réponse .....	99

X

**Q15EPB [0,0]**

*If yes to outcome research*

If... Q15CBC.EQ.1,2

Selon les critères utilisés pour évaluer l'efficacité du programme, dans quelle mesure votre programme a-t-il remporté du succès dans les domaines suivants?

**Q15EB1**

If... Q15CBC.EQ.1,2

Facilité de prestation

- Aucun succès ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9

**Q15EB2**

If... Q15CBC.EQ.1,2

Niveau d'engagement du public cible

- Aucun succès ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9

**Q15EB3**

If... Q15CBC.EQ.1,2

Les participants donnent une note favorable au programme

- Aucun succès ..... 1
- Succès modeste..... 2
- Succès moyen ..... 3
- Assez de succès ..... 4
- Beaucoup de succès ..... 5
- Incapable d'évaluer l'efficacité ..... 8
- Sans objet ..... 9



### Q15EB4

If... Q15CBC.EQ.1,2

Les participants possèdent de meilleures connaissances (p. ex., relativement aux risques courus) et modifient leur comportement (p. ex., moins d'absentéisme) ou leur attitude (p. ex., attitude positive envers la police)

Aucun succès .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15EB5

If... Q15CBC.EQ.1,2

La collectivité (p.ex., parents, enseignants, police) donne une note favorable au programme

Aucun succès .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15EB6

If... Q15CBC.EQ.1,2

Réduction évidente d'usage de drogue ou de méfaits liés à la drogue parmi les participants

Aucun succès .....	1
Succès modeste.....	2
Succès moyen.....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15EB7

If... Q15CBC.EQ.1,2

#### Qualité et utilité générales du programme

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15EB8 [0,1]

If... Q15CBC.EQ.1,2

#### Autre (veuillez préciser)Q15EBBOX

Pas de succès du tout .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer l'efficacité .....	8
Sans objet .....	9

### Q15FB [1,6]

#### *If no to outcome research*

If... Q15CBC.EQ.3

Quelles sont vos raisons de ne pas avoir effectué de recherche sur les résultats?

#### Sélectionner toute réponse pertinente

Manque de temps.....	1
Manque d'argent.....	2
Connaissance de la façon de faire.....	3
Difficulté d'accès aux gens possédant les connaissances pour le faire .....	5
Pas pensé à le faire .....	4
Autre réponse (veuillez préciser) -> AQ15FB; C350 L2 C75 .....	77
Je ne sais pas/Pas de réponse.....	99

X

### Q16PB [0,0]

#### *If no to outcome research*

If... Q15CBC.EQ.3

D'après ce que vous avez constaté, comment évalueriez-vous vos programmes sous les aspects suivants?

**Q16BA**

*If no to outcome research*

If... Q15CBC.EQ.3

Facilité d'exécution

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer .....	8
Sans objet .....	9

**Q16BB**

*If no to outcome research*

If... Q15CBC.EQ.3

Effet perçu sur les résultats attendus

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer .....	8
Sans objet .....	9

**Q16BC**

*If no to outcome research*

If... Q15CBC.EQ.3

Résultats inattendus ou bienfaits supplémentaires

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer .....	8
Sans objet .....	9

### Q16BD

*If no to outcome research*

If... Q15CBC.EQ.3

Degré d'engagement du public cible

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

### Q16BE

*If no to outcome research*

If... Q15CBC.EQ.3

Degré d'engagement des intervenants (p. ex., parents, enseignants, etc.)

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

### Q16BG

*If no to outcome research*

If... Q15CBC.EQ.3

Qualité et utilité générales du programme

Aucun succès .....	1
Succès modeste.....	2
Succès moyen .....	3
Assez de succès .....	4
Beaucoup de succès.....	5
Incapable d'évaluer.....	8
Sans objet .....	9

### Q19P [0,0]

La section que voici porte sur l'intégration des programmes dans la collectivité ainsi que les contraintes ou les lacunes dans la programmation actuelle et la prestation des programmes

**Q19**

À ce que vous sachiez, vos programmes fonctionnent-ils en conjonction ou en intégration avec d'autres programmes de la collectivité ou bien isolément?

