

**Canadian Community Epidemiology
Network on Drug Use
Vancouver Site Forum**

**Final Report
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EXECUTIVE SUMMARY

On April 22, 2004, the Canadian Community Epidemiology Network on Drug Use (CCENDU) Vancouver Site held a forum at the Gathering Place in downtown Vancouver. The objectives of the forum were to:

- a) increase awareness about the 2003 Vancouver CCENDU report;
- b) receive input from community stakeholders on the full and four-page reports;
- c) increase networking and participation of the various stakeholders for the data collection of the report; and
- d) collate feedback to increase utility and relevance of future reports.

The forum lasted approximately two and a half hours. After a brief reception, there was a presentation about CCENDU and the report, followed by a breakout session in which two facilitated groups provided feedback on the report. Finally, participants were asked to complete a short evaluation form. There were 26 attendees at the forum, representing 20 agencies. The lively breakout discussions are summarized below, under three topic headings.

1. Awareness of the report

- Few participants had heard of CCENDU or the local report prior to the forum, even though this is the fifth edition of the report.
- All agreed that a press release would be a good way to increase awareness when the next report is released (some suggested a press conference).
- Most believed that the report should be more widely distributed. The agency representatives were willing to assist, including promoting it to their agencies.

2. Structure, format and content of the full and four-page reports

- Most participants believed the format and layout of the report was appealing and easy to follow. They particularly appreciated its new cover design. However, they would like to see the appeal factor increased. For example, it could include more graphics, as well as explanations of the graphs and figures.
- Sections allowing the reader to think on a higher level were suggested: for instance, including “Points to Consider.” The report should not make recommendations; rather, it should enable the readers to make informed opinions. Furthermore, summary points or “bubbles” should highlight the main points of the various sections.
- The audience of the report must be clearly defined. If the report is produced for numerous audiences, perhaps create different versions or sections of the report. This would increase its appeal and assist in its promotion.
- Formatting suggestions include using more subheadings, re-arranging the topics according to demographics instead of trend areas (for example, youth, First Nations, and injection drug users), and having community-specific information (that is, break down the statistics even more—for example, to the various community health areas (CHA)).

- Participants appreciated the references and their respective web links, which provide further information to readers who require it.
- All agreed that the four-page report was a necessity. Some suggestions were made to make it more appealing, such as using a different format depending on who the reader is (community group, academic, police, etc.).

3. Missing Information

- Participants would like to see more of these: youth data, hospital statistics, methadone and detoxification rates, hepatitis C figures, economic data, policing numbers, BC Corrections information, and ethnic-specific data (on new immigrants, Asians, etc.). Some of these data are difficult to obtain, and this report might encourage further pressure to obtain the data.
- Future reports should draw on up-to-date from such sources as the McCreary report, the North American Opiate Medications Initiative trials, the Vanguard Project, and the College of Physicians and Surgeons of BC. The report should include an update on the Supervised Injection Site.

Data was computed from 18 evaluation forms collected. Participants were asked six Likert scaled questions. They “agreed” or “strongly agreed” that the information presented was beneficial to their work; the breakout sessions were useful; their input in the breakout sessions was valuable; the facility, food and refreshments were good; and the event was successfully organized. Overall, the group “agreed” that attending this event was worthwhile. When asked if they would use the report for future reference and promotion, all respondents indicated that they would. Respondents also indicated that they would like to see representatives from a number of agencies at future forums.

The breakout sessions and opportunity to network with other the agencies were reported as most valuable. Some found the number of people in the breakout group (11 plus facilitator) too many. Respondents suggested that the forum become an annual occurrence, or at least have follow-up sessions. Continuation and expansion of this community dialogue, especially in the planning and dissemination of the report, was felt important. Specific amendments and suggestions for the report were given.

INTRODUCTION

This report was created following the Canadian Community Epidemiology Network on Drug Use (CCENDU) Vancouver Site Forum held April 22, 2004. It states the rationale for the forum, and describes the process, outcomes and recommendations arising from the discussions.

CCENDU was established by the Canadian Centre on Substance Abuse (CCSA) in 1996 to initiate a Canada-wide surveillance system on substance use. The mandate of CCENDU is to coordinate and facilitate the collection, organization and dissemination of qualitative and quantitative information on drug use among the Canadian population.

There are currently 12 CCENDU sites across Canada. The Vancouver site committee oversees the collection, compilation and interpretation of the local data. The result is a regular report structured according to major drug use areas: alcohol, cocaine, cannabis, heroin, hallucinogens other than cannabis, stimulants other than cocaine, and illicit drugs. These drug areas are tracked across six indicators: prevalence, law enforcement, treatment, morbidity, mortality and HIV/AIDS/HEP C.

The National Crime Prevention Centre gave funding to CCSA to increase community awareness of the reports. Vancouver site submitted a proposal to CCSA to enable dissemination of the report. This proposal was accepted. In November 2003, the BC Centre for Disease Control/UBC and CCSA reached an agreement to support the community initiative to increase awareness of the Vancouver 2003 CCENDU report. The report would be formatted and printed to allow it to be disseminated and have greater readership, a four-page summary document (an extension of the executive summary) would be produced, and the report would be promoted in the community.

