An Evaluation of the Canadian Community Epidemiology Network on Drug Use (CCENDU)

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This evaluation was completed by Alan Ogborne, Centre for Addiction and Mental Health on behalf of the Canadian Centre on Substance Abuse (CCSA), and funded by Health Canada. The views expressed in this report are those of the author and contributors and do not necessarily reflect the official policies of Health Canada, the CCSA, or the Centre for Addiction and Mental Health.

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EXECUTIVE SUMMARY

This evaluation of the Canadian Epidemiology Network on Drugs (CCENDU) involved a review of project documents and telephone interviews with 39 people who were either directly involved in CCENDU or otherwise positioned to give an informed opinion. Self-completion questionnaires that focused on CCENDU were also received from 35 others.

The evaluation showed that CCENDU has clear, worthwhile goals that are supported by those who are familiar with it. The evaluation also showed that good progress has been made toward the original objectives, particularly in regard to the establishment of a national framework; the development of local networks involving policy developers; the routine gathering, processing and dissemination of various types of data; and, increasing awareness of the limitations of existing data.

The main concerns that emerged were the quality of surveillance data available to CCENDU, the need for greater consistency in the reporting of existing data and the need for more rapid dissemination of information. The evaluation also identified a need for some minimal expectations for the membership and functioning of local CCENDU networks.

Resource issues were of concern to many of those contacted for this evaluation and all saw the need for secure funding for national leadership and coordination. However, the expressed need

for direct support to local sites varied considerably. Some site coordinators indicated strong local support while others saw their sites as being vulnerable to collapse without additional resources.

It is recommended that CCENDU continue as a national project with a further evaluation after three more years. Priority during this period should be given to data improvement and the development of existing sites rather than to engaging new sites.

It is further recommended that federal financial support for the national coordination function through CCSA should be provided at a level sufficient to ensure (1) ongoing support and development of existing sites; (2) semi-annual face-to-face meetings of site representatives; (3) at least two annual video conferences; (4) production and publication of national reports; (5) the purchase of data from national databases; (6) the maintenance of a Listserv and a Website; (7) the production of "how-to materials" and other information materials; and (8) attendance at at least one international conference by the national coordinator or designate.

The recruitment of an experienced epidemiologist on a contract basis is recommended to (a) develop, in collaboration with local sites, specific plans and proposals for improving policy-relevant indicators using traditional and innovative methods (e.g., capture/recapture, key informant, participant observation, focus groups); (b) assist local sites in the preparation of reports in ways that are consistent with local and national objectives; and (c) provide leadership in discussions of priorities for the development of key indicators including HIV/AIDS and injection drug use.

Minimal and ideal standards are proposed for participating cities with respect to (1) local coordinators; (2) network membership and functioning; and (3) resources.

It is suggested that funding to assist local sites in the preparation of reports be considered on a case-by-case basis.

A manual on the development, maintenance and functioning of a CCENDU site is recommended. This would also articulate the role of the national coordinator and options for local funding. In addition, the manual should provide guidance on accessing data from different sources, the advantages and disadvantages of different types of data and various technical issues.

Other recommendations concern ways to speed the publication and distribution of reports; the use of the Internet; the need to further consider how CCENDU data relate to specific policy concerns; the promotion of CCENDU; and the choice of a new name that indicates concern for both alcohol and other drugs.

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GLOSSARY

CCENDU site	A city recognized as participating in CCENDU by the Steering Committee
Site representative	Person who represents a local site at national meetings
Site co-ordinator	Person who coordinates local site activities, including writing of reports
Stakeholder	Anyone with a direct or indirect interest in CCENDU and who may be affected by CCENDU processes and products
Network	A term considered to need further definition (see Section 3-2). Used variously by CCENDU participants to refer to: (a) individuals and agencies that contribute information to local sites; (b) those who attend local CCENDU meetings; and, (c) both (a)&(b).

INTRODUCTION

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a collaborative project involving federal, provincial and community agencies with an interest in substance use. The ultimate goal of CCENDU is to support and enhance policy and program development related to alcohol and drug use. To achieve this goal CCENDU aims "to co-ordinate and facilitate the collection, organization and dissemination of qualitative and quantitative information on substance abuse, including high-risk groups, among the Canadian population at the local, provincial and national levels."

The overall project is coordinated by the Canadian Centre on Substance Abuse (CCSA) and guided by a Steering Committee. The Committee includes representatives from the CCSA, the Canadian Public Health Association, Health Canada, the Royal Canadian Mounted Police and the Canadian Association of Chiefs of Police.

At the time of writing the project involved 10 sites (Vancouver, Calgary, Winnipeg, Toronto, Montreal and Halifax, St. John's, Fredericton, Regina and Whitehorse). Researchers and policy makers in Windsor, Ottawa, Edmonton and Victoria have also expressed some interest in participating in CCENDU.

Objectives of the present evaluation

The present evaluation was undertaken at the request of the CCENDU Steering Committee and was funded by Health Canada. The expectations for the evaluation were:

(1) to determine the extent to which CCENDU has achieved its original goals;

(2) to identify factors contributing to, or limiting CCENDU's success with attention to issues such as HIV/AIDS and injection drug use;

(3) to identify resource needs.

The Steering Committee expected that the evaluation would result in a better understanding of the functioning of CCENDU and of the factors that have influenced, and may continue, to influence its functioning. The Steering Committee also expected that the evaluation would lead to a set of concrete recommendations.

Methods 1 - Development of a Logic model and focusing the evaluation

CCENDU documents were first reviewed with the intent of developing a 'logic model' to identify the main components, objectives and linkages. This model was then used to help generate specific questions for the evaluation.

An initial, draft logic model was revised following discussion with the national coordinator and the version used to inform this evaluation is shown in Figure 1. This model groups CCENDU's main activities under four components and identifies the benefits expected in the short term and

in the longer term. For reasons of space this figure does not show a fifth component concerning CCENDU's international activities. These were not considered on this evaluation, although it should be noted that there are strong links with the U.S. Community Epidemiology Working Group and that CCENDU is becoming a valued partner at the international level.

A number of other expected benefits were indicated in the report on the feasibility study but are not shown in Figure 1 for reasons of space. However, they were considered during this evaluation. These were: (1) a national early warning network on emerging trends in drug use; and, (2) a network of knowledgeable people who can comment on national issues.

CCENDU's official goals concern the activities and processes whereby the expected benefits are to be provided. In Figure 1 these goals are reflected by the activities identified for the last four components. The first two components identify other activities indicated in background documents.

The model shows the interdependence of national and local activities and benefits. National benefits depend on outputs from the coordinated efforts of local networks, and local networks require national leadership and support during their formation to gain access to national data and to benefit from the national nature of the overall project.

The model shows CCENDU's benefits to local and national decision makers as being achieved in the long term. This recognizes that it takes time to develop local networks and to generate information that is both useful and credible. It also recognizes that, to date, much of the data available to CCENDU have significant limitations and that it will take time to improve this situation. The benefits of CCENDU to policy makers are also expected to increase over time as trends are revealed.

