

Rapid assessments of substance abuse problems: Guidelines and resources with an emphasis on the use and abuse of methamphetamine in Canada

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Executive summary

This document describes methods that can be used to rapidly assess the nature, extent and consequences of substance abuse and related problems in society. It will be of interest to policy makers, program developers, researchers, members of community-based organizations and others who wish to ensure that policies and programs concerning substance use and abuse are evidence-based.

In recognition of mounting concerns about the use of methamphetamine in Canada and around the world, this paper will focus largely on methamphetamine when providing illustrations of how rapid assessment techniques can be used to improve substance abuse decision making. Although there is widespread preoccupation with the use and abuse of methamphetamine in Canada, reliable and comprehensive evidence about the extent and nature of this use is limited. Rapid assessment techniques are suggested here as a cost-effective means to fill gaps in knowledge about methamphetamine use and abuse, to compare use patterns in various regions, and to plan for and evaluate new policies and programs for responding to methamphetamine-related problems.

While the focus of this document is on using rapid assessment to inform decision making around methamphetamine use in Canada, the methods described here can also be used whenever there is a need to quickly assess the use and abuse of other substances and related problems in order to develop appropriate responses.

It is important to keep in mind that rapid assessments of illicit drug use do not replace the need for other ongoing monitoring systems, longer-term studies and, especially, population-level surveys. Also, data gathered or generated by rapid assessments are not intended to provide a complete picture of the issue being studied. However, these data do have the potential to provide decision makers with timely and relatively low-cost information on the nature, extent and consequences of the problem and thus to contribute to the development of programs and policies that are relatively more evidence-based.

Rapid assessments may be national in scope or may be focused on issues in specific geographic regions such as municipalities, First Nations reserves or neighbourhoods. Rapid assessments using consistent methods can also be undertaken at multiple sites in order to develop a regional or national perspective. These assessments combine new or existing quantitative and qualitative data to develop, within reasonable limits of time and resources, a composite picture of a problem such as illicit drug use. The data are then examined for consistency, reliability and validity using quantitative and qualitative data analysis methods so that reliable information can be extracted

and incorporated into policy making and program development. As well, rapid assessments can be useful for gaining a better understanding of the extent of a problem relative to other social problems and to assist in decisions about priority setting and resource allocation.

Sources of *existing* data used in rapid assessments include policy documents, statistical data, research reports, reports by non-governmental organizations and media reports. In this report, existing data sources related to methamphetamine use and abuse in Canada will be used to provide examples of the kinds of data that may be useful for developing rapid assessment-type analyses.

Sources of *new* data include statistics collected by or in cooperation with agencies that witness drug-related events (police, treatment agencies, hospital emergency rooms, coroners, etc.). These data can be used to enumerate or estimate the prevalence of issues of concern such as the number of regular methamphetamine users in a particular city or region, or in the country as a whole. Other sources of information include interviews with key informants, interviews with current and former drug users in various contexts, and field observations of drug users or drug markets. This report provides suggestions for new data that could be collected to inform decision making on methamphetamine use in Canada.

Access to current drug users and drug-using environments can sometimes be facilitated by people who have, or can quickly develop, contacts with target groups in the community. This can include former drug users hired and trained to recruit other drug users for interviews, drug users trained to conduct the interviews themselves, or drug users trained to act as field observers. The sampling of cases for interview will depend on the objectives of each particular study. Options include *purposive sampling*; *opportunistic* or “*convenience*” *sampling*; *network*, *snowball* or *chain sampling*; and *cluster sampling*. In all cases, it may also be useful to introduce *random selection* when there is a choice of people to interview.

Maps of spaces, networks and the distribution of events or activities can be used to plan fieldwork and data collection, and also to provide a visual summary of some types of data such as areas where there is a high concentration of drug users.

New and existing statistical data can be used to estimate the prevalence of issues of concern using *multiplier methods*, *nomination techniques* and *capture-recapture methods*. These require some technical skills and the time to collect the necessary data may be outside the limits of what might be called rapid assessment. This is especially true with capture-recapture studies that will involve negotiating access to information about individual cases with agencies that have strict privacy codes.

Raw quantitative data from rapid assessments are usually summarized using frequency tables, charts, simple descriptive statistics and cross-tabulations. More complex, multivariate analyses are less common in rapid assessments and require more skills to undertake and interpret. Qualitative data can be summarized and analyzed at many levels, but the first step is to identify major themes and variations in the data. More in-depth analyses of qualitative data can be made by those with special training and access to software for conducting analysis of text-based information. Once data are collected and analyzed from various quantitative and qualitative

sources, a process of triangulation is used to cross-check and verify the information, and to identify similarities and differences for further analysis.

Rapid assessments are intended to contribute information that can be used to develop or improve policies, programs and other initiatives to reduce harms associated with particular issues such as methamphetamine use. To this end, it is important to ensure that rapid assessments employ appropriate data collection and analysis methods as outlined above. However, the value and impact of rapid assessment projects will be enhanced by the early involvement of key stakeholders, creation of an advisory committee, appropriate use of consultants, clarity of objectives, recruitment and training of field workers, clear presentation of results, and the crafting of realistic recommendations linked to the results. Any limitations to the study should also be indicated in the report and the need for further research should be identified as part of the analysis.