The Vancouver site aims to foster networking among its many, diverse stakeholders, and to improve the quality and timeliness of data being gathered; this could provide an early warning system about emerging trends. To foster collaboration between the players, CCENDU Vancouver planned a city-wide forum. The objectives of the forum were to:

- increase awareness about the annual CCENDU report;
- receive input from the stakeholders regarding the structure, format and content of the report;
- increase networking and participation of the various stakeholders for the data collection of the report; and
- use the feedback to make future reports more useful and relevant for all stakeholders.

Determining the Method of Disseminating the Report to the Community

- Options for dissemination were explored. These include a community forum; presenting to, and discussion with, each agency directly; and multiple focus groups in the community.
- A literature search was conducted on the topic (Appendix A lists the keywords that were used).
- Consideration was given to budget, timeline and personnel for the dissemination.

The CCENDU Vancouver site committee agreed that a forum was the most effective and feasible dissemination technique.

OVERVIEW OF FORUM

Process and Timeline

A four-page summary of the report was developed. A graphic designer was hired to format the full and four-page summary reports, and to design a cover. Once these reports were available, both on the Web and in hard copy, the date for the forum was set and a venue found. Invitations were sent out three weeks prior to the event. Invitees who did not respond were contacted by telephone the week prior to the event.

The organizers wanted to ensure that a majority of the stakeholders and agency groups were represented. After considering numerous agencies, a list was generated that categorized potential invitees into six categories: policing (including community policing agencies), governmental (local, provincial and federal), health (health authorities, disease-specific agencies, hospitals and clinics), economic (business improvement associations), community/advocacy groups (youth, Downtown East Side, ethnic and other demographic-specific groups) and other (Supervised Injection Site, international agencies such as the Salvation Army and the United Way). The Vancouver site committee reviewed the list of potential invitees. Thirty-three invitations were sent out (the invitation letter is reproduced in Appendix D). Several additional agencies requested to attend, having heard about the forum from their colleagues.

The forum took place over two and a half hours during the afternoon of April 22, 2004 (see the agenda in Appendix A). The event included a brief reception with lunch. All participants introduced themselves. A brief PowerPoint presentation was given about CCENDU and the 2003 Vancouver report. This was followed by a question period. In the subsequent breakout session, two facilitated groups discussed a variety of issues. Then all attendees reconvened for a feedback period. At the end of the event, participants completed a concise evaluation form.

After the forum, a follow-up e-mail was sent to all attendees and invitees, summarizing the highlights of the event as well as the resulting plans. CCENDU Vancouver committee met in mid-June to discuss the findings of the forum and to consider the next CCENDU report.

Participants

The forum had 26 attendees, representing 20 agencies and organizations. Invitations had been sent out to a larger number to ensure sufficient participants for active breakout groups.

Many invitees who could not attend the forum found replacements within their agency, or forwarded the invitation to agencies they considered more relevant. A few could not be reached. However, those who *were* reached were interested in remaining on the mailing list for future communication and events.

The stakeholders who did attend came from diverse sectors, including youth-, health-, ethnic-, and community-related organizations. Three invitees confirmed their presence, but did not attend the event.

Location

The forum took place at The Gathering Place, a community centre catering to disadvantaged people in downtown Vancouver. It was selected because it is a community agency itself, it is easy to access and it is centrally located. In addition, there was no cost in booking a meeting room, and the lunch and snacks were reasonably priced.

Breakout sessions

The 22 attendees who participated in the breakout sessions were divided into two groups, each of which was facilitated by a recognized community member. The organizers did not do the facilitation, since they felt that this might result in bias due to a reluctance to answer negatively. The breakout sessions lasted approximately an hour.

A number of questions were posed, under three headings (see Appendix B):

- 1) awareness of the report;
- 2) structure, format and content of the full and four-page reports; and
- 3) additional or incomplete information to be added.

The organizers of the event felt that the answers to these questions would cover the main areas of concern over the report. Responses were placed onto flipcharts by the facilitators at the same time as a research assistant wrote down the main points, which the group discussed.

Feedback from breakout groups

The breakout groups then reconvened in the larger group to discuss and interpret the flipchart comments. This allowed participants to reflect on others' comments, and it gave an opportunity for further comments or concerns to be raised.

Evaluation Form

As well as the breakout sessions, the organizers used evaluation forms to ask participants their opinions of the report and the forum. The form consisted of 18 questions, ranging from several 5-point Likert scale questions to a comments section (see Appendix C for the evaluation form). Participants could choose to not state their agency name; this was expected to encourage them to respond honestly.

OUTCOMES FROM THE FORUM

Breakout Sessions Outcomes

Data from the two breakout sessions was collected from flipchart sheets and from the author's observations of the event. The data were summarized under the question headings, and are shown in Appendix B: awareness, format and additional information.