The objectives set for the evaluation and Figure 1 were used to frame the following specific questions for the present evaluation.

1. With respect to CCENDU's national leadership and coordination functions:

> Are these seen as effective from the perspective of local site representatives and other stakeholders?
>
> Has CCENDU contributed to the development of new partnerships across national agencies concerned with substance abuse?
>
> (a) Has CCENDU served as a national early warning network on emerging trends in drug use?
>
> (b) Has CCENDU created a network of knowledgeable people who can comment on national issues?

2. With respect to site specific coordination and network development:

(a) Who are the CCENDU site coordinators, where are they based and are these locations seen as appropriate by coordinators and other stakeholders?

(b) What agencies and organizations are involved in local networks?

(c) How do networks function with respect to CCENDU's surveillance goals?

(d) What human or other resources have been used by local sites?

3. With respect to information gathering:

(a) What information is gathered and how?

4. With respect to data evaluation and enhancement:

(a) How is the quality and utility of information assessed?

(b) What has been done to improve surveillance data locally and nationally?

5. With respect to the synthesis and dissemination of information:

(a) What reports have been produced, what do they include and how have they been disseminated locally?

6. With respect to the expected local benefits of networking:

(a) Has CCENDU increased information sharing among agencies with different interests in substance abuse?

(b) Has CCENDU contributed to the development of new partnerships?

7. With respect to the value of CCENDU's outputs for local and national policy makers:

(a) Has CCENDU been of benefit to policy makers?

8. With respect to CCENDU as a whole and to its various components:

(a) What is required to ensure success?

The evaluation will consider CCENDU's implementation and benefits nationally and in 10 sites identified by the CCSA as having active community epidemiology networks (Vancouver, Whitehorse, Calgary, Winnipeg, Regina, Montreal, Toronto, Fredericton, Halifax and St. John's).

Methods II - Data collection and analysis

The national coordinator (Pamela Fralick) informed site representatives in each of the 10 cities that the evaluation was to take place. The site representatives were then each sent an e-mail from the present author who also conducted the present evaluation. This indicated the objectives of the evaluation and what it would involve. Site representatives were asked to provide names and contact information for CCENDU team members and potential users of CCENDU reports.

Attempts were subsequently made to conduct semi-structured telephone interviews with all site representatives and with one or more local team members and other stakeholders. Those to be interviewed were selected following discussions with site representatives and the aim was to interview those with potentially unique perspectives on local CCENDU activities.

All site representatives and others agreeing to an interview were sent copies of the interview schedule (Appendix 1). The items in the interview schedule reflected the objectives set for the evaluation. Members of the Steering committee and selected site representatives were asked to comment on a draft of the interview schedule and it was revised based on the feedback received.

Those interviewed were assured that their comments would be treated as confidential and that they would not be identified in any reports based on the evaluation. With respondents' verbal permission all interviews were tape recorded. Tapes were erased once the author had made notes on their contents.

Team members and stakeholders who were not selected for interview, and those who could not be contacted for an interview, were sent a self-completion questionnaire (Appendix 2) with a cover letter from the Director of the Canadian Centre on Substance Abuse. This encouraged completion of the questionnaire and its return to the present author. The items reflected the goals of the evaluation.

Names of additional persons for interview were provided by Pamela Fralick and Jim Anderson (Health Canada). These were typically federal civil servants, and potential users of CCENDU reports. A number of others considered to have a national perspective on CCENDU were also selected for interview by the author. Interviews were also planned with some members of the CCENDU Steering Committee.

Interview responses and responses to open-ended questionnaire items were coded for relevance to predefined and emergent themes and summarized, mostly in a narrative form. Responses to fixed response items were tabulated.

In addition to interviewers the evaluation also involved a review of CCENDU reports. This was to determine the extent to which they were consistent with national and local objectives.

RESULTS

1. Interview and survey response rates

Interviews were conducted with site representatives[1] in all cities where CCENDU networks were presumed to be active (n=10) and with 16 members[2] of various local networks. No network

members approached for an interview refused although two did not respond to a fax or e-mail requests to provide times when an telephone interview could be conducted.

Interviews were also conducted with the national coordinator and 7 of 10 national or local stakeholders identified by the national coordinator, by other site representatives or by other members of the steering committee. Identified stakeholders who were not interviewed did not respond to a fax or e-mail request to set up a time for interview or could not be contacted by telephone.

Of 77 questionnaires mailed to network members or other stakeholders identified by site representatives 35 (45%) were returned within the three weeks allowed. Return rates for network members were the same as for other stakeholders.

2. National leadership and coordination

2.1 Comments of interviewees on national leadership and coordination

All comments on the national leadership and coordination functions made by site representatives were positive and several site representatives used superlatives when commenting on this function (wonderful, fantastic, super). Especially valued was the encouragement and support by the national coordinator and other members of the Steering Committee as well as their roles in facilitating consensus building around critical issues. The national dimensions of the overall project were also highly valued. This was seen as enhancing the status of local initiatives and fostering linkages between like minded individuals who could work on common problems. Cross-city comparison of surveillance results were also seen as vital to the assessment of local situations and trends.

2.2 CCENDU and the development of new national partnerships

National partnerships involving federal health and law enforcement agencies have been fostered through the development of CCENDU's steering committee. Committee members and others interviewed for this evaluation saw this as a positive aspect of CCENDU and one that is expected to influence future policy developments.

2.3 CCENDU as an early national warning network on emerging drug use trends

CCENDU clearly has a potential to act as an early warning network for the benefit of national and local policy makers. The extent to which this is achieved will depend on a variety of factors including: (1) the extent to which local sites make regular use of information sources that are sensitive to changes as they occur; (2) the rapidity with which new information is communicated to variously interested parties.

(a) Sensitivity of indicators

Much of the information that has been available to CCENDU has come from administrative data bases (e.g., from hospitals, police, coroners, customs, treatment

agencies) that are not necessarily optimized for the surveillance of substance use and abuse. Experience suggests that the under-reporting or inconsistent reporting of events involving the use of alcohol and other drugs are common limitations. Population or student surveys available to CCENDU have also had important limitations. The latest National alcohol and drug survey was in 1994 and this did not sample sufficient cases for city-specific analyses. Student survey data are also quite dated except in Ontario and the Atlantic provinces. Of course, student and general population surveys are also of limited value in the surveillance of substance abuse because high risk populations tend to be under-represented among survey respondents.

The likely limitations of administrative databases and existing surveys were recognized at the start of CCENDU and it was proposed that sites should seek to improve these databases and also aim to collect qualitative indicators based on focus groups or ethnographic studies. This has not been the case to any great extent although some sites have acquired and reported on observations made by "street-level" individuals and agencies. Some of those interviewed for this study saw great value in these observations but others referred to these observations as "anecdotes" and doubted their value.

CCENDU's sensitivity to rapid changes in substance use may thus be limited except in clear and dramatic changes such as the recent rapid increase in drug-related deaths in Vancouver.