Introduction and aims of the report

This document addresses issues that will be of interest to people who are concerned about substance abuse, especially the use and abuse of methamphetamine, and who are interested in making sure that policies and programs are based on empirical analyses of the nature, extent and consequences of the problem. This includes, but is not limited to

- policy makers and programmers at national, regional or, especially, municipal levels;
- researchers working with policy makers, programmers and, especially, community organizations and associations;
- members of community-based organizations and associations seeking to learn how best to respond to emerging issues.

This document describes the combined use of both qualitative and quantitative data and analytical techniques to increase understanding of the nature, extent and consequences of a particular issue (such as illicit drug abuse). When a combination of these methods is used to quickly provide practical information to inform the development of appropriate responses, this approach is generally referred to as rapid assessment.¹

A rapid assessment uses both existing secondary data (such as the number or quantity of drug seizures, arrest figures, changes in drug prices, changes in specific types of crime associated with drug abuse, number of callers to anonymous help lines, number of people seeking treatment, number of deaths resulting from drug abuse, etc.), and primary data obtained from interviews, focus groups or observations involving key informants and drug abusers or former users in various settings. Data collection and analysis may take from one to six months depending on the issues of concern and the resources available. However, by definition rapid assessments are expected to be complete within a relatively short period of time.

Rapid assessment does not replace the need for other ongoing data collection systems or longer-term studies, especially population surveys, and the results are not intended to provide a complete and detailed picture of the problems addressed. However, they have the potential to provide decision makers with a sufficiently accurate picture to allow for improved decision-making and responses.

Rapid assessments concerning substance abuse, HIV/AIDS and other health issues are promoted by the United Nations Office on Drugs and Crime and the World Health Organization and have been especially useful in developing countries with limited data collection systems and research infrastructures. However, rapid assessments can also be used in other contexts where there is a need to quickly assess the nature, extent and consequences of a given problem in order to develop appropriate responses.

In Canada, most of the methods used in rapid assessment studies have been used at least to some extent in the substance abuse field and especially with respect to HIV/AIDS (e.g., Poffenroth, 2001). However, interviews conducted for this project and responses to questionnaires suggest that the term “rapid assessment” and the full range of issues and options encompassed by this

¹ Sometimes referred to as Rapid Situation Assessment (RSA). Also see main text for related terminology.

term are not well known among Canadian researchers, advocates, programmers or policy makers in the area of substance abuse.² This document, therefore, aims to promote awareness of rapid assessment and to encourage its use, especially in connection with emerging issues where there is a need to arrive at a reasonably cost-efficient assessment of their nature, extent and consequences.

The illicit production, distribution and use of methamphetamine are issues in Canada where rapid assessments could be especially valuable. Although methamphetamine use is low in the general population, the drug is relatively easy to manufacture, its abuse potential is high and its use appears to be on the increase, especially within select populations (street youth, athletes, youth attending raves, the gay population, sex trade workers, etc.). The manufacture, distribution and use of methamphetamine are also associated with a wide range of health and social problems. There have been many calls for action against methamphetamine abuse and a wide range of initiatives have been proposed or implemented at the federal, provincial and municipal levels. However, the evidence base for these initiatives is generally weak and there are concerns that such responses may lead to the inefficient use of scarce resources.

Rapid assessment could be used as a cost-effective means to fill gaps in knowledge about methamphetamine abuse in Canada, to compare abuse levels and patterns in different regions, and to plan and evaluate new policies and programs. However, the use of rapid assessments is also encouraged for other emerging drug problems, especially in contexts where resources for other types of research may be limited (e.g., First Nations communities, municipalities, etc.).

Methods

This report draws on several on-line publications that collectively provide a wealth of ideas and information about the aims, design, implementation, analysis and interpretation of rapid assessment studies in various contexts. These are listed and described in Appendix 1.

In an e-mail and telephone survey, Canadian researchers listed in a database maintained by the Canadian Centre on Substance Abuse, and others identified by members of the project advisory committee, were asked if they were familiar with the term “rapid assessment” and the guidelines developed by the United Nations Office on Drugs and Crime, the World Health Organization and other bodies. They were also asked to respond to questions about their experience with studies that matched the characteristics of rapid assessment, and to share reports of any such studies they had undertaken. Similar e-mails were sent to provincial coordinators of the Canadian Community Epidemiology Network on Drug Use (CCENDU), and CCSA’s national Health, Education and Enforcement in Partnership (HEP) program. A key informant with the U.S. Community Epidemiology Work Group (CEWG) was also contacted, as were two experts in at the United Nations Office on Drugs and Crime, and several authorities in Australia.

Searches of the Internet and online databases were also made to identify examples of rapid assessments involving methamphetamine use, and a number of significant documents concerning

² Some respondents contacted for this project indicated that they saw “stakeholder surveys”, “environment scans”, “community-based issue assessments”, “community epidemiology”, “qualitative research”, and “routine monitoring and surveillance” as being akin to rapid assessments as defined for this project.

methamphetamine use in Canada were reviewed to identify issues that could be assessed using rapid assessments. Those contacted for this project were also asked to indicate priority issues for rapid assessments involving methamphetamine use in Canada.

Characteristics of rapid assessment

The term "rapid assessment" was first used in the areas of primary health care and agriculture to refer to methods that could be used to quickly gather cultural, social and institutional information, to assess needs and to develop policies and program. However, in the past two decades these approaches have been used in a wide range of other areas, including nutrition, mental health, reproductive health, HIV/AIDS and substance abuse.