Awareness

The evaluation forms mirrored the responses in the breakout groups regarding awareness of the report: many had not heard of the report—nor were they even familiar with CCENDU itself. When most participants received the report in the invitation package, it was the first CCENDU report they had seen—even though it is in its fifth edition.

Various techniques were discussed to increase CCENDU's profile in the community. One of the main suggestions was to issue a press release for each new report: a cost-effective and straightforward method to broaden the readership and usage of the report. It was suggested that this release be coupled with a press conference, so the media could ask questions about the information in the report, resulting in a more accurate reflection of the data.

Another suggestion was to hold “dog and pony” shows: publicizing the report directly to agencies and the community. The agencies would like to have CCENDU staff promote the report directly at their sites (admittedly, this would require considerable time and manpower). The agency representatives were also willing to promote the report to their respective groups and to the community. It was suggested that CCENDU personnel could outline the findings in a presentation to representatives from agency groups, and draft a presentation (in PowerPoint or overhead format with handouts) for them to take back to their agency, supported by the summary and full reports. This would reduce misinterpretation and make more economical use of CCENDU personnel's time.

Format

Considerable feedback was received on the production of the report. Participants were pleased with its layout, structure and format. There was enthusiasm about the new cover design, the accessibility of the report online, and the subheadings (which assisted in ordering the topics). The graphics and tables were considered very useful, and the use of colour made the report easier and more attractive to read. The provision of references and Web addresses, gave allowed readers access more detailed information on each topic, was also welcomed.

Still, participants felt that several areas could be improved. Further subheadings would be beneficial. The use of graphics should be increased, as it significantly encourages interest in and understanding of the issues. There was a suggestion that the report present more detailed background information on the various sections, to assist community groups or individuals not familiar with the subjects. If this is not possible (due to page or resource limitations), then more resources should be supplied, with Web-enabled references in the online report. These links would allow easy retrieval of additional information without over-lengthening the report.

One suggestion was made that the report could have a section dealing with the issues by demographic information (age, ethnicities, geographical location, etc.). This may help the reader to make comparisons between the groups.

Both breakout groups requested an outline of the report's target audience. Participants were informed that the report is intended for informed persons, agencies and professionals rather than the general public. The participants felt that the readership should be broadened to include other stakeholders, such as policy makers, affected communities (the users, Aboriginal people, youth, etc.), and the various community/health organizations. This could increase readership and understanding of the report.

With the audience in mind, several suggestions were made to increase the report's accessibility. Formatting the report into different versions could address the diverse readership: for instance, a version for professionals in addition to a simplified version for community players and individuals. Another option is to translate the document into a variety of languages, such as French, Cantonese, Punjabi or Spanish. Participants admitted this may be difficult, since the report's content is technical and specific; nonetheless, it could be done if there were enough interest and funding were available .

The four-page summary was praised as a great way to increase readership and interest. It contains the key information, and yet is concise. One suggestion was to produce this summary report in a variety of formats. This document would be easier to edit, disseminate and format than the larger one; therefore, it would be more feasible than the complete report to produce in multiple formats.

One of the breakout groups suggested that it would be helpful if summary points were interspersed wherever important information was detailed. For example, the side margins could be widened, allowing for summary points to be inserted. Another suggestion was to insert summary "bubbles" in the body of the text to emphasis the crucial data. The main points could

also be highlighted on a summary page (perhaps in bullet format). It was also suggested that the agencies would appreciate sections that deal with policy implications. For example, sections could be headed “Things to Consider” or “Questions to Ponder.” When the agencies are developing their programs or services, these sections would help them make decisions.

Additional Information

Both breakout sessions provided tremendous feedback about information that could be added to future reports. It was admitted that this information may not be available to CCENDU due to confidentiality regulations (such as the BC *Freedom of Information and Protection of Privacy Act*¹) or organizational regulations (such as hospital policies). However, participants thought it worthwhile to highlight missing data, as this might exert pressure to allow public research-based organizations access to non-nominal information for the purposes of describing trends. Outlining the gap between what data are collected and what might also be collected could encourage funding agencies to support further projects.

Both breakout groups had numerous ideas about what they would like to see more of, and there was considerable overlap between their suggestions.

Participants would like to see the report provide more information on youth. In the current report, one section deals with youth-specific data (that is, the special report on youth). However, there is no specific mention of youth throughout the report. As youth, especially those at highest risk, are susceptible to a variety of substances, this information is important. In addition, a more detailed age breakdown of youth would allow youth-related agencies to accurately implement programs and services that cater to the age-specific youth. (For example, data on a subgroup of the youth data, such as 12 to 16 years, could show very different results than the current youth grouping of 12 to 24 years.) CCENDU should also utilize the most up-to-date information on youth (such as the latest McCreary Centre Society report and treatment statistics).