(b) Timeliness of reports

CCENDU sites disseminate information informally through meetings (if held - see below) and more formally through minutes of meetings and written reports. Network members who had been involved in site meetings generally felt that these meetings were useful for finding out what was happening and several used the phrase "early warning network" to describe their local sites. Coordinators and others who attended national meetings and teleconferences also saw these as contributing to CCENDU's early warning capabilities.

The Toronto site produces a monthly "fax on drugs" as well as an annual report. Elsewhere only one written report is published each year. To date these annual reports have taken up to 15 months to publish. This seems less than optimal for an early warning system and many of those interviewed indicated a preference for site reports to be available within a shorter time period. It is understood that, in future, local site reports will be available within five months of each calendar year's end. National reports will then be published in September. This is clearly more desirable and more consistent with CCENDU's objectives. However, the more rapid dissemination of information may be appropriate in some cases. Recommendations for more rapid dissemination of information will be included in this report.

2.4 CCENDU as a network of knowledgeable people able to comment on national issues relating to substance use and abuse

There is no doubt that CCENDU has variously engaged a wide range of people who are knowledgeable about a variety of issues concerning substance use and whose views should carry weight in any discussions of national issues. All those interviewed for this evaluation also indicated a strong commitment to the field of substance use and many welcomed CCENDU as keeping substance use on national and local agendas. The creation and nurturing of a national network involving such experienced and motivated people is clearly to Canada's advantage and must be considered one of the major benefits of the CCENDU project.

3. Site-specific coordination and network development

3.1 Site coordinators

At the time of writing there were 10 recognized CCENDU sites (Vancouver, Calgary, Winnipeg, Regina, Whitehorse, Montreal, Toronto, Halifax and St. John's). Site representatives were based in a variety of different agencies and held a variety of different positions (see Table 1). In two cases, where site representatives were also local CCENDU coordinators, unsuccessful efforts had been made to find alternative homes for CCENDU. In another case, a suitable home for CCENDU had only just been found and the acting coordinator indicated pleasure at being able to hand over the coordination role to a more suitably placed person.

Site representatives reported varying levels of local support for their involvement in local and national CCENDU activities. At some sites, representatives felt fully supported and indicated that they had adequate time and assistance for CCENDU-related activities. In contrast, there were site representatives who did not see their home agencies as fully committed to CCENDU and where the local project was being jeopardized by a lack of appropriate resources. Resource issues appeared to be critical in three sites, including two of the original six. Elsewhere the future of the local CCENDU project was seen as "moderately" to "very" secure as long as it makes a unique contribution to local policy and program development and evaluation.

There was a strong consensus among site representatives that local sites require a site coordinator whose employer clearly recognizes CCENDU as part of the job and not an add-on. Some site representatives also felt that coordinators should have assistance in writing reports and especially in the preparation of tables.

Network members who were interviewed or who responded to questionnaires were uniformly positive in their views of local coordinators . However, many also expressed the view that site coordinators needed to be given more time to work on CCENDU-related activities.

3.2 Network membership

All site representatives were asked to provide this author with a list of members of local networks. In five cases this request seemed to be quite straight forward in that lists of

names were provided without comment. However, a review of these lists and responses from other sites indicated that the term "network" does not have a consistent meaning across all sites. In some cases, the term "network" is used to refer to those who are most active in the local CCENDU project and who typically attend local meetings. In other cases the term is used in a broader sense and encompasses all agencies that provide local data. However, at two sites where there had been no or very few face-to-face meetings involving agencies contributing data, the site representatives were reluctant to refer to these agencies as forming a "network". In the case of Whitehorse there had been very little activity related to CCENDU and no networks had been established. In St. John's the first meeting of prospective network members was scheduled at the time of writing.

Table 1: Selected characteristics of designated CCENDU sites

Site	Year of first report for CCENDU	Home agency at the time of interview	Site representative's position	Number of people identified as members of local site team[3]	Number of agencies identified as members of local network[4]	Report for 1998 (1996 data)	Expectation for 1999 report (1997 data)
Vancouver	1997	Women's health centre	Sr. program support physician	Team to be developed. 8 acknowledged as providing assistance and information	8 - see previous entry	Yes	Data only
Calgary	1997	Hospital-based addiction service	Evaluation analyst[5]	6	5	Yes	Data only
Winnipeg	1997	Provincial Addiction Foundation	Administrator of awareness and information unit	19	16	Yes	Yes
Montreal	1997	Regional Public Health Department	Co-ordinator of Addiction Prevention Services	9	10	Yes	Yes
Toronto	1997	City Public Health Dept.	Epidemiologist[6]	17	8	Yes	Yes
Halifax	1997	University	Professor, faculty of medicine	10	11	Yes	Yes
St. John's	--------	Dept. of Health and Community Services	Acting director of addiction services	Being developed	----	No	Data only
Fredericton	1998	Dept. of Health and Community services	Epidemiologist	Being developed. 14 acknowledged as providing information or assistance	10 - see previous entry	Yes	Yes
Whitehorse	------	Dept. of Health	Supervisor of alcohol and drug services	No active team		No	No
Regina	1998	Regina Health Services	Director of alcohol and drug services	4	1	Yes	Yes

Site reports included lists of members of local teams/participants/network members or lists of persons who had provided assistance or information. Collectively, those identified represented a wide range of agencies and disciplines. In all cases, at least one person was identified as an epidemiologist or researcher and all "teams" had one or more members who represented agencies involved in alcohol or drug policy and program development. An RCMP drug awareness coordinator and at least one member of the local police were identified except in one case where no law enforcement officers were listed.

The turnover of members was a concern in some cases. For example, in one site, membership had changed three times in two years. Several of those interviewed also indicated that they were new to CCENDU, having replaced colleagues who had changed jobs or been given new responsibilities.

Only one person interviewed felt that the local network had failed to adequately engage significant local stakeholders. This was attributed to local politics and was considered to have resulted in the omission of important pieces of information from the local report. This situation seems likely to be resolved positively in the near future. Otherwise, there were no indications that any particular agencies or types of agencies were unwilling to cooperate with local CCENDU activities.

3.3 Functioning of local networks

At some sites, face-to-face meetings of the local teams/participants/networks members had either not yet been held or were held infrequently. However, at other sites meetings were held quite regularly (5-12 times a year). When face-to-face meetings were held, information for CCENDU was brought to the table. Otherwise, this information was obtained by fax or mail. In one case information was gathered during site visits by an assistant to the site representative.

At one site, a core team composed of people working in one agency had produced the first report. This has since been distributed to other agencies with invitations to become active CCENDU team members. At another site, the report was produced by one person and others had simply been asked to provide information. This report is to be circulated with an intention of promoting the development of a local CCENDU team. At another site, a selected number of local agencies and organizations had been invited to talk about the need for a local CCENDU project at the time of this evaluation.

Opinions as to the relative importance of local network relationships and the production of reports were quite variable. One site representative saw network relationships and the "chat" as more important than the production of a report, while another had produced a report without ever calling a meeting of key players. A balance between the development of network relations and report writing was seen as ideal in other cases.