- En conjonction/intégration ..... 1
- Isolément ..... 2
- Seul programme de la collectivité ..... 3
- Ignore s'il en existe d'autres dans la collectivité ..... 4
- Je ne sais pas/Pas de réponse ..... 9 X

**Q20**

If... Q19.NE.2-4,9

Dans quelle mesure diriez-vous que les programmes offerts dans votre collectivité sont coordonnés ensemble ou intégrés les uns aux autres?

- 1 Pas du tout ..... 1
- 2 ..... 2
- 3 Assez bien..... 3
- 4 ..... 4
- 5 Extrêmement bien..... 5
- Je ne sais pas..... 9

**Q20SKP**

*If no to q7 then go to q23 after q20*

If... Q7.EQ.2,9

- 1 ..... 1 ->Q23

**Q21**

If... Q20.EQ.1,2,3

Pourquoi trouvez-vous que les programmes de votre collectivité ne sont pas bien coordonnés?

- Les organisations ne savent pas quels autres programmes sont offerts dans la collectivité ..... 1
- Les organisations ne pensent pas que ce soit nécessaire/n'ont jamais pensé à le faire..... 2
- Les organisations ont chacune des mandats et des priorités qui diffèrent ..... 3
- Autre réponse (veuillez préciser) -> AQ21; C350 L2 C75 ..... 77
- Je ne sais pas/Pas de réponse ..... 99 X

### Q22A [1,9]

Y a-t-il une autre organisation qui participe à la planification, au financement ou à la prestation de vos programmes (c.-à-d. qui est partenaire du programme)?

Sélectionner toute réponse pertinente

Agents d'exécution de la loi .....	3		
Éducateurs .....	4		
Autorité en matière de santé .....	5		
Organisme gouvernemental.....	6		
Organisations philanthropiques (bailleurs de fonds) .....	7		
Entreprises .....	8		
Milieu de la recherche (p. ex., collègues et universités).....	10		
Organisation soeur.....	11		
Autre .....	1		
Non .....	2	X	->Q24P
Je ne sais pas/Pas de réponse .....	9	X	->Q24P

### Q22D

À quel point d'autres organismes ou organisations se sont-ils engagés dans les programmes?

1 Pas du tout .....	1
2.....	2
3 Moyennement .....	3
4.....	4
5 Énormément .....	5
Je ne sais pas.....	9

### Q22E [1,3]

À quelles étapes?

Sélectionner toute réponse pertinente

Sélection .....	1	
Planification et mise en œuvre/prestation.....	2	
Évaluation/établissement d'un rapport .....	3	
Toutes les étapes.....	4	X
Je ne sais pas/Pas de réponse .....	9	X

### Q22C [1,9]

Quelle a été la nature de leur engagement?

Sélectionner toute réponse pertinente

Financement .....	1	
Conseil/consultation .....	2	
Formation .....	3	
Prestation d'un service .....	4	
Développement des ressources .....	5	
Promotion/marketing .....	6	
Coordination ou gestion .....	7	
Participation, partage d'information .....	8	
Autre réponse (veuillez préciser) -> AQ22C; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q23 [1,8]

Que vous faudrait-il, le cas échéant, pour collaborer plus pleinement avec d'autres partenaires/être un meilleur partenaire (p. ex., structures, processus, etc.)?

Sélectionner toute réponse pertinente

Possibilités d'avoir accès à du financement/à plus de ressources .....	1	
Assistance pour le travail en réseau.....	2	
Soutien de la part d'organisations pertinentes (engagement relativement aux ressources).....	3	
Plus de personnel.....	4	
Meilleures planification et coordination.....	5	
Meilleure promotion/meilleur marketing du programme .....	6	
Flexibilité accrue pour la prise de décisions.....	7	
Autre réponse (veuillez préciser) -> AQ23; C350 L2 C75 .....	77	
Besoin de rien d'autre.....	98	X
Je ne sais pas/Pas de réponse.....	99	X

### Q24P [0,0]

Le CCLAT cherche présentement à réunir des partenaires et des intervenants en vue de mettre au point une stratégie nationale qui comporterait des normes nationales pour les programmes de prévention de la toxicomanie chez les jeunes. Nous énumérons ci-dessous quelques objectifs qu'on pourrait chercher à atteindre au moyen de ces normes minimum. Selon vous, quelle sorte de contribution chaque élément suivant pourrait-il apporter à l'aptitude des organisations communautaires à mettre efficacement à exécution les programmes de prévention de la toxicomanie chez les jeunes?