The attendees also recommended that the report contain more health/hospital-related data (including hospital and ambulance-related information). The report *can* report hospital emergency rates. This includes drug-related emergency room unit rates, overdose rates, admission and discharge diagnosis, and length of stay. Information on health service utilization rates (such as emergency room visits or hospital admissions per 1000 population related to drug-related visits by age, sex, and morbidity level) should be included. Some of this information might be obtained from projects such as the Community Health and Safety Evaluation (CHASE) or the Hospital Morbidity Database from the Canadian Institute for Health Information.

If available, further ambulance-related information should be reported. This includes determining the purposes of calls, examining ambulance response data, and assessing outcomes of the calls (that is, were patients admitted to hospital, why they were admitted, and length of stay).

¹ *Freedom of Information and Protection of Privacy Act. Ministry of Management Services, Government of BC* http://www.msers.gov.bc.ca/foi_pop/manual/ToC.htm (retrieved September 10, 2004)

There was also an interest in more data on enforcement, judicial matters and incarceration. The current report does contain crime information; however, the attendees would like more detail. They noted that it would be interesting to see drug-related data on arrest charges, incarceration rates, prison breakouts, appearances in court (or lack there of), geographic breakdown of the offences and arrests, and prison exit interviews. Local updates on prison programs, such as the Methadone Maintenance Therapy, as well as on recidivism rates, were requested. Collecting this information from the Vancouver Police Department, the RCMP, and BC Corrections Branch would paint a richer picture on the situation in BC.

Numerous participants in the breakout sessions would like to see ethnic-specific data in the report. According to the latest census data, 36.9% of the people in Greater Vancouver identified themselves as members of a visible minority—the highest proportion of any part of Canada (Statistics Canada, 2001).² One participant also mentioned that the number is even higher in the Lower Mainland, where people of Asian origin comprise at least 50% of the population. Thus, data should be collected from groups such as Asians, South Asians, Latin Americans and Arab/West Asians. This would show readers the effects of drug use on each community. New immigrants are also an important group to monitor, so data should be collected on them. Data on First Nations communities would help readers understand this community's situation.

In addition, participants were interested in the report providing data on the following:

- the effectiveness of various prevention or harm reduction programs;
- further methadone statistics;
- detoxification rates;
- information on specific affected communities, such as sex trade workers and intravenous drug users;
- related issues, such as homelessness and mental health;
- a better breakdown on seized drugs; and
- more information on poly-drug use.

Participants also suggested the report should contain links to other bodies, including CCENDU national and other sites, health promotion projects such as CHASE, attitudinal or qualitative data, health/drug-related information such as social factors or determinants, hepatitis C, tuberculosis, HIV/AIDS, economic data such as the costs of ambulance visits or overdoses, and what is occurring on the international front.

Attendees emphasized that future CCENDU reports must use up-to-date data sources. This includes updates from the Supervised Injection Site, North American Opiate Medications Initiative, Vancouver Injection Drug Use Study, McCreary Centre Society, Vanguard Project, Health Canada, and organizations such as the College of Physicians and Surgeons of BC.

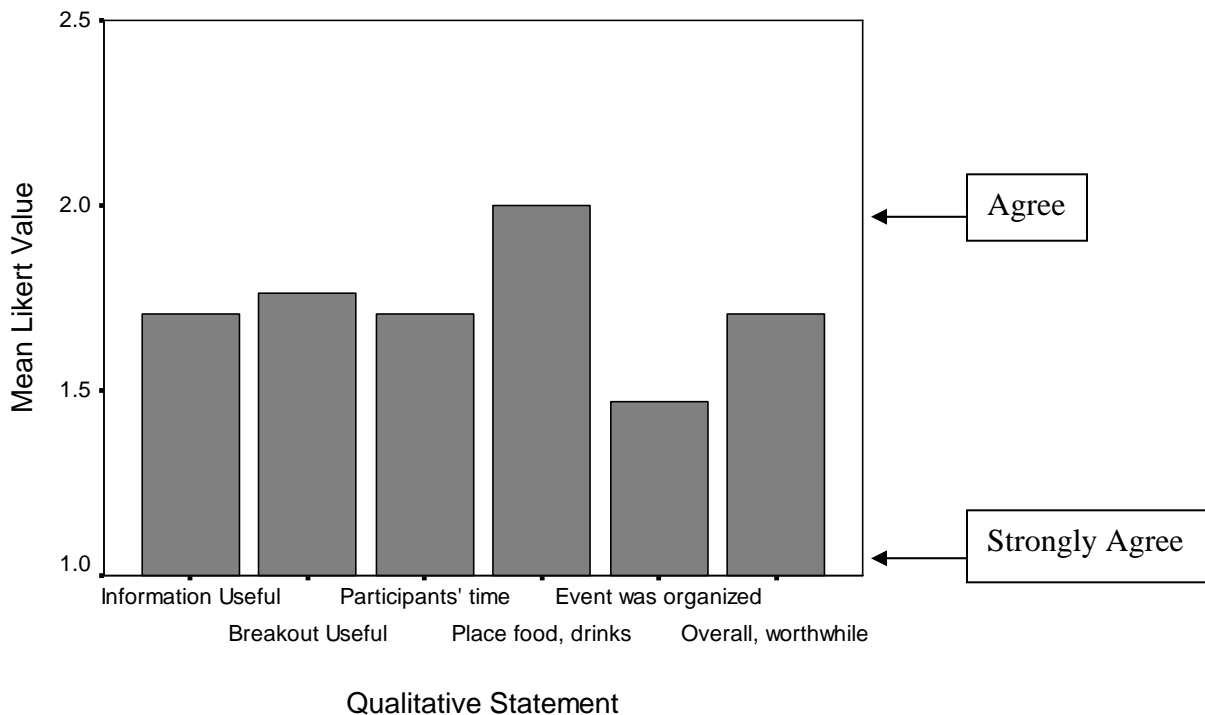
² Statistics Canada (2001). Population Census of Canada: Visible minority population, census metropolitan areas. Government of Canada.
<http://www.statcan.ca/english/Pgdb/demo40i.htm> (retrieved July 2, 2004).