Respondents who identified themselves as network members were notably positive about local meetings and indicated that local people worked well together and were willing to share information and ideas. Almost all indicated a firm intention to continue with

CCENDU and others intended to discontinue their involvement only due to changes in responsibilities. Some felt that meetings should be held more regularly and one person lamented the fact that no meetings had been held for over a year.

Site representatives reported that when face-to-face meetings had been called, the levels of participation and enthusiasm tended to wax and wane. Staff turnover and local reorganizations were noted as issues in several sites. However, site representatives also emphasized that all those involved in CCENDU were typically very busy and that CCENDU had to compete for attention with many other priorities.

3.4 What human and other resources have been used by local sites

Site representatives reported spending varying amounts of time on CCENDU (from three to four days a year to 50% of a full-time position). There were also large differences in the amount of local help available. Especially in Toronto, Halifax and Montreal CCENDU sites benefit from a high level of involvement by coordinators, skilled researchers and others with relevant skills. However, at some other sites coordinators reported having difficulties finding time for CCENDU activities and had little or no assistance.

Estimates provided to the national coordinator by three sites showed that the costs of data gathering and report writing varied from $6,000 to $20,000 per year. However, it is not clear what costs were considered in all cases. The highest cost estimate was from Montreal and this included $10,000 for a research assistant, pro-rated salaries for a senior researcher, the site coordinators and a secretary ($7,000 in total) as well as the cost of printing and distributing the site report ($2,000). Costs associated with CCENDU-related activities of other network members (e.g., attendance at meetings, arranging access to data) were not considered.

Three coordinators reported that they had received funds from local or provincial agencies to hire research assistants for CCENDU-related work.

4. Information gathering

All but one site representative reported that local agencies and organizations were quite co-operative and willing to provide data when this was requested. At this exceptional site, CCENDU was essentially inactive. Elsewhere local agencies were reportedly either quite cooperative from the start or were eventually won over when they realized that cooperation with CCENDU could be to their advantage.

As previously noted, CCENDU sites have not been extensively involved in collecting original data but have sought to acquire data from existing databases. However, individual network members have been directly or indirectly involved in a variety of new studies in several cities and where these studies were completed, the data were included in site reports.

All sites have obtained access to site-specific hospital discharge information from the Canadian Institute for Hospital Information, from provincial hospital databases or from local hospitals. All sites have also used province-level data from the 1994 National Alcohol and Drug Survey, Statistics Canada and a 1996 study of the costs of substance abuse in Canada published by the Canadian Centre on Substance Abuse.

CCENDU sites have also obtained and reported various types of information from local police, the RCMP, customs offices, local coroners, treatment agencies, needle exchange programs and local surveys. The priority has generally been to seek out quantitative information and this is prominent in all reports.

Information from local agencies is sent or brought to the CCENDU site coordinator in reports or tables prepared at the site of origin. However, at one site an assistant to the coordinator also obtains data from some local agencies during site visits. In this case, and in one other case, it was also reported that some local agencies look to CCENDU to compile and tabulate raw data.

Most site reports provide only limited information on HIV/AIDS among injection drug users. This is due to a lack of existing information on HIV/AIDS and injection drug use and does not reflect a lack of diligence on behalf of CCENDU networks. All coordinators agreed that more information is needed. They also reported good relationships with others positioned to undertake or participate in new information gathering projects (e.g., needle exchange programs, public heath units, AIDS specialists). Special studies were ongoing in some cases but it was evident that most sites did not have the resources to undertake original research on HIV/AIDS among injection drug users or indeed any other matters.

The "wish-list" of HIV/AIDS-related information presented to CCENDU by Health Canada was seen as too ambitious for a routine surveillance system. Several coordinators noted that most of the questions on the list would require data that is not normally collected by agencies involved with injection drug users and many questions could only be addressed using qualitative research methods. This type of research was seen as very demanding and resource-intensive.

There appears to be a need to give more thought to the kinds of information on HIV/AIDS and injection drug use that can realistically be gathered by CCENDU. Additional resources may be required to ensure that agencies positioned to collect this information have the capacity to do so. New resources for special studies may also be required.

At some sites, organizations that served or represented Aboriginal people had expressed interest in CCENDU and a number of overtures to national Aboriginal organizations are also known to have been made. The Regina report includes information on aboriginal issues and provides data on services used by Aboriginal people. However, other sites have little, if any access to reliable surveillance information on Aboriginal alcohol or drug use within their boundaries. Hospitals, law enforcement agencies and most health

and social service agencies do not typically keep race-specific records and proposals for such records typically provoke extreme negative reactions. Some site representatives felt that more could probably be done in this area but no specific suggestions were offered. Others said that many Aboriginal people feel that there has been enough research on their drinking and drug use and that CCENDU might be seen as more of the same.

Site representatives were positive about giving periodic attention to special issues and one suggestion was that drug use in prisons and among probationers and drug-related fetal damage should be considered as priorities. Another suggestion was to use treatment data to develop core indicators. There was, however, a consensus that these special topics should be chosen with care. It was also agreed that additional resources would be required if there was a need to collect original data.

Site representatives generally supported the view that CCENDU should consider both qualitative and quantitative indicators and site reports do include qualitative descriptions of local issues and developments. However, there were different understandings about the meaning of "qualitative". In some cases this was seen largely about "anecdotes" or "impressions". Elsewhere it was seen as referring to a highly disciplined branch of social research that requires skills and resources beyond those available at most sites. The use of 'focus groups' was noted as desirable at an early meeting of the Steering Committee. However, such groups have only been used in one case.

5. Data evaluation and enhancement

5.1 Assessing the quality and utility of information

One of the goals of CCENDU is to improve the quality of surveillance data and this has been a central concern from the start. Most site reports and the national reports discuss limitations of the data presented and caution against over-literal interpretations.

In general, the concern has been with the extent to which available data provide valid indications of the prevalence and incidence of the use of specific substances and of substance-related morbidity and mortality. Generally, such validity has been assessed using "professional judgements" and "insider information" (e.g., from police and coroners). However, confidence intervals were sometimes reported for survey data.

Some drug users have multiple arrests and/or multiple treatment episodes in hospital or in specialized treatment programs. This will distort inferences about drug use based on simple "episode" counts in unlinked databases. Special data linkage studies are needed to show the nature and extent of such distortion. Such studies have also been used to yield "capture-recapture" estimates of the size of drug-abusing populations. Some sites are currently involved in a multi-site "capture-recapture" study designed to estimate the number of injection drug users. However, CCENDU sites have not themselves had the resources to undertake studies of this kind.

5.2 Efforts to improve surveillance data

Site representatives indicated a strong desire to have better data, and various attempts to obtain this were reported. In some cases, local agencies, including needle exchange programs, were reported to have made changes to their data collection systems in response to CCENDU's needs. Local coroners were also reported to be receptive to concerns about the utility of autopsy reports and death certificates. In some cities, local police were reported to be interested in gathering more information on the role of alcohol and drugs in crime. A substantial improvement in police data is expected once the Integrated Police Information Retrieval System (IPERS) is in place. Recently completed student surveys in Eastern Canada and Manitoba were also designed to yield data that was comparable with that for other CCENDU sites.