Rapid assessments use a combination of new or existing quantitative and qualitative data to develop, within the limits of time and resources, a composite picture of issues of concern such as drug use. The data are then examined for consistency, reliability and validity using quantitative and qualitative data analysis methods. These data collection and analysis methods are not unique to rapid assessments and are not intended as ends in themselves. Rather, the primary purpose of rapid assessment is to develop appropriate interventions. To this end, rapid assessments need to be developed, implemented, analyzed and reported in ways that maximize their value for policy and program development.

The importance of the linkage between rapid assessment and policy/program development is illustrated by the frequent use of the phrase *Rapid Assessment and Response* (RAR) in several key documents. This linkage is further emphasized in the term RARE (*Rapid Assessment, Response and Evaluation*) by the U.S. Department of Health and Human Services to describe assessment and action projects involving community partnerships to fight HIV/AIDS within high-risk ethnic/racial minority communities. The linkage with policy and program development, along with other key features of RAR, are itemized and elaborated on at the RARarchives website (see Appendix 1).

Rapid assessments may be initiated and sponsored by national, regional or local agencies or coalitions in the public health, enforcement, social service or related sectors. However, their value and impact will be enhanced if a diversity of key stakeholders from various sectors are involved at all stages.

Rapid assessments may be national in scope or may focus on issues in specific regions, municipalities, neighbourhoods or First Nations reserves. In some cases, similar rapid assessments may be undertaken at multiple sites in order to develop a regional or national perspective.

A good example of a national illicit drug reporting system that features rapid assessment components is run by the National Drug and Alcohol Research Centre in Sydney, Australia (<http://ndarc.med.unsw.edu.au/ndarcweb.nsf/page/home>) (accessed April 2006). This system monitors the price, purity, availability and patterns of use of illicit drugs and provides an early warning of emerging trends in illicit drug markets. The system involves data collected annually from three sources:

1. a quantitative survey of injecting drug users who act as a sentinel group for the detection of emerging trends in illicit drug use;
2. a qualitative survey of key experts who work in the field of illicit drugs; and
3. a synthesis of extant indicator data such as numbers of Customs seizures, purity of seizures, number of arrests, etc.

The Australian National Drug and Alcohol Research Centre also uses similar methods to monitor trends in the use of ecstasy and related drugs, and runs and sponsors an illicit drugs indicator project that uses data collected across five broad themes: prevalence of drug use, drug-related morbidity, treatment, and mortality and crime.

The annual National Drug Threat Assessment conducted by the National Drug Intelligence Center of the U.S. Department of Justice also has some features of rapid assessment as defined in this document. These assessments are based on analyses of law enforcement intelligence and public health data and information provided by more than 3,400 state and local law enforcement agencies through the National Drug Intelligence Center's National Drug Threat Survey. State and local law enforcement agencies also provide information through personal interviews with field program specialists of the National Drug Intelligence Center (<http://www.usdoj.gov/ndic/topics/ndtas.htm>) (accessed April 2006).

The capacity of the Canadian I-Track system to quickly gather information on risk behaviours from injection drug users at multiple sites is also of note (Public Health Agency of Canada, 2004). The behavioural trend data obtained from this system can be triangulated with other data to assess the effects of national, provincial and local prevention policies.

Aims of rapid assessment

The aims and objectives of any specific rapid assessment will depend on the issues of concern and the types of information considered to have priority. Some studies have multiple objectives and consider a wide range of issues such as trends and patterns of methamphetamine and other drug abuse in particular settings, characteristics and needs of drug users, availability of treatment services, existing policy responses and community-based interventions, priorities for intervention, etc. Other rapid assessments are more focused on issues such as the development of prevention or harm reduction messages that target particular groups, risk behaviours or specific health problems among subgroups of users such as men who frequent gay bars and clubs. Rapid assessments may be conducted once or may be repeated over time in order to monitor trends and to evaluate new or existing policies and programs.

Some examples of priority aims related to methamphetamine use that were identified from the literature and by those interviewed for this report are

- Estimating the prevalence of methamphetamine use and related problems (national, regional, municipal);

- Determining the characteristics of methamphetamine use in a given group or community and identifying target populations for priority prevention and treatment interventions;
- Understanding the influence of gender and ethnicity in relation to the use of methamphetamine and the needs of users;
- Assessing the impact of methamphetamine use on individual health, community safety and agency practice;
- Estimating the prevalence of conditions such as depression, attempted suicide, anxiety, and psychotic symptoms, anger and violent behaviour among regular methamphetamine users;
- Assessing the adequacy of current treatment services for methamphetamine users and priorities for improving treatment responses (e.g., improving access, staff training, new/expanded services, etc.);
- Understanding user beliefs about methamphetamine use and response to alternative messages about prevention and treatment;
- Assessing the nature and effectiveness of drug abuse prevention programs;
- Learning how communities responded to methamphetamine use and what lessons they have learned;
- Determine the main priorities of various stakeholders; and
- Evaluating the impact of efforts to reduce the supply of methamphetamine and the drugs/chemicals from which they are made.

Data collection and analysis methods used in rapid assessments

The data collection and analysis methods used in rapid assessments are not unique to this type of investigation and may already be familiar to some readers³. Rapid assessments use a mix of methods chosen in consultation with stakeholders to meet specific objectives. Most studies use both new or primary data and existing or secondary data.