Evaluation Outcomes

Responses on the evaluation form were obtained from 18 (82%) of the 22 eligible attendees (of the total of 26 attendees; four individuals were involved in organizing the event or facilitating the breakout sessions and, therefore, were excluded from the data set). Descriptive statistics and frequencies were calculated from the responses using SPSS 10.0. Questions utilized a 5-point Likert scale where answer scores ranged from 1 to 5 (that is, from “strongly agreed” to “strongly disagreed”; 3 was “neutral”).

The respondents strongly agreed or agreed that the information presented was useful in their line of work, the breakout sessions were interesting, their time was effectively utilized, the facility, food and refreshments were acceptable, the event was successfully organized, and they found attending the event to have been valuable. See Graph 1.

Graph 1. Mean Score for the Six Likert Scale Questions From the Evaluation Form.



When asked if they had been aware of the CCENDU report before this forum, only half (9 out of 18) reported that they had heard of it. The majority who heard of it had read previous reports (88%). However, all respondents indicated that they would use it in the future as a reference or for promotions.

Respondents also suggested other agencies that should be invited to future forums: HIV/AIDS organizations (such as British Columbia Persons With AIDS Society, AIDS Vancouver, and Vancouver HIV/AIDS Care Coordinating Committee), First Nations agencies (such as Vancouver Native Health Society), Downtown Eastside Youth Activities Society, Women’s Information Safe House Drop-In Society, Vancouver Police Department, the RCMP, BC

Coroners Service, and various detoxification facilities. (In fact, the majority of these agencies had been invited; some could not attend and others did not respond to the invitation.)

Regarding the logistics of the forum, all respondents who were sent the invitation package and information reported they had received it in a timely fashion, and that it contained all the necessary information. However, two of the attendees had not received the invitation package. This was likely because they had been referred by other invited guests, but because questionnaire responses were allowed to be anonymous, this could not be determined. All respondents indicated that the breakout questions were useful, and the length of the breakout sessions was sufficient. The majority of the respondents (81%) believed the number of participants in each breakout session was acceptable, but some (19%) indicated that having 11 participants in a group impeded the discussion.

Respondents indicated that the most valuable part of the event was networking with other community agencies and groups. They enjoyed the time they spent conversing with one another and learning about their respective groups. It was indicated that in future events, this should be increased and encouraged. In addition, they felt the breakout session was also valuable, since it gave them a chance to discuss the report in an open-ended fashion. It should be noted that when respondents were asked if any aspects of the forum were not useful to them, no one mentioned anything. Several respondents did, however, suggest that future forums should last a full day, and should be held as an annual conference.

Demand for the report

After the forum, the agencies contacted CCENDU staff on a number of occasions to obtain further information on the report and its related sources. This included requests for additional hard copies of the report, and requests for presentations and contact information for members attending the forum and from other CCENDU sites in Canada.

The CCSA monitors traffic on its website. In January 2004 there were 81 visits to the CCENDU Vancouver report (where visits indicated the number of times the CCENDU report was accessed), 91 in February, 174 in March, 108 visits in April, and 95 in May.

The Vancouver CCENDU report was presented at the National Hepatitis C Conference in Vancouver in March 2004. Some conference attendees may have accessed the online report, and thus increased the website traffic. Hard copies of the report were also distributed in March 2004 to all the Vancouver site committee members, other CCENDU sites across Canada, and the National CCENDU office at CCSA. This reduced these people's need to access the report electronically.

Although the community forum did not generate a great deal of new traffic to the website, the number of visitors remains quite high. This CCENDU document remains in the top six documents most frequently accessed through the CCSA website.

Overall

The forum was a successful venture in many respects. Representatives from the majority of the target groups invited attended, and people from other agencies also joined in. All attendees provided tremendous input and feedback, and they had the opportunity to network at the forum.

The forum raised the profile of CCENDU and the Vancouver report in the local community. There will likely be an increased demand for future CCENDU reports. The report will be marketed more widely through annual conferences, press releases, and the assistance of the agencies.