Those interviewed were also of the opinion that CCENDU can act as a catalyst for improving surveillance data both nationally and locally. Collectively, CCENDU site members have contacts with many agencies that collect information on substance use and this information could be improved through these contacts. Some CCENDU members are also directly involved in epidemiological research and could reasonably be expected to consider CCENDU when planning new studies.

Several of those interviewed did, however, indicate the need for a greater focus on options and means for improving surveillance data and one epidemiologist expressed disappointment that this focus was lacking. Most also emphasized that improvements to surveillance data will take time and new resources.

6. Data synthesis and dissemination

(a) Synthesis

Site reports contain a wealth of information and clearly reflect a great deal of effort on behalf of their authors and others. They have a common basic structure, but otherwise differ in length, style of presentation, narrative content and attention to the limitations of the data reported. However, with a few exceptions, there was limited use of visual aids (graphs, charts) to make the data more 'digestible'. It is of concern that data for key indicators were not always reported in a consistent manner even when this could reasonably be expected. For example, some reports gave raw numbers of alcohol-related hospital discharges while others gave rates. Information on key indicators was also missing in some cases and one site report did not include information on alcohol.

The reports summarize prevalence, morbidity, and mortality data for alcohol, cannabis and several other types of drugs. This is a useful way of presenting surveillance data in that it recognizes the distinctiveness of different types of drugs and the need for policies that are sensitive to these differences. This way of summarizing surveillance data is consistent with that used by members of US Community Epidemiology Working Group (CEWG). However, issues such as drug use among young people, poly-drug use and the extent to which the same individuals account for multiple episodes of activity captured by different databases are not addressed when data are summarized in this format.

Most site reports provide executive summaries that draw attention to key findings and trends (where longitudinal data are available). However, they do not show how the data relate to policy issues. Some of those interviewed felt that more should be done to address policy concerns but others felt that CCENDU's role should be to present the facts for others to use in the development or evaluation of policies. Some respondents also expressed doubts that CCENDU network members could reach consensus on policy issues given the variety of interests they represent.

The first national report was published in 1997. This was a significant accomplishment and according to plan, this report summarized data for six sites (Vancouver, Calgary, Winnipeg, Toronto, Montreal and Halifax). The report included information on participating sites and indicators of prevalence, law enforcement, treatment, morbidity, mortality for alcohol, cocaine, cannabis and other specific drugs in specific sites. Information on the incidence and prevalence of HIV/AIDS and the use of needle exchanges is also included although the nature and quality of this and other data were clearly variable across sites and most tables had blank cells.

The report also included summaries of four special projects conducted at one or more CCENDU sites: (1) drug deaths in Halifax; (2) women living with addictions in Halifax; (3) study of emergency rooms admission in Winnipeg; and (4) study of emergency rooms admission in Calgary.

Some common and some unique aspects of participating sites are highlighted and there is a brief synopsis that draws attention to: (1) limitations of the data; (2) the magnitude of problems caused by alcohol; and (3) problems caused by other drugs.

A draft of the second national report was available at the time of writing. This included data provided by the six original sites and from Regina and Fredericton. A third national report that summarizes data for 1999 is expected to be released in 2000. At the time of writing it appears that this third report will include data from the eight sites included in the second report as well as St. John's. However, St. John's, Vancouver and Calgary are not expecting to submit a full report but only summary tables (see Table 1).

The draft of the second report includes information on participating cities and indicators of prevalence, law enforcement, treatment, morbidity and mortality for alcohol, cocaine, cannabis and other specific drugs. The draft report also included a narrative summary of information on HIV/AIDS, other communicable diseases related to injection drug use and the use of needle exchanges. However, the data tables for these topics were not included in the draft seen by the present author. The draft also provided brief summaries of three special topics that had been addressed at the Toronto site: (1) young, homeless parents; (2) methadone maintenance; and (3) a harm reduction program for homeless alcoholics. The draft also highlighted some similarities and unique aspects of participating sites. There was also an introduction explaining the purpose and nature of CCENDU and drawing attention to limitations of the available data.

The author is aware that all tables in the draft report are being checked for consistency with reports provided by individual cities and also by site representatives. However, it appears that the final report will have quite a few tables with blank cells and that some of the data will be quite old by the time of publication. This is especially the case for national survey data.

Overall, it seems likely that the second report will show that more needs to be done to improve the quality of data available to CCENDU and to improve the consistency of reporting across sites. However, this should not be at the expense of respect for local variations in the meaning of specific indicators.

(b) Dissemination

Site representatives indicated that 100-400 copies of reports were produced. The Toronto and Montreal reports were described as being eagerly sought by a wide variety of agencies and organizations. Reports from other cities were noted as being formally distributed to network members and to other local stakeholders and, in some cases, requests for these reports had come from other interested parties.

The media were sometimes involved in the dissemination process, especially in Toronto and Montreal. However, some 'media-shyness' was evident in other cases. This seemed to be associated with doubts about the quality and timeliness of some of the information, especially in the first report. One site representative indicted that the press reaction to the first report and the first national report was "so what's new?". Site representatives did, however, agree that media interest in CCENDU will increase as more and better data become available and trends become apparent.

Some 'shyness' about the small numbers of significant incidents involving drugs was also evident from remarks made by some site representatives and one indicated that 'hot' news about drugs would have a positive influence on CCENDU's profile as a source of useful information. However, in another case, where the CCENDU report showed that drug use was not as wide spread as believed, this was seen as countering sensational accounts in the media. Several site representatives reacted positively when the author suggested that CCENDU’s concern with both alcohol and other drugs can put drug use in perspective and counter exaggerations by the media.

Several of those who were interviewed or who completed mail-back questionnaires felt that CCENDU reports should have more publicity and that they should be published on the Internet. This is presently the case for the national reports. Summaries of some site reports are also available on the CCSA Internet site. However, it is not known if CCENDU reports are otherwise identified in links at other sites.

A number of reports based on CCENDU are known to have been published in peer-reviewed journals. However, a Medline search found only one paper that referenced CCENDU in the title or abstract. An Internet search for "CCENDU" produced 27 web pages. Most were for the CCSA. Others were for the Toronto Department of Health,

Dalhousie University, the American Community Epidemiology Working Group and the Society of Addiction Medicine. CCENDU was also referenced on a web page for the Roche pharmaceutical company.

7. Local benefits of network

7.1 Community expertise and information sharing

CCENDU's emphasis on networking was seen in a very positive light by all site representatives, including those at sites where there had been little or no face-to-face interactions of key players. In general, site representatives reaffirmed the perspective on networks that emerged from the earlier process evaluation. CCENDU was seen as bringing together agencies and organizations that might otherwise have no interactions and with broadening members' perspectives on substance abuse issues. Others interviewed for this evaluation and those responding to questionnaires also saw CCENDU as contributing to the development and expertise of local networks.