### Q24A

Constituer une ressource unique où sont consolidées la recherche et l'opinion de spécialistes touchant les lignes directrices factuelles dont les organisations pourraient s'inspirer pour sélectionner, élaborer et mettre à exécution les programmes de prévention de la toxicomanie

Aucune contribution1 .....	1
2.....	2
Une contribution moyenne 3 .....	3
4.....	4
Une très grande contribution5 .....	5
Je ne sais pas.....	9

### Q24B

Améliorer l'aptitude de votre organisation à mettre efficacement à exécution des programmes par la recherche et le partage de pratiques exemplaires

Aucune contribution1 .....	1
2.....	2
Une contribution moyenne 3 .....	3
4.....	4
Une très grande contribution5 .....	5
Je ne sais pas.....	9

### Q24C

Améliorer les façons de rendre compte des programmes

Aucune contribution1 .....	1
2.....	2
Une contribution moyenne 3 .....	3
4.....	4
Une très grande contribution5 .....	5
Je ne sais pas.....	9

### Q24D

Améliorer l'aptitude de votre organisation en matière de sélection et de planification

Aucune contribution1 .....	1
2.....	2
Une contribution moyenne 3 .....	3
4.....	4
Une très grande contribution5 .....	5
Je ne sais pas.....	9



### Q25P [0,0]

La présente section renseigne sur les endroits où il y aurait lieu de fournir de l'information sur les normes et la prévention de manière à rejoindre les intervenants clés

### Q25 [1,10]

Où obtenez-vous normalement de l'information sur les programmes de prévention de la toxicomanie chez les jeunes?

Sélectionner toute réponse pertinente

Santé Canada/ASPC .....	1	
Organismes de lutte contre les toxicomanies (p. ex., CTSM, CCLAT) .....	6	
Organismes internationaux de lutte contre les toxicomanies (p. ex., NIDA, SAMSHA) .....	7	
Autres organismes sans but lucratif .....	8	
Ministères de promotion de la santé ou autorités régionales en matière de santé .....	9	
Gouvernement provincial .....	2	
Établissement universitaire .....	3	
Personne-ressource spécialisée dans le domaine .....	4	
Police municipale ou autre organisation d'exécution de la loi (p. ex., GRC) .....	5	
Autre réponse (veuillez préciser) -> AQ25; C350 L2 C75 .....	77	
Ne cherche pas normalement ce genre d'information .....	98	X->Q28 [skip to next section]
Je ne sais pas/Pas de réponse .....	99	X

### Q25S [1,4]

Où cherchez-vous normalement de l'information sur les programmes de prévention de la toxicomanie chez les jeunes?

Sélectionner toute réponse pertinente

En ligne/Internet .....	1	
Bibliothèque .....	2	
Librairie .....	3	
Autre réponse (veuillez préciser) -> AQ25S; C350 L2 C75 .....	77	
Ne cherche pas normalement ce genre d'information .....	98	X->Q28 [skip to next section]
Je ne sais pas/Pas de réponse .....	99	X

### Q27P [0,0]

Outre ce que vous savez déjà, dans quelle mesure trouveriez-vous utile d'avoir des renseignements supplémentaires sur les sujets suivants?

### **Q27A**

Comment évaluer la nature/l'étendue d'un problème

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### **Q27B**

Définir les buts/objectifs que vous aimeriez atteindre

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### **Q27C**

Genres de programmes disponibles

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### **Q27D**

Descriptions de programmes

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q27E

Comment sélectionner le programme correspondant le mieux aux besoins de votre collectivité/au mandat de votre organisation

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3 .....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q27F

Comment mettre en œuvre un programme le plus efficacement possible (p. ex., intermédiaire, agent d'exécution, cible, etc.)