Gathering and reviewing existing data

The collection and review of existing data should be one of the first steps in a rapid assessment project. This will shape that project's objectives and inform decisions about the collection of new data. The value of existing data pertaining to particular issues is likely to be quite variable. When

³ Readers who plan to conduct a rapid assessment and who do not have a research background are strongly advised to review some of the more detailed guidelines and, if necessary, to arrange for special training in the use of these methods. Expert advice should also be sought as required.

the issues are long-standing, generally stable and well- documented, the existing data may be reasonably complete and helpful for policy and program development. When issues are new or changing rapidly, existing data sources may have significant limitations.

The following sources of information could be considered:

Policy documents relating to drug abuse prevention and treatment

These documents will show the national, regional, local and sector-specific frameworks within which current responses are being enacted. Many such documents may be available, especially during times of rapid changes in drug use patterns and problems. This is the case with respect to methamphetamine use in Canada. Some key documents are listed on the website of the Canadian Centre on Substance Abuse (www.ccsa.ca). Updates and other policy documents could be obtained from provincial agencies. Of special note are documents about policies and programs that have been developed in British Columbia and Alberta. A summary of recent policy changes with respect to methamphetamine, prepared by staff of the Canadian Centre on Substance Abuse, is included in Appendix 2.

Existing statistics

Policy documents may include useful statistical information, but statistics on drug seizures, arrest and convictions, drug prices over time, drug-related hospital admissions, number of people in treatment, number of drug-related deaths, etc. may also be available from federal, provincial or local agencies.

These statistics should always be interpreted cautiously. Often they are incomplete, out of date or not optimized for specific purposes. Also, changes in official statistics may not reflect real changes in the community. For example, an increase in the number of people arrested for possession of drugs may reflect changes in police policies or resources rather than an increase in drug use.

Statistics related to methamphetamine are currently very limited and not always readily accessible. Resources for the analysis of existing data are also limited. New resources are therefore needed to improve statistics at the national, provincial and municipal levels with respect to the following:

- Rates of arrests for the illicit manufacture, sale and possession of methamphetamine;
- Rates of amphetamine use among persons charged with other offences (especially violence, break-ins and muggings);
- Imports, exports and sales (and prescriptions) of medications and chemicals used to manufacture methamphetamine;⁴

⁴ The U.N. Commission on Narcotic Drugs (News Release, March 17, 2006) has asked member countries to provide this type of information with respect to pseudoephedrine, ephedrine, piperonyl methyl ketone (PMK), phenyl-2-propanone (P2P) and pharmaceutical preparations containing these substances. The Canadian government has also added red phosphorous and hydriodic acid to the list of “Class A” precursors in the Controlled Drugs and Substances Act that require special import/export licensing and record keeping.

- Number, types and purity of samples seized by police in various localities;
- Clandestine laboratories dismantled;
- Street prices for methamphetamine in various localities;
- Hospital admissions related to methamphetamine use (including psychosis);
- Deaths related to methamphetamine use; and
- Treatment admissions where methamphetamine is a primary or secondary substance of concern.

Research reports

There is an extensive research literature on many aspects of substance use in Canada and other countries and abstracts or full text articles can be downloaded from a number of online databases, including, for example, the Cork database at Dartmouth University (http://projectcork.org/database_search/index.html). A very useful indexed list of several hundred journal articles is also available online (see Hammer, 2005 in Appendix 1). There is also a so-called “grey” literature consisting of unpublished research reports that can be located with the help of information specialists, key informants and local collaborators. References to some key research reports on methamphetamine are included in this report.

Reports likely to be of particular interest are those that focus on the prevalence and incidence of methamphetamine use in Canada. A summary of recent estimates for Canada is included in Appendix 3.

Reports from the I-Track system will also be of interest (Health Canada, 2004). Once fully implemented, this system will collect information on risk behaviours among injection drug users across Canada through interviews and blood tests involving injection drug users recruited from needle exchanges, outreach services and by word of mouth. The interview schedule includes items concerning the use of various drugs (including methamphetamines) by injection and other means.

The quality of the reported research needs careful consideration, especially if it has not been peer reviewed prior to publication. The relevance of particular reports to a specific situation also needs careful consideration and it may not be appropriate to assume that the results for one setting or population can be generalized to others.

Reports by non-governmental organizations (NGOs)

Reports from various treatment centres and from community agencies and coalitions may include descriptions of the various activities and programs of these organizations and may indicate their concerns about, and responses to, specific issues such as methamphetamine use. Although unlikely, these reports may also include information on the effectiveness of current interventions.

Reports from Canadian NGOs concerning methamphetamine can sometimes be found using Google searches. Local stakeholders can identify other reports.

Media reports

Some media reporters make every effort to gather and report reliable information on drug use and related policies and programs. However, some media reports also sensationalize the drug abuse situation and fail to put specific events in context.

Sources of new data

Statistical data from agencies

Some statistics on drug seizures, arrest and convictions, drug prices over time, drug-related hospital admissions, number of people in treatment, number of drug-related deaths, etc. may also be available from federal, provincial or local agencies. However, these may not be optimal for specific purposes, especially where the use and abuse of specific drugs such as methamphetamine are concerned.

New statistical data will be needed for projects that involve case-finding/enumeration and estimation techniques (see below). In some cases, police, staff of treatment centres, staff of social agencies, staff of hospital emergency departments, coroners and others who witness various types of drug-related events may agree to collect new data, at least for the duration of a rapid assessment study. However, additional human and fiscal resources may be necessary in some cases and the associated costs will need to be considered at the planning stage.