There were, however, some concerns that CCENDU was not always understood at the local level. One site representative said that he was not sure that some members of his network fully understood the purpose of CCENDU. Others expressed concern that the potential uses of CCENDU reports were not always appreciated. Site representatives were themselves convinced that the information collected and disseminated through CCENDU is essential for the development and evaluation of alcohol and drug-related policies and programs. However, some were concerned that others saw CCENDU as just interested in information for its own sake.

This apparent lack of appreciation of the potential benefits of CCENDU was reportedly particularly acute among front-line staff. These did not put the same value on surveillance information as agency directors or those involved in program and policy development. A high turnover of front-line staff in some agencies also limited the extent to which new staff could come to understand what CCENDU was all about.

7.2 Development of new partnerships

Where they had been formed, CCENDU 'teams' were seen by coordinators and members as unique in their focus on surveillance data. Team members who commented on membership during interviews or questionnaires were very positive about the range of persons involved and appreciated the opportunity to meet others with different perspectives and concerns. This was especially the case with respect to the involvement of the police and the RCMP.

Site representatives were asked if they were aware of the Health Enforcement Partnership project (HEP) and if they saw any relationship between CCENDU and HEP. Except in one case HEP was unknown. In this case CCENDU was seen as potentially contributing information to HEP, and as relevant to HEP's evaluation. RCMP officers interviewed for

the evaluation varied in their awareness of HEP but those who were most familiar with it saw HEP and CCENDU as being related.

8. Benefits for policy makers

As already discussed, there are limitations to the data that have been available to CCENDU sites. These limitations were typically mentioned by those contacted for this evaluation, but there was a general consensus that things can be improved and that, over time, CCENDU will make a significant contribution to policy making. Many CCENDU network members were themselves directly or indirectly involved in policy development and they generally held very positive views about CCENDU's actual or potential impact in the policy arena. CCENDU was seen as keeping substance use on the policy agenda, as helping to identify unmet needs, as potentially providing an early warning of new developments and as helping to evaluate existing policies. The Toronto site representative provided several specific examples of significant policy and program changes that were initiated or heavily influenced by those involved with the local CCENDU site (the Toronto Research Group on Drugs). These included a new licensing system for physicians who prescribe methadone, and new family programs developed in collaboration with the Children's Aid Society. Other specific examples of CCENDU's influence on policy were provided by coordinators in Montreal and Vancouver. In Montreal, CCENDU was credited with showing the need for additional provincial resources for rehabilitation, while in Vancouver CCENDU contributed to the development of a regional health plan.

Other site representatives were confident that CCENDU has been of benefit to local decision makers and especially to those actively involved in local networks. All site representatives and many network members also expressed the view that CCENDU's contribution to policy making will increase over time as more and better information becomes available.

CCENDU's actual or potential contributions to policy making were generally rated highly by others who were familiar with local initiatives or the overall national project. However, two respondents involved with federal justice issues indicated that CCENDU was not well known- no one had never heard of it. Otherwise, the only dissenting views on CCENDU's contribution to policy development were from those who focussed on the limitations of existing data and the time taken to produce the first two reports.

An experienced researcher with an international reputation also saw CCENDU as potentially having an impact on policy making as more data become available. Another researcher involved in developing indicators for the evaluation of Canada's Drug Strategy also has a positive view of CCENDU, and felt that its focus on specific cities was very appropriate given local variations in drug use patterns and problems.

A private consultant and community activist told the author that the Toronto reports were "marvellous" and should be more widely publicized and distributed. He also said that the

reports were invaluable for writing grant proposals, for service planning and evaluation, for lobbying and for education.

The influence of information on policy making is, of course, a concern in many areas, and it is important to recognize that information becomes politicized when it enters the policy arena. Policy science, and the direct experience of researchers, indicate that research and policy making are related in complex ways, and that even the most carefully gathered, scientific information can be misinterpreted or completely ignored in the policy process. There are indications that information has the greatest impact on policy when it is commissioned by policy makers and addresses very specific policy options. However, it is more usual for research to "enlighten" policy makers who are otherwise seeking to formulate policies that satisfy multiple, competing interests. A view of CCENDU as contributing to the enlightenment of policy makers might thus be more realistic than one that requires CCENDU to have a direct impact on policy.

9. Factors contributing to or limiting CCENDU's success

It was clear to the author that CCENDU's achievements to date owe much to the personal enthusiasm and commitment of coordinators. This is true at both the national and local levels, and was clearly recognized by many of those interviewed for this evaluation. In some cases, site representatives and other network members had made progress despite limited resources and with limited moral support from key agencies. These efforts should be recognized and appreciated by all those with an interest in the future of CCENDU.

The importance of an appropriate home agency for local CCENDU projects is also apparent. Minimally these need to have high-level commitment to the collection and dissemination of surveillance information on alcohol and drugs, and to have a tradition of forming partnerships with other agencies.

The turbulence of local health service environments was noted as complicating the implementation of CCENDU in several cases. Health care restructuring had occurred or was occurring at several sites and substance abuse issues were sometimes losing local champions in the process. In these cases, CCENDU was welcomed as providing an opportunity to redirect attention to substance use and the associated problems.

Most of those interviewed indicated that better data were needed to ensure a healthy future for CCENDU both nationally and locally. However, most also believed that it will take several more years before the full benefits of CCENDU become apparent locally and nationally.

Limited resources were seen as the primary barrier to CCENDU's success. Resources were seen as necessary both to support CCENDU and to improve the data available to it.

OBSERVATIONS AND CONCLUSIONS

CCENDU's goals

CCENDU's original goals are clear, laudable and supported by all key players and most of those who are otherwise familiar with local projects or with the overall national project. CCENDU has the potential to ensure that alcohol and drug-related policies and programs are reality-based and effective. Reports from CCENDU could be of use to all those with an interest in alcohol and drug-related problems, including local and national policy makers, the general public and those most affected by these problems. CCENDU addresses a widely held concern for better information on health issues and programs. CCENDU can also enhance Canada's capacity to respond to requests from the World Health Organization, the UN Commission on Narcotic Drugs and other international agencies concerned with alcohol and drug problems.

Progress to date

Considerable resources have been invested in CCENDU and this investment will be lost if it is not supported at this juncture.

Good progress has been made toward the achievement of the original goals despite resource limitations and the turbulence of the health and social service environments in some cities. More specifically there has been progress toward:

1. Establishing a national framework

2. The development of local networks involving policy developers

3. Routine gathering, processing and dissemination of various types of data

4. Increasing awareness of limitations of existing data

Issues of concern

The data available to CCENDU are limited in many cases and CCENDU has not had the resources to initiate the collection of original data. However, options for using low-cost focus groups and ethnographic methods have not, perhaps, been given enough attention.

There appears to be a need to give more thought to the kinds of information on HIV/AIDS and injection drug use that can realistically be gathered by CCENDU, how this information can be gathered, and the available data sources.

Substantial resources will be required to update and improve the types of quantitative data that would ideally be reported regularly (e.g., alcohol and drug use among students in local schools, alcohol- and drug-related crimes, alcohol and drug-related emergency room visits, hospital admissions and deaths).