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3 .....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q27G

Modèles de partenariat possible pour la prestation du programme

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3 .....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q27H

Pratiques exemplaires en prévention de la toxicomanie chez les jeunes et en programmes de prévention

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3 .....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

## Q27I

Comment évaluer l'efficacité d'un programme

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

## Q28 [1,8]

Dans quels domaines souhaiteriez-vous, le cas échéant, avoir plus de soutien afin de vous aider à **sélectionner** un programme?

Sélectionner toute réponse pertinente

Comment évaluer la nature/l'étendue d'un problème.....	1
Définir les buts/objectifs que vous aimeriez atteindre.....	2
Genres de programmes disponibles.....	3
Comment sélectionner le programme correspondant le mieux aux besoins de votre collectivité/au mandat de votre organisation.....	4
Les publics les plus pertinents pour votre programme .....	5
comment travailler avec des partenaires et coordonner les efforts .....	6
Obtenir du financement .....	7
Autre réponse (veuillez préciser) -> AQ28; C350 L2 C75.....	77
Je ne sais pas/Pas de réponse.....	99

X

## Q29 [1,7]

Dans quels domaines souhaiteriez-vous, le cas échéant, avoir plus de soutien afin de vous aider à **planifier et mettre en œuvre** un programme?

Sélectionner toute réponse pertinente

La meilleure méthode pour atteindre vos publics cibles.....	1
Les agents d'exécution les plus pertinents pour des éléments/publics différents .....	2
Les paramètres les plus efficaces pour des éléments/publics différents .....	3
Les modèles de partenariat possible pour la prestation du programme/des services .....	4
De façon générale, les pratiques exemplaires en prévention de la toxicomanie chez les jeunes et en programmes de prévention.....	5
Obtenir du financement .....	6
Autre réponse (veuillez préciser) -> AQ29; C350 L2 C75.....	77
Je ne sais pas/Pas de réponse.....	99

X

### Q30 [1,7]

Dans quels domaines souhaiteriez-vous, le cas échéant, avoir plus de soutien afin de vous aider à **évaluer** le programme?

Sélectionner toute réponse pertinente

Définir les buts/objectifs que vous aimeriez atteindre .....	1	
Les genres d'indicateurs du changement effectué .....	2	
Planifier la mesure/l'évaluation d'un programme .....	3	
Les résultats réalistes auxquels on peut s'attendre, et dans quel délai.....	4	
Les modèles de partenariat possible pour l'évaluation de la prestation/la mesure des résultats .....	5	
Les pratiques exemplaires en prévention de la toxicomanie chez les jeunes et en programmes de prévention .....	6	
Autre réponse (veuillez préciser) -> AQ30; C350 L2 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q31 [1,3]

Y a-t-il d'autres domaines particuliers (que ceux qui sont mentionnés ci-dessus) où vous aimeriez avoir de l'information, du soutien ou de l'aide en prévention de la toxicomanie chez les jeunes?

Réponse -> AQ31; C350 L3 C75 .....	77	
Je ne sais pas/Pas de réponse .....	99	X

### Q32 [1,6]

De quoi auriez-vous besoin, le cas échéant, pour vous aider à adapter ou à mettre en application un ensemble de normes ou de pratiques exemplaires dans votre propre collectivité ou organisation (i.e. selon votre propre contexte local ou régional)?

Sélectionner toute réponse pertinente

Soutien informationnel .....	1	
Accès à des éléments de preuve/recherches .....	2	
Soutien collaboratif et engagement des partenaires.....	3	
Financement .....	4	
Ressources supplémentaires (p. ex., personnel qualifié, espace).....	5	
Autre réponse (veuillez préciser) -> AQ32; C350 L2 C75 .....	77	
Besoin de rien d'autre.....	98	X
Je ne sais pas/Pas de réponse .....	99	X

### Q33P [0,0]

Quelle serait l'utilité de chacun des éléments suivants pour votre organisation?