Case-finding/enumeration⁵

In small communities it may be possible to obtain a complete enumeration of cases known to particular types of agencies (treatment centres, police, health care agencies, social service agencies, etc.). This could be done in a one-day census or over a period of time. This will not provide a direct indication of the prevalence of drug use in the community, but if done repeatedly may show some important trends. Enumerations may also be possible in larger communities, but the expense may be prohibitive.

Population surveys

These surveys are used to estimate the prevalence of specific behaviours among adults in the community, children in school, university students and other populations that can be accessed by telephone or mail, or can be handed questionnaires for immediate self-completion. These surveys have both advantages and limitations. They are an efficient means of obtaining information on large, representative samples, but they are sometimes compromised by low response rates, under-reporting and the under-representation of high-risk groups such as heavy drinkers or drug users and those with low social stability.

⁵ This is considered as an estimation technique in the UNODC guidelines

Some significant national and local population surveys that have included items on methamphetamine use have been completed and reported (see Appendix 3), and a review of these and any new surveys should be part of any rapid assessment.

Mainly due to high costs and time constraints, population surveys are not typically considered as forms of rapid assessment. However, at least in principle, surveys of populations in school or of students in selected university classes could be low in cost and undertaken and analyzed quite quickly. This would be the case if the questionnaires were short, and perhaps machine-readable, and the analysis plan was straightforward. However, the challenge in some cases would be to negotiate times for participants to complete surveys. Also, in the case of students in primary and secondary schools, it may be necessary to obtain the permission of school boards and parents. This can be time consuming.

Interviews with drug users and former users

Drug users and former users in various settings can potentially provide valuable information on many aspects of drug taking and may be the only source for some types of information such as patterns of use, risk behaviours, user characteristics and motivation for use. Many rapid assessments have featured interviews with drug users.

With respect to interviewing techniques, there are many online and hard copy guidelines for developing questions and conducting interviews and these are generally applicable when interviews involve drugs users and former users. However, it is inadvisable to interview people who are intoxicated or in withdrawal. The UNODC Guidelines on Drug Abuse Rapid Assessments and Responses emphasize the need for interviewers to

- Establish good communication and rapport;
- Have a non-judgmental attitude;
- Observe verbal and non-verbal cues;
- Ask timely questions with a view to exploring emerging issues;
- Guide the respondent through the interview process; and
- Adapt to the situation.

The literature reviewed for this project and interviews with key informants suggest that the following topics should be addressed in interviews with methamphetamine users and former users:

- Demographic characteristics (age, gender, ethnicity);
- Social characteristics (work status, living arrangements);
- Drug use patterns and preferences (methamphetamine and other drugs);
- Other risk behaviours (needle/syringe sharing, unprotected sex);
- Motivations for using methamphetamine and other drugs;
- Situations where methamphetamine and other drugs are used;
- Positive and negative consequences of using methamphetamine and other drugs;
- Awareness of risks;
- Motivation for change;
- Motivation for treatment and awareness of treatment options;

- Perceived barriers to treatment;
- Views on the effects of existing, new or proposed policies and programs;
- Drug-related arrests, treatment admissions, hospital admissions in a given period (can be used to estimate the number of drug users using the *multiplier method* [see below]); and
- Drug-related arrests, treatment admissions, hospital admissions among nominated drug-using friends and acquaintances (can be used to estimate the number of drug users using the *nomination-multiplier method* [see below])

Examples of specific questions concerning these and other topics can be found in reports referenced in Appendix 3. Detailed questions concerning risk behaviours are included in the interview schedule developed for the I-Track surveillance system (Health Canada, 2004).

Interviews with key informants

Key informants are those known to have special knowledge due to their role or community position. This includes professionals working in various agencies and sectors (policy, enforcement, treatment, religious, education, media, etc.), community leaders and elders, as well as current and former drug users and others with close links to a particular drug scene (e.g., parents of children who use drugs, club owners, rave organizers, street/outreach workers). These could all provide useful information and perspectives on issues of concern and those with the closest links with the drug scene may be willing to become “indigenous field workers” and to make observations for the research team and to locate, recruit and interview cases of interest (see below).

A good example of a rapid assessment study of amphetamine use from Australia (Vincent, Allsop and Shoobridge, 2000) featured individual or group interviews with more than 200 key informants representing a wide range of interest: treatment providers, needle exchange workers, police, courts, gays and lesbians, Aboriginal organizations, community health nurses and general practitioners, sex workers, truck drivers and current or former amphetamine users.

The issues to be explored with various key informants will flow from the objectives of the study, but would typically include perspectives on trends in the nature, extent and consequences of the problems in question; the adequacy of current responses; and priorities for innovation. These issues are especially important with respect to the current concerns about methamphetamine.

Questions posed to key informants in a study concerning methamphetamine in Edmonton (Goldblatt, 2004) are included in an online report at <http://www.edmonton.ca/CityGov/CommServices/SaferCitiesReportOnCrystalMethFebruary04.pdf> (accessed March 2006).

Topics explored in interviews with key informants in the previously mentioned rapid assessment study of amphetamine use in Australia included “the nature and extent of amphetamine use in the region, the existence and nature of subgroups of users, reasons for use, routes of administration, risk-taking and criminal activities associated with use, problems faced by users and service availability for users” (Vincent et al., 2000, p. 422). Those interviewed were also asked to comment on information obtained from other sources.