The local dimensions and characteristics of alcohol and drug use and the need for local interpretations of some indicators challenge direct cross-city comparisons and the development of a national profile. When comparisons are attempted it is important to

ensure that "apples" are not being inadvertently compared with "oranges". However, it appears that more could be done to ensure consistency in the reporting of data across sites. It would also be desirable to make more use of charts and graphs rather than only tables and text.

A more rapid dissemination of information is essential.

Reports do not show how the data relate to existing or to emerging policy concerns.

CCENDU has benefited from, and will continue to need, enthusiastic support at the local and national levels over the long term to achieve its full potential.

It appears that a CCENDU site can get off the ground and achieve some goals by various means. However, the involvement of a local network of key actors in the substance abuse field seems critical to CCENDU's long-term local impact. The term "network" needs to be used in a more consistent way and some reasonable expectations for the composition and functioning of networks need to be developed and promoted. However, these should reflect local needs and priorities.

More could be done to promote CCENDU federally and locally and especially to local agencies whose staff may not fully appreciate the value of surveillance data.

Locally and nationally, CCENDU has shown that alcohol is the most commonly used substance and that problems associated with alcohol use far outweigh those caused by all other drugs considered[7]. This is not reflected in CCENDU's name.

Recommendations

1. CCENDU should continue as a national project and be reassessed after three more years. Over this three year period, greater priority should be given to data improvement and the development of existing sites than to engaging new sites.

2. Financial support for the national coordination function through CCSA should be provided at a level sufficient to ensure: (1) ongoing support and development of existing sites; (2) semi-annual face-to-face meetings of site representatives; (3) at least two annual video conferences; (4) production and publication of national reports; (5) the purchase of data from national databases; (6) the maintenance of a Listserv and a Web site; (7) the production of 'how-to materials' and other information materials (see below); and (8) attendance at at least one international conference by the national coordinator or designate.

> National face-to-face meetings are highly valued by site representatives and are essential to the nature of the overall project.

3. An experienced epidemiologist should be hired on a contract basis to:

> (a) Develop, in collaboration with local sites, and especially with affiliated researchers, specific plans and proposals for improving policy-relevant indicators using traditional and innovative methods (e.g., data linkage, capture/recapture, key informant, participant observation, focus groups).
>
> (b) Assist local sites in the preparation of reports in ways that are consistent with local and national objectives.
>
> (c) Provide leadership to the discussion of priorities for the development of key indicators concerning HIV/AIDS and injection drug use.
>
> It is expected that this will result in pilot/demonstration projects and more formal research projects that may require special funding. Potential funding sources include Health Canada, the RCMP, the Office of the Solicitor General and municipal and provincial agencies.
>
> The national coordinator has indicated that an annual budget of approximately $175,000 will be required if these recommendations are accepted. In the author's opinion this is appropriate and could even be considered modest in comparison with the investments being made in drug surveillance in other countries. Some additional funds would also be required if funds are to be provided to sites that are otherwise unable to secure local funds to produce reports - as suggested below (#4)

4. Minimal and ideal standards for participating cities should be established, especially with respect to: (1) local coordinators; (2) network membership and functioning; and (3) resources.

Some minimal standards for consideration are:

Coordinators

- knowledge of issues concerning substance abuse;
- coordination skills;
- working in an agency with a tradition of collecting and using diverse, city-specific surveillance information and of forming partnerships with other agencies;
- executive-level support to spend a minimum of 10% of time on CCENDU.

Network membership and functioning

- coordinator;
- representatives from major addiction service agencies or ministries;
- representative from municipal/regional health department;
- city police;
- RCMP/provincial police;
- city/provincial epidemiologist;
- chief medical officer;
- face-to-face meeting to be held at least semi-annually.

Resources

- research assistant for 6-8 weeks/year ;
- funds for production and dissemination of local reports ($2000-$3000).

Additional research assistant resources will be required by sites wishing to collect original data.

Ideally these resources should be found locally given the local focus and local benefits of city-specific activities. However, some consideration should be given to providing financial assistance to sites that might otherwise lack the resources to produce reports. This proved to be effective in the first year of CCENDU and most sites have since been able to secure local funding. However, some continue to struggle and may require more time to become fully self-sufficient. A flexible, case-by-case approach to the further funding of site activities is recommended.

5. A manual on the development, maintenance and functioning of a CCENDU site should be developed and promoted to all existing and any new sites. This should cover the goals of CCENDU, the role of the national coordinator, and options for local funding. In addition, the manual should provide guidance on accessing data from different sources and discuss the advantages and disadvantages of different types of data. The manual should also indicate the data required for national reports. Technical issues (e.g., estimations of confidence intervals, use of attributable fractions) should also be discussed in an appendix. Information and guidance on the use of innovative and qualitative research methods should also be provided.

A loose-leaf binder format is recommended to accommodate revisions and new material.

6. Priority should be given to the publication of site reports (or bulletins) within five months of a reporting year end. More frequent bulletins should also be considered in situations where there are rapid changes in patterns or levels of drug use, and as a means of disseminating information from full reports in manageable "bits".

The following should be considered to ensure the timely publication of national reports:

- setting realistic, but firm deadlines for submitting local data;

- having local sites submit data for core indicators using a standard form as soon as these data are available;

- publication of national core indicator tables separately, and sooner than full national reports.

If several sites produce regular bulletins in addition to annual reports the publication of occasional national bulletins should also be considered.

7. Subject to the availability of resources, local and national reports (and bulletins) should be made available through appropriate Internet sites. Web masters of other relevant sites should also be encouraged to create appropriate linkages.

8. Mailing lists and lists of fax numbers of local and national stakeholders should be created and, where appropriate, executive summaries of local and national reports (and bulletins) sent out as they become available.

9. CCENDU's expected contributions to national and local policy and programming initiatives might profitably be considered in consultation with appropriate decision makers. Specific policy/program options that can be addressed by CCENDU could be articulated, together with ways in which CCENDU will seek to address relevant information needs.

It is anticipated that a policy-driven vision of CCENDU will have implications for the types of information CCENDU seeks to gather and the ways in which this information is synthesized and reported.

10. A new name should be sought for CCENDU that signifies its concern for alcohol and other drugs.

Although alcohol is a drug, this is not widely appreciated. The use of the phrase "alcohol and other drugs" reinforces the "drug" status of alcohol and signifies the need to think about other drugs using experiences gained with respect to alcohol. If the phrase "alcohol and other drugs" is unacceptable then consideration should be given to the use of the word "substance" in a new name for CCENDU.

11. CCENDU can become an important component of national and local policy making. Opportunities to promote CCENDU should therefore be sought, including presentations at conferences and publications in peer-reviewed journals. Non-technical brochures, posters and videos should also be considered as methods for promoting CCENDU to local network members and to local and national stakeholders.

Appendices

1. Interview schedule for site representatives and team members

2. Questionnaires for team members and other stakeholders

3. People interviewed

Appendix 1

Interview schedule for site representative and team members[8]

Site: _____ Home agency: _____ Position:_____

How long have you been involved with CCENDU?

About how much time do you devote to CCENDU activities (days/year.....).