The agencies present at the forum were willing and eager to continue the dialogue with CCENDU to assist in data collection and dissemination. They appreciated being given the opportunity to provide their opinion and give input on the report. Although some of the data requested are not presently available, the CCENDU Vancouver site will consider all suggestions when completing the next report, and will revisit them for subsequent reports.

RECOMMENDATIONS

The CCENDU Vancouver site will incorporate recommendations from the forum into its activities and its report, wherever possible.

Increase the profile of CCENDU and awareness of the report.

- Create a strategy for promotion and dissemination
 - PowerPoint presentation to agency representatives
 - Provide representatives tools to report back to own group: PowerPoint presentation, overheads, handouts and hard copy reports
- Release of the next report to be accompanied by a press release.
- Branding: maintain cover design for further reports.
- Add CCENDU Web link to the agencies' websites.
- Annual conference/networking event: funding to be provided.
- Continue to involve the community groups through the planning and dissemination process.

Format and additional information

- Incorporate suggestions regarding format: more graphs and subheadings, Web links to background information, sidebar or bubbles to highlight important issues and points to ponder.
- Explore feasibility of different formats of the four-page report for different audiences.
- Explore suggested additional data sources, as listed in this report.

APPENDICES

APPENDIX A – AGENDA

Canadian Community Epidemiology Network on Drug Use (CCENDU)
Vancouver Site Forum
The Gathering Place
April 22, 2004

Agenda

- 12:45-1pm Reception (light lunch and refreshments)
- 1:00-1:30pm Welcome and introductions
- Brief presentation and Q & As
- 1:30-2:15pm Facilitated breakout sessions (two groups)
- 2:15-2:45pm Breakout session report back and general discussion
- 2:45-3:15pm Evaluation forms (refreshments)
- Closing and thanks
-

APPENDIX B – Breakout Session Questions

1. To increase awareness of the report

- Had you heard about it before / ever seen or read it / should we market it? If so how?
- Should there be a press release with the next report?
- Distribute copies more widely or not necessary—those who need to know do so already

2. Structure, format and content of full report and 4-pager

- Full report length. Rather than making it longer, there are Web links to original data sources so those interested can access—is this appropriate?
- Target audience is informed persons and professionals—is this appropriate? Should it be more inclusive and detailed?
- Are the graphs clear?
- Is it understandable / too technical / should it be more concise?
- Is the four-pager useful? Should use lay summary vs. executive summary as four-pager?
- Content: headings set out by CCENDU; is each useful? Should some be expanded/minimized?

3. What is missing?

- Is there additional information which may be available that would be useful to your agency that you would like to see in the report?
- Do you know of sources of information/persons we should approach to get this information?
- What is available and can share?
- Do you/your agency have information you could share which may be helpful. E.g. persons seen, persons referred, problems encountered.
- Plan to use feedback to make next report more useful.
- Is the report useful to your group; will you share it with others or refer to it again?
- How can we make it more relevant to you; or is it not relevant or useful?
- At moment every 18 months—should it be more or less frequent? If more frequent, update of some data may not be available.

Responses: Question 1: to increase awareness of the report

Break out Group 1	Break out Group 2
<ul style="list-style-type: none"> • As whole, the group hadn't heard of the report (most heard from the invitation) • Good overall for policy and agencies • Communications idea: <ul style="list-style-type: none"> ▪ Have a press conference. And on the release have sections for each audience (e.g., if you are X, this is why the report is relevant to you. Where X is police, society, policy worker, agency etc) • Have a "Dog and Pony Show" <ul style="list-style-type: none"> ▪ Go out and promote the report ▪ Have report in a variety of languages ▪ Take it out to agencies ▪ Make agencies use the information to promote and help themselves • Make it more relevant • Have a youth and better aboriginal component • Get also attitudinal/qualitative data • Put into context with homelessness, mental health etc. • Had a debate on either having Recommendations or not. <ul style="list-style-type: none"> ▪ But consensus reached for calling it "questions to ponder" or other "thinking" headings • Increase graphics and their description • Have a better break down of demographics (e.g., ages, ethnicities etc) <ul style="list-style-type: none"> ▪ Re-organize the report based on demographics instead of drugs (E.g., youth section) • What is the feedback loop? We should develop this as having this forum is a great idea 	<ul style="list-style-type: none"> • Awareness: some have heard about it, but < 2yrs. • The forum is a great idea as it brings us all together and allows us to have input • Press Release: Yes! As it is relevant to all individuals. Also have press conference • Headings: If we can get access to hospital rates we should definitely include them <ul style="list-style-type: none"> ▪ Using system of longer trends ▪ Look at other areas outside DTES (south Vancouver, Downtown South etc) ▪ Discuss link with TB, STDs, poverty ▪ Discuss social determinants. See if there is easy to access data on this ▪ Use data from North American Opiate Medications Initiative (NAOMI) and Supervised Injection Site (SIS) • Format: who is the audience? Make it clear. <ul style="list-style-type: none"> ▪ Good to have references and literature review so that people can go to the various sources if they want to research • Missing/Can be added: <ul style="list-style-type: none"> ▪ McCreary Report information ▪ Health Canada data ▪ "Hot Links" – If you would like more information please go to... Create more partnerships with community groups ▪ Better break down of seized drugs ▪ Asian population not well reported. Even though this group has a large population ▪ IDUs relationship to various things ▪ More could be said on poly-drug use ▪ Have incarceration data ▪ More geographic / demographic information ▪ Exit interviews data • This report allows agencies to see if what they are providing is working or worthwhile. <ul style="list-style-type: none"> ▪ Increase partnerships with community agencies • Dissemination – electronic might be a good option as easier, faster and cheaper to give out <ul style="list-style-type: none"> ▪ Branding: Yes. This report allows agencies to see if what they are providing is working or worthwhile