In this study the involvement of a large number and wide range of key informants not only generated multiple perspectives on the issues of concern, but also generated enthusiasm for the project and a sense of participation. The authors of the study also reported that many of those consulted expressed satisfaction that “finally somebody was asking them about amphetamine use” and that many went to a great deal of trouble to provide the researchers with statistical information and referrals to other key informants.

Focus groups

"A focus group is a number of individuals who are interviewed collectively because they have had a common experience, come from a similar background, or have a particular skill or knowledge. Focus groups are good for producing a lot of information quickly, identifying and exploring beliefs, attitudes and behaviours, and providing ideas for further investigation." (WHO, Rapid Assessment and Response Technical Guide, 2003).

Focus groups have been used extensively in rapid assessments. Groups that involve drug users and those with intimate knowledge of local drug scenes can potentially generate useful information on a variety of issues, including the nature and perceived significance of specific drug use issues, group norms and practices, and factors that influence drug use. Groups of other community stakeholders can potentially generate ideas about policy and intervention options. Focus groups can also be created to review and evaluate the information gathered in a rapid assessment (Vincent et al., 2000).

The value of focus groups in a given context depends on their membership and this would ideally be determined by the types of information being sought. A *purposive selection* is generally recommended in which participants with specific characteristics and those with access to particular kinds of information are invited to attend. Thus, if the aim is to learn about the effects of efforts to reduce the supply of methamphetamine by limiting sales of chemical ingredients, it would be preferable to hold a focus group with users of methamphetamine rather than with those who draft and enforce new regulations. Sample focus group questions are included in the previously noted report on methamphetamine use in Edmonton (Goldblatt, 2004).

The value of focus groups also depends on the skills of facilitators. These are identified in several of the documents listed in the appendix and some useful online guidelines concerning the conduct of focus groups can be found using Google or other Internet search engines.

Gaining access to users and key informants

Some case subjects who may be good candidates for interview may nonetheless be difficult to contact or unwilling to provide information that is interesting and reliable. This is especially true when they are engaged in illegal behaviours such as prostitution or dealing and using street drugs. However, some professionals may also be difficult to contact or not inclined for various reasons to talk to researchers.

Multiple methods can be used to gain access to people to interview and discussions with local key informants will help to determine how best to begin. Professionals can be contacted directly

or indirectly through agencies or professional associations, and the use of flyers, other notices and presentations at meetings of professionals should be considered.

International experience shows that there are notable differences among types of drug users (students, those who go to “raves” or night clubs, professionals, gays and lesbian users, pub scene users, musicians, different ethnic groups, etc.) and that different methods are needed to recruit cases from these various groups. In the previously noted Australian study, people who had used amphetamines at least six times in the previous six months were recruited for interviews using notices asking for volunteers. These were handed out to people walking near popular pubs and night clubs; placed in shops, hotels, night clubs, service stations, university notice boards, pubs in selected areas, welfare centres, telephone booths in selected areas, needle exchanges, community health centres and STD clinics; slipped under the windshield wipers of cars in selected areas; and included in a magazine read by street people. Other users were referred by key informants or recruited by those interviewed. In the latter case, the “finder” was paid \$20 for every five new people who came for an interview. This is sometime called “network sampling” (see below). Similar methods as well as Internet forums were use by Larance et al (2005) to contact users of performance- and image- enhancing drugs. This was an especially challenging project given the sensitive nature of the issues. Anonymity and confidentiality were particularly important for users of performance-enhancing drugs and many were also very cautious about research in general and needed to be reassured that the aim was not to further stigmatize them or to report them to the police.

A rapid assessment study of methamphetamine use in California (Gibson, Leamon and Flynn, 2002) found that this drug was popular among workers in monotonous, repetitive and physically exhausting occupations, including roofers, long-haul truckers, line workers, tenured state workers, migrant farm workers, postal workers, hairdressers and prostitutes. Efforts to contact and interview members of these groups would thus be appropriate for rapid assessment studies in other areas.

Interviews with drug users in the community are typically conducted in coffee shops, bars, clubs, parks, shopping centres or offices of community agencies. Sometimes those interviewed are paid for their time and expenses. In the Australian study, interviewees were paid \$20 “to acknowledge the value of their time and the information they had provided, and to cover their expenses outlayed on transport and mobile telephone network calls”. Participants in the Larance et al. study were paid \$50.

Attempts to find interviewees should take account of variable working hours among members of the target group. This is a special concern for studies that focus on methamphetamine use because this may be common among shift workers and those who work for long hours in high-pressure, high-performance occupations (Gibson et al., 2002). It may also be important to consider that some of those at a given place at a given time may be transients. In this case, some sort of residence criteria may be in order if the aim is to develop a picture of the situation as it involves and affects local people.

Selection of cases for interview

In all studies that feature interviews, and especially those that involve drug users/former users, a critical issue is the selection of case subjects for interview. Sampling will be necessary when the population of concern is too large for all members to be interviewed. However, in the absence of an existing list or register of potential interviewees,⁶ it may not be possible to create a sample that is truly representative. Representative sampling also requires knowledge of sample sizes and the use of research methods that may not be practical given the time and resources available for rapid assessments. Various methods can, however, be used to quickly find case subjects for interview who are theoretically representative of the population of interest and who can provide information of practical relevance.

The main sample methods used in rapid assessments are described below. In all cases, it may be useful to introduce random selection when there is a choice of people to interview. This would certainly be preferable to interviewing only those that interviewers find attractive or believe will be cooperative.