Do you have any local assistance with your CCENDU work? (how much and what type)?

What resources has your site received for CCENDU activities?

For the foreseeable future do you intend to continue to be a CCENDU team member?

What do you see as your main responsibilities as a CCENDU coordinator?

How often do you check in to see if there are messages on the CCENDU listserv?

How has your involvement with CCENDU influenced your own work?

What are your employer's views on your involvement with CCENDU?

To what extent does your experience with CCENDU indicate that its goals are realistic?

What other goals do you feel CCENDU should have? How should they be achieved?

To what extent do you feel that your CCENDU colleagues share your views on the goals of CCENDU?

How successful do you consider CCENDU has been with respect to its main goals? Please give examples:

On what basis can CCENDU claim to have made a unique contribution locally, provincially nationally?

On what basis can CCENDU claim to be a credible source for information and ideas?

What has contributed to its success?

What has limited its success or made it more difficult to achieve CCENDU goals?

Realistically what is needed to ensure the continued success of CCENDU?

How well does your team work?

How supportive are member agencies?

Has CCENDU contributed to information sharing and local partnerships?

Do people really share information and keep the CCENDU network up to date?

Are there people/agencies who should be involved but aren't? Why?

What kind of impact has CCENDU had locally, provincially, nationally? Please give examples?

Could it have more impact? How?

How visible is CCENDU locally? Could this be improved? How?

Have you had any international contacts or exchanges through CCENDU?

How important are CCENDU's international linkages?

Should CCENDU be promoting particular policies and programs?

What are the priorities for your site over the next year and next five years?

Do you think the boundaries should be expanded to include rural areas?

What is/should be done to collect data on HIV/AIDS, and Aboriginal populations?

Have any ethical concerns arisen and if so how were they resolved?

In practice, is CCENDU efficient with respect to what it can achieve?

Can a case be made for the cost-effectiveness of CCENDU?

Have you any other information and ideas about CCENDU that you would like to share at this stage?

Appendix 2

Questionnaire for team members and other stakeholders[9]

This questionnaire is confidential when completed. Names are requested to delete respondents from the lists of those to be sent follow-up reminders. Respondents will not be identified in reports.

1. Your name:

2. Name of agency where you mainly work:

3. Your position in this agency:

4. How long have you been involved with CCENDU?.....(months or years)

5. About how much time do you devote to CCENDU activities (days/year.....).

6. For the foreseeable future do you intend to continue to be a member of your local CCENDU network? (check one box)

Certainly: ☐

Probably: ☐

Not sure: ☐

Probably not: ☐

Certainly not ☐

Comments:

.....

.....

7. To what extent do you feel that your CCENDU colleagues share your views on the goals of CCENDU? (Check one box)

Very much or completely: ☐ Somewhat ☐ Hardly at all ☐

8. Please indicate the extent to which you agree or disagree with each of the following statements:

	Strongly disagree	Disagree	Not sure or neutral	Agree	Strongly agree
My involvement with CCENDU has increased my awareness of local issues related to alcohol and drugs					
Through CCENDU I have acquired new information that is useful to the agency I represent.					
CCENDU has brought people together to work on common problems					
My employer fully supports my participation in CCENDU					
It is too soon to expect CCENDU to have had much impact locally					
The local CCENDU network members work well together					
The national character of CCENDU enhances local efforts					
CCENDU's international links enhance local efforts					
CCENDU should encompass gambling					
The costs of CCENDU are modest compared with its benefits					
Local agencies are very willing to share information with CCENDU					

If you wish, please provide comment on your answers:

9. What, if any, goals other than its official goals do you feel CCENDU should have?

10. Please identify factors that you consider to be essential to the success of CCENDU

11. Please identify any factors that have limited the success of CCENDU or made it difficult to achieve its goals locally.

12. Please indicate the resources that CCENDU needs to ensure its long-term success. Also please indicate how these resources could be used.

13. Please share any information or ideas about CCENDU that will help make this evaluation valid and useful.

Appendix 3 -People interviewed

Site representatives and local network members and stakeholders

Winnipeg

David Kennedy - Site representative
Jenny Gates - Assistant to Dave Kennedy
Jamie Blanchard - Team member (Epidemiologist)

Calgary

Susan Armstrong - Site co-representative
Wes Elliot - RCMP network member
Darlene James - Policy researcher with Alberta Alcohol and Drug Abuse Commission
David Hodgins - Research and program development coordinator Foothills Hospital
Nady el Guebaly - Site coordinator

Toronto

Joyce Bernstein - Co-representative for Toronto Research Group on Drugs
Edward Adlaf - Co-representative for Toronto Research Group on Drugs
Gordon Jenkins - RCMP member of Toronto Research Group on Drugs
Walter Cavaleri - Private consultant

Whitehorse

Andy Sibbald - Site representative, Whitehorse

Regina

Lyell Armitage - Site representative
Gerry Forsythe - Manager, Alcohol and Drug Services
Bill Blanchard - RCMP drug awareness coordinator, Regina
Brenda Suggett - Epidemiologist
Kathy Donovan - Saskatchewan Health

St. John's

Jim Power - RCMP network member
Deanne Warren - Site representative

Vancouver

Elizabeth Whynot - Site representative
Chuck Doucette - RCMP drug awareness coordinator, Vancouver

Halifax

Sandy Goodwin - Team member (Coordinator of Addiction Services, Regional Health Policy and Program Branch
Christiane Poulin - Site representative
Frank Landry - Team member (RCMP)

Fredericton

Alberto Barceló - Site representative
Bob Jones - Treatment consultant, Department of Health

Montreal[10]

Denis Boivin - Site coordinator
Serge Chevalier - Direction de la santé publique
Louise Guyon - RISQ

Others

Pamela Fralick - CCENDU national site representative
Michel Perron - Office of the Federal Solicitor General
Garry Loeppke - CCENDU steering committee member, CACP representative
Liz Hart - Consultant, Jameson, Beal and Lalonde
Eric Single - Senior associate with CCSA
Gary Roberts - Senior associate with CCSA
Carmen Long - Manager, Substance Abuse Program, Correctional Service of Canada
Michel Pelletier - CCENDU steering committee member, RCMP representative
Kathy Thompson - Senior Policy Analyst, Federation of Canadian Muncipalities

Notes:

[1] In all but one case the site representative was also the local site coordinator.
[2] As defined by site coordinators – description in section on network membership.
[3] Excluding site coordinator
[4] Excluding coordinator's home agency
[5] Site coordinators is psychiatrist and head of an addiction treatment program
[6] Site coordinator also with Dept. of Health
[7] CCENDU reports acknowledge the problems caused by tobacco and refer readers to other sources giving details.
[8] Respondents were not expected to answer all questions but to focus on issues of particular concern. The interviews also became more focussed as the evaluation proceeded.

[9] The English and French versions differed somewhat because the author revised the questionnaire after testing it with some English respondents. All French versions of the original had been sent out by that time. The revised English version had some additional, fixed-response items concerning CCENDU's benefits.

[10] Interviews conducted in French by Gilles Strasbourg