### Q33A

Un réseau national intégré d'organisations qui s'occupent de questions touchant la santé des jeunes

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q33B

Une plate-forme électronique qui recueille de l'information, notamment des résultats de recherche à jour, une liste de ressources en formation, et qui reçoit les interventions dans le domaine

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q33C

Des lignes directrices/une matrice pour la recherche/création d'occasions de partenariat en vue de procéder à la prévention de la toxicomanie chez les jeunes

Pas du tout utile 1 .....	1
2.....	2
Moyennement utile 3.....	3
4.....	4
Extrêmement utile 5 .....	5
Je ne sais pas.....	9

### Q33D [1,3]

Y a-t-il autre chose qui pourrait vous être utile?

Veuillez préciser -> AQ33D; C350 L3 C75 .....		77
Non, rien d'autre.....	98	X
Je ne sais pas/Pas de réponse.....	99	X

**Q34 [1,5]**

À votre avis, quelle serait le meilleur moyen de faire connaître les normes nationales afin que les organisations soient en mesure d'y avoir accès?

Sélectionner toute réponse pertinente

Plate-forme actualisée sur le Web .....	1		
Par le biais de réseaux qui comprennent des organisations de prestation de services aux jeunes .....	2		
En assurant la participation des intervenants.....	3		
Congrès.....	4		
Autre réponse (veuillez préciser) -> AQ34; C350 L2 C75 .....	77		
Je ne sais pas/Pas de réponse .....	99	X	

**Q43 [1,3]**

Votre organisation fait-elle partie de l'une des formules suivantes touchant les jeunes ou la prévention de la toxicomanie?

Sélectionner toute réponse pertinente

Une organisation/association qui en chapeaute d'autres .....	1		
Un réseau.....	2		
Une coalition/stratégie.....	3		
Aucun des précédents .....	8	X	->Q35
Je ne sais pas/Pas de réponse.....	9	X	->Q35

**Q44P [0,0]**

À quelle fréquence les membres du groupe font-ils ce qui suit?

**Q44A**

Partager de l'information/des ressources

Chaque semaine.....	1
Chaque mois .....	2
Chaque trimestre.....	3
Deux fois par année.....	4
Une fois par année.....	5
Moins souvent .....	6
Selon les besoins .....	7
Je ne sais pas.....	9

**Q44B**

Coordonner des interventions

Chaque semaine.....	1
Chaque mois.....	2
Chaque trimestre.....	3
Deux fois par année.....	4
Une fois par année.....	5
Moins souvent.....	6
Selon les besoins.....	7
Je ne sais pas.....	9

**Q45**

Dans quelle mesure trouvez-vous que l'appartenance à ce groupe renforce les capacités de ses membres?

1 Pas du tout.....	1
2.....	2
3 Moyennement.....	3
4.....	4
5 Entièrement.....	5
Je ne sais pas/Pas de réponse.....	9

**Q46**

Exercez-vous un rôle particulier au sein de ce groupe (p. ex., par une contribution quelconque)?

Oui.....	1
Non.....	2
Je ne sais pas/Pas de réponse.....	9

**Q48**

Y a-t-il des objectifs ou buts communs particuliers auxquels les membres contribuent?

Oui.....	1
Non.....	2
Je ne sais pas/Pas de réponse.....	9



### Q35

Laquelle des catégories suivantes décrit le mieux votre organisation?

École.....	1	
Organisme gouvernemental.....	5	
organisme de lutte contre la toxicomanie .....	6	
Centre de santé .....	7	
Organisme sans but lucratif non gouvernemental travaillant auprès des jeunes.....	8	
Groupe communautaire d'intervention auprès des jeunes .....	2	
Groupe communautaire d'intervention auprès des parents.....	3	
Organisme d'exécution de la loi.....	4	
Organisme à but lucratif .....	9	
Organisation philanthropique .....	10	
Autre réponse (veuillez préciser) -> AQ35; C350 L2 C75.....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q36

Les jeunes forment-ils le principal groupe cible de votre organisation?