Purposive sampling

This involves the selection of case subjects who may be able to provide specific information or a unique perspective on particular issues, including those that arise during the course of the study. Thus, if it is learned that some clubs have a very strict policy about drug use, efforts would be made to interview people who visit these clubs as well as club owners and staff.

Opportunistic or “convenience” sampling

This involves interviews with people who are readily available and agreeable to an interview, including, for example, those who attend a meeting on a particular topic or those who respond to notices asking for volunteer interviewees. The advantage is that only a few people may need to be interviewed to confirm that a particular behaviour exists (e.g., adding methamphetamine to joints of cannabis) or that a particular event occurred (e.g., the price of methamphetamine increased following the closure of a local illicit laboratory). The disadvantage is that the researchers have no real control over the sample and may thus be unable to determine if the events and behaviours reported occur in other groups.

Network, snowball or chain sampling

With this method, those initially interviewed are asked to introduce researchers to others in their networks. These are then interviewed and asked to make further introductions. The process ends when no new cases or no new information can be found. The use of this method is particularly appropriate when respondents are members of marginal, stigmatized groups such as bisexual men who could not be easily identified or approached by researchers. However, it may be especially challenging to find initial contacts and new cases in some populations.

⁶ Such a list may exist if case subjects are to be selected from treatment centres, people in prison or people arrested during a given period.

A disadvantage of this method is that the representativeness of the final sample is unknown and there is a risk that the sample will be more homogeneous than the population. This could occur if (say) the initial cases were older than the average member of the population and they tended to mainly know other older cases. Another disadvantage of this method is that researchers must rely on interviewees to explain the aims of the study and to motivate new subjects to come for an interview.

Cluster sampling

If cases are dispersed over a wide geographical area, it may not be feasible to select a sample from each region or location (e.g., clubs). However, if it is possible to identify geographic areas or locations that are, by and large, representative of the whole, then samples could be drawn from these areas.

Quota sampling

In this case, interviewers are asked to find and interview a predetermined number of cases with particular characteristics (e.g., 20 lesbian women who visit a particular club, or 20 men aged 18-25 who are in a downtown area late at night). The numbers are chosen to give enough cases for pre-planned analyses.

Photographs and videos

These have not been used extensively in rapid assessment, but they can be helpful as memory aids or for “visual note-taking” and to enable more detailed analysis after the event. They may generate images that can be used for advocacy. Photos and videos may not, however, always be acceptable to subjects and could be used in ways that harm individuals and populations under study.

Observations

Direct observations of drug use and related behaviours are the most natural means to learn about many issues of concern. Opportunities to observe these behaviours may occur in the process of contacting drug users for interview, but in some cases planned and structured observations of behaviours in different contexts may be appropriate. In such cases, it would be important to provide observers with a structure for recording what they observe.

Mapping (see below) and interviews with drug users and other key informants can be used to help make decisions about venues where observations might take place and what is to be observed.

Some examples of observable behaviours that would be of interest in rapid assessments of methamphetamine are

- Methods of using;
- Sharing of injection equipment;

- Aggressive behaviours after using or during withdrawal; and
- How others (users, non-using peer, bar/club staff, rave organizers, police, health care workers) respond to intoxicated users.

Issues that will need to be considered if observations are to be a component of a rapid assessment study include ways to minimize observer biases, the safety of observers and the ways in which observers are to interact with those being observed. For example, how will observers explain their presence? Will they interact with those being observed?

Data analysis

Mapping

Mapping has not been widely used, but is a potential tool for planning fieldwork and for data analysis. Mapping uses “graphics (such as maps, drawings and pictures) to collect data that illustrate aspects of the environment in which people live, to present data, understand data and to plan action and activities. Maps can be drawn of spaces, networks, bodies, and the distribution of events or activities. Mapping is useful as it can be conducted with people regardless of age, literacy or familiarity with research. It facilitates shared understanding between the RAR team and the community, and identifies areas in the community where interventions should be targeted or located” (WHO, Rapid Assessment and Response Technical Guide, 2003). Maps showing where there is high concentration of drug use could be especially useful when planning interventions.

Further information and some examples of mapping specific to HIV/AIDS prevention are included in and HIV/AIDS Rapid Assessment Guide prepared for the U.S. Agency for International Development (see list of online resources).

Estimation methods

Estimates of the prevalence of the use and abuse of specific drugs and related problems are essential for policy and program development and several methods have been developed to obtain these estimates using either existing data or new data that can be gathered fairly quickly. These methods all require some technical skills and consultation with experts is strongly recommended. However, experts will need to understand that the aim in rapid assessments is not to have very precise estimates, but to assess the magnitude of a problem within reasonable margins of error. For example, estimates may show if there are a few hundred or several thousand regular users of methamphetamine⁷.

If the aim is to obtain estimates for a large region or for the country as a whole, then estimates could be made for representative cities using the same methodologies. The results could then be used to generate a range of estimates for the larger region or for the country. However, it will be important when planning interventions not to lose sight of differences among regions and cities or to ignore significant difference among neighbourhoods.

⁷ An experienced educator/researcher interviewed for this project said that in rapid assessments useful estimates can often be made “on the back of an envelope”.

1. Multiplier methods

If it is reasonable to assume that the proportion of people in a population who experience particular events (e.g., admission to treatment, arrest, hospitalization, death) is constant over time, then information about the risks of such events and the number of people who experience it can be used to estimate the number of cases in the population at large.