Responses to Question 2: Structure, format and content of full report & 4-pager

Break out Group 1	Break out Group 2
<p>FORMAT</p> <ul style="list-style-type: none"> • Good idea to have introduction to each new topic, or link to get background information; re-arrange the referencing to make it easier to find additional information Sub-headings useful, but more could be helpful • Increase graphics and their description • It is quite reader friendly though • Have better break down of demographics (e.g., ages, ethnicity etc) <ul style="list-style-type: none"> ▪ Suggestion: re-organize the report based on demographics instead of drugs (e.g., youth section) • One participant’s concern: a bit confusing to read – too many facts. Needs more clarity • Make it more appealing <ul style="list-style-type: none"> ▪ Ensure blank space in report be kept at minimum ▪ Debate whether to have further analysis discuss policy implications, or recommendations section. As a whole decided not a good idea but should be addressed somehow • Had other suggestions. e.g., “questions to ponder”, “things to think about” or other “thinking” headings <ul style="list-style-type: none"> ▪ “to find out more...” or “did you know...” ▪ could have summary points, highlights, actions ▪ Include a quick facts page on drug use - methadone data, detox, supp recovery, break down to who, where, etc) <p>AUDIENCE</p> <ul style="list-style-type: none"> ▪ Ideally should target policy makers, funders, aboriginal organizations, affected communities (users, youth etc), health authorities <p>ACCESSIBILITY</p> <ul style="list-style-type: none"> • Possibility of having alternative documents to address various communities. <ul style="list-style-type: none"> ▪ Have it in different languages – increase accessibility (e.g., French, Cantonese, Punjabi, Spanish) <p>4-PAGER</p> <ul style="list-style-type: none"> • Should state what its purpose is – clearly defined • Maybe have two versions –for professionals but also users <ul style="list-style-type: none"> ▪ Marketing opportunity for agencies to assist <p>OTHER</p> <ul style="list-style-type: none"> • Disseminating report: there is no money so agencies should take initiative e.g. VANDU has been • This document sounds like it serves its main purpose 	<p>FORMAT</p> <ul style="list-style-type: none"> • Report is good format (i.e., data driven) as a lot of funding bodies base their funds on this • “Hot Links” – If you would like more information please go to... • p. 20 fig C4– what does it exactly mean? More clarification of the figures would be helpful. <p>AUDIENCE</p> <ul style="list-style-type: none"> • Be clear about audience (make explicit reference in it) <p>4-PAGER</p> <ul style="list-style-type: none"> • great idea • short and sweet <p>OTHER</p> <ul style="list-style-type: none"> • Good and extensive list of references <ul style="list-style-type: none"> ▪ Good to have references and literature review so that people can go to the various sources if they want to research

Responses to Question 3: What is missing?