Oui.....	1	
Non.....	2	
Je ne sais pas/Pas de réponse.....	9	

### Q37 [1,16]

Y a-t-il des populations particulières auprès desquelles votre organisation travaille principalement?

Sélectionner toute réponse pertinente		
Non.....	98	X
Athlètes.....	14	
Familles à risque.....	15	
Étudiants .....	1	
Jeunes des Premières nations.....	2	
Nouveaux immigrants .....	3	
Minorités visibles .....	4	
Parents .....	5	
Jeunes sans-abri.....	6	
Familles/jeunes à faible revenu .....	7	
Jeunes sous tutelle .....	8	
Jeunes ayant des difficultés scolaires .....	9	
Jeunes d'une minorité sexuelle.....	10	
Jeunes aux prises avec le système de justice pénale.....	11	
Jeunes de familles à problème, notamment d'alcoolisme ou de toxicomanie .....	12	
Jeunes ayant des problèmes de santé mentale .....	13	
Autre réponse (veuillez préciser) -> AQ37; C350 L2 C75.....	77	
Je ne sais pas/Pas de réponse.....	99	X

### Q37P [0,0]

If... Q37.EQ.1

Veillez préciser l'âge ou le niveau scolaire des étudiants

### Q37A

If... Q37.EQ.1

Limite inférieure :

1 -> AQ37A; N2.0 [1-98] .....	1	N
ans.....	2	
année.....	3	
Je ne sais pas/Pas de réponse.....	999	

### Q37B

If... Q37.EQ.1

Limite supérieure :

1 -> AQ37B; N2.0 [1-98] .....	1	N
ans.....	2	
année.....	3	
Je ne sais pas/Pas de réponse.....	999	

### Q38

Depuis combien d'années votre organisation intervient-elle auprès des jeunes?

Un an ou moins.....	1
Entre deux et cinq ans.....	2
Entre six et neuf ans .....	3
Dix ans ou plus .....	4
N'intervient pas vraiment auprès des jeunes .....	8
Je ne sais pas/Pas de réponse.....	9

### Q39

Depuis combien d'années votre organisation intervient-elle en prévention de la toxicomanie?

Un an ou moins.....	1
Entre deux et cinq ans.....	2
Entre six et neuf ans .....	3
Dix ans ou plus .....	4
N'intervient pas vraiment auprès des jeunes .....	8
Je ne sais pas/Pas de réponse.....	9

**Q40 [1,3]**

If... Q38.NE.98.OR.Q39.NE.98

Quelle formation avez-vous suivie, personnellement, afin de travailler auprès des jeunes/en prévention de la toxicomanie?

- Formation collégiale ou universitaire en prévention ..... 1
- Autre formation en prévention ..... 2
- Expérience de travail dans le domaine de la prévention..... 3
- Je ne sais pas/Pas de réponse ..... 99 X

**PROV [1,13]**

Dans quelle province ou territoire travaillez-vous?

Sélectionner toute réponse pertinente

- Colombie-Britannique ..... 1
- Alberta ..... 2
- Saskatchewan ..... 3
- Manitoba..... 4
- Ontario..... 5
- Québec..... 6
- Nouveau-Brunswick ..... 7
- Nouvelle-Écosse ..... 8
- Île-du-Prince-Édouard ..... 9
- Terre-Neuve-et-Labrador ..... 10
- Yukon ..... 11
- Territoires du Nord-Ouest ..... 12
- Nunavut ..... 13
- Partout ..... 98 X
- Pas de réponse ..... 99 X

**Q42**

Quelle est la portée de votre organisation?

- Municipale..... 1
- Régionale..... 2
- Provinciale..... 3
- Nationale ..... 4
- Internationale ..... 5
- Je ne sais pas/Pas de réponse ..... 9 X

**THNK [0,0]**

Merci d'avoir répondu à notre sondage. Vos résultats vont maintenant être envoyés.

## **QPRINTOUT**

Aimeriez-vous imprimer vos réponses?

Oui.....	1
Non.....	2