Break out Group 1	Break out Group 2
<p>MISSING AREAS – GENERAL</p> <ul style="list-style-type: none"> Put into context with homelessness, mental health and other social issues <p>INCREASE INFORMATION ON:</p> <ul style="list-style-type: none"> YOUTH DATA <ul style="list-style-type: none"> Better youth age breakdown. Right now age group is 12-24 (needs more sub-divisions as this is quite large clumping) HOSPITAL DATA <ul style="list-style-type: none"> Emergency room unit rates from CHASE Ambulance response data POLICE/BC CORRECTIONS DATA <ul style="list-style-type: none"> Police Numbers e.g., incarceration rates, arrest charges (breakouts, failure to appear in court) Where the arrests occur – geographic breakdown ETHNIC DATA <ul style="list-style-type: none"> New immigrants – have information on that Add cultural/race groupings Need better aboriginal connections and data <p>INCLUDE OTHER DATA SOURCES</p> <ul style="list-style-type: none"> Make it relevant to my work by: <ul style="list-style-type: none"> SIS Data Methadone stats – is it working? There is increase in Hep C information – e.g., drug access numbers, etc Prevention protocols (e.g. Hep C) <ul style="list-style-type: none"> Efficacy of prevention programs as part of the 4 pillars Get also attitudinal/qualitative data Monitor changes Add economic data – e.g., what does an OD cost? Or provide link to this Prostitution charges as related to health Some link to international scene and trends Autopsy changes (advocate for consistent data collection) 	<p>MISSING AREAS – GENERAL</p> <ul style="list-style-type: none"> Look at LT trends (e.g., age of first use) Look at community specific info (e.g., CHAs) More info on poly-drug use (more in-depth) <ul style="list-style-type: none"> IDUs relationship to various things Discuss Social Determinants Put pressure to get more data show gaps in data <ul style="list-style-type: none"> As there isn't much data out there or even funded (data sources are limited) Identify gaps in data/research “Success” rates Don't do too much – messages get lost <p>COMMUNITY INVOLVEMENT IDEA</p> <ul style="list-style-type: none"> Continue community dialogue Ensure partnerships with community Increase ties to community agencies Discuss other communities - woodlands, downtown south <ul style="list-style-type: none"> Have comparative data <p>INCREASE INFORMATION ON:</p> <ul style="list-style-type: none"> More geographic / demographic information YOUTH DATA <ul style="list-style-type: none"> Specific section on youth (especially high risk) report should link to pending HC street youth survey HOSPITAL DATA <ul style="list-style-type: none"> Service Utilization Rates POLICE/BC CORRECTIONS DATA <ul style="list-style-type: none"> Obtain richer picture from VPD, RCMP Better break down of seized drugs / Arrests / Status Recidivism – relapse rates, re-entry into prisons Exit interviews information – from prisons Enhance the incarceration component e.g., Methadone Maintenance Therapy in prisons and retention rates <p>ETHNIC DATA</p> <ul style="list-style-type: none"> In demographics – try to incorporate Asian population as it is 50% of Lower Mainland and not well reported. <p>INCLUDE OTHER DATA SOURCES</p> <ul style="list-style-type: none"> Web links to other sources (for further info) e.g., CHASE <ul style="list-style-type: none"> Have links e.g. CCENDU national and to other sources Get data from NAOMI, McCreary report and SIS <ul style="list-style-type: none"> Health Canada data Link data to TB and STD rates Info from College of Physicians and Surgeons of BC

APPENDIX C

Evaluation Form

Agency/Organization (optional): _____

Will only be used to help interpret and strengthen analysis.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Information presented today is useful to my work/research	1	2	3	4	5
Breakout sessions were useful for discussion (facilitator: _____)	1	2	3	4	5
My time was used effectively, and I believe I added value to the breakout sessions	1	2	3	4	5
Facility, food and refreshments were good	1	2	3	4	5
Event was successfully organized	1	2	3	4	5
Overall, attending this event was worthwhile	1	2	3	4	5

Were you aware of the CCENDU report (any edition) before this forum? Yes / No

If Yes, had you read a report previously? Yes / No

Will you use it for future reference and promotions? Yes / No

The invitation package and information leading to the event was timely and included the necessary information: Yes / No
(If no, please elaborate.)

Was there any agency/organization that was not present, but should have been? Yes / No

Were the breakout questions useful? Yes / No
If not, please suggest alternative question(s):

Most significant knowledge/information gained from today:

What was the MOST valuable part of the event?

What was the LEAST valuable part of the event (if any)?

Ways to improve today's event are to (please check or circle):

Length of breakout sessions	<input type="checkbox"/> Too long	<input type="checkbox"/> Just right	<input type="checkbox"/> Too short
Number of people in sessions	<input type="checkbox"/> Too many	<input type="checkbox"/> Just right	<input type="checkbox"/> Too few

Do you have suggestions for future events and/or suggestions for improvement (e.g., have future sessions, make it a full day event, and come into our agency to make presentations)?

Additional comments (on breakout sessions, format, organization, etc.):

APPENDIX D – Invitation Letter



Vancouver Site

April 2, 2004

Dear Colleague:

We would like to invite you to a community stakeholder forum to discuss the Vancouver Drug Use Epidemiology 2003 report. The report collates local information about drug use and its adverse consequences. **The forum will be held on Thursday April 22, 2004 from 12:45pm - 3:15pm at The Gathering Place, 609 Helmcken St.** Light refreshments will be served.

The objectives of the forum are to:

- *Increase awareness of the report.*
- *Receive input about the report format- both the full report and 4-pager summary.*
- *Get feedback about the content of the report – is there information missing you would like to see in it? Do you know of information, which should be added?*

Following a brief presentation about the report, breakout groups will discuss the objectives and then report back to the larger group. We hope to use feedback from the afternoon to make the next report (January 2005) more relevant and useful to the community.

We have enclosed a copy of the full report and the summary for you to look at beforehand and to share with colleagues. The report can also be found on Canadian Centre for Substance Abuse (CCSA) website at: <http://www.ccsa.ca/ccendu/> please click on British Columbia on the map and select the 2003 report.

If you are unable to attend, or feel another representative from your agency/organization should attend please forward the invitation to them. We would be grateful if you could let us know if you, or an alternate, will attend by email to ajaypuri@telus.net or phone Claudia Cox at 604 660 6306 by April 15th. We value your opinion and look forward to your participation.

Best Wishes,

Ajay Puri, Research Assistant
/for Jane Buxton, Vancouver Site Coordinator
Canadian Community Epidemiology Network on Drug Use