If, for example, there is evidence from prospective cohort studies involving community samples of regular methamphetamine users that 20% (or 1 in 5) are likely to enter treatment over a one-year period and it is also determined that in a given year local treatment programs admitted 200 regular methamphetamine users, then the number of methamphetamine users in the community would be estimated as 200 multiplied by 5 or 1,000. In this instance the number “5” is referred to as an empirically derived “multiplier”.

Multiplier methods have been used to estimate the number of regular and dependent methamphetamine users in parts of Australia and for the country as a whole (McKetin et al., 2005). In this case, the multipliers were derived from a survey of regular methamphetamine users recruited from across Sydney. The events of interest were drug treatment admissions, hospital admissions and arrests. Data on the actual number of these events in the study period were obtained from existing regional and national databases that included data specific to methamphetamine use.

2. Nomination techniques

Here the multiplier used to estimate the size of the population of interest is not obtained through direct observations (as above), but based on information provided by drug users themselves. For example, drug users could be asked to think of (or nominate) a number of drug-using acquaintances and to then indicate what proportion were in contact with counselling or treatment centres in a given period. These proportions can then be used as multipliers with empirical data on treatment admissions to compute a range of estimates of the number of drug users in the community.

3. Capture-recapture methods

These are more complex and may take considerable time and resources to negotiate and complete. Access to data is likely to be a challenge in some cases, especially the names of individuals admitted to hospital or to treatment agencies.

The methods require the identification of cases that appear on two or more “registers” kept by different agencies (police register of arrestees who use methamphetamine, hospital admissions for methamphetamine overdose/complication, methamphetamine users admitted to treatment). If it is assumed that the registers are independent (i.e., the risks of being on any one register are not increased or decreased by being on any other), then a simple formula can be used to estimate the size of the methamphetamine user population based on the number of cases on each register and the number appearing on two or more registers (p. 16 in UNODC guidelines). However, if the

registers are correlated either positively or negatively and those who are arrested are either more or less likely than others to go for treatment, then this method would either under-estimate or over-estimate the size of the population in the community. This can be corrected by using more sophisticated statistical techniques that are beyond the scope of this document.

Summarizing and interpreting the results

In rapid assessments, quantitative data are usually summarized using frequency tables, charts, simple descriptive statistics and cross-tabulations. These are all easy to understand and do not require specialized training in statistics. More complex, multi-variate analyses are less common in rapid assessments and require more skills to undertake and interpret.

Qualitative data can be summarized and analyzed at many levels and it is important not to be overwhelmed at the potential richness of such data. The first step is to identify major themes and variations. The relative significance of these themes can then be assessed by counting the frequency with which they emerge across interviews, focus groups or observations. However, it will be important to be aware of potential biases associated with sampling. More in-depth analyses of qualitative data can be made by those with special training and access to software for conducting analysis of text-based information. Approaches to the analysis of qualitative data in rapid assessment studies are provided in the online document *Rapid Assessment and Response Technical Guide (TG-RAR)* from the World Health Organization (see list of online resources).

An important analysis feature of rapid assessment is *triangulation*. This refers to “*the continual process of collecting and cross-checking information throughout the RAR. Using a combination of different methods and different data sources allows a cross-check of findings before conclusions are made and to check for contradictions, conflicts or consensus between data sources*” (World Health Organization, 2003).

Triangulation can verify information, reveal different aspects of an issue and challenge the interpretation of evidence. Some hypothetical examples of the benefits of triangulation in rapid assessments concerning methamphetamine use are

- Confirmation through observations that reports of a high level of methamphetamine use at raves are valid;
- Interviews with methamphetamine users will provide a different perspective on the impact of efforts to limit supplies than interviews with police or pharmacists; and
- Interviews and focus groups with methamphetamine users who inject drugs may reveal that few have been tested for HIV. This would challenge estimates of HIV rates based on reported cases.

Some good examples of triangulation using multiple data sources can be found in a report of a rapid assessment study of the impact of heroin shortages in Australia (Degenhardt, Day and Hall, 2004).

Factors contributing to the value of rapid assessment

Rapid assessments are intended to contribute information that can be used to develop or improve policies, programs and other initiatives to reduce harms associated with particular problems such as methamphetamine use. To this end, it is important to ensure that rapid assessments use appropriate data collection and analysis methods as outlined above. However, other factors will ultimately influence the value and impact of rapid assessment projects.

Involvement of multiple stakeholders

The initial impetus for a rapid assessment may come a variety of sources, including national, regional or local agencies, or from existing or new coalitions in the public health, enforcement, social service or other sectors. However, the value and impact of rapid assessments will be enhanced if stakeholders from a variety of sectors are consulted, especially when a rapid assessment is being planned and the implications of results are being discussed.

The major stakeholders in rapid assessment projects around substance abuse will typically be substance abuse treatment providers, providers of other health and social services, police, government officials, policy makers and community leaders. However, a wider range of stakeholders would ideally be consulted, as was the case in the previously mentioned rapid assessment study of amphetamine use in South Australia (Vincent et al., 2000). This study not only involved the types of stakeholders indicated above, but also sex workers, truck drivers and current or former amphetamine users.

Create an advisory committee

Many individual stakeholders may only be involved as key informants during the data collection phase of a rapid assessment project. However, it is important to invite some stakeholders with a particular interest in a topic such as methamphetamine use to be more actively involved as members of an advisory committee. This is especially true for stakeholders who have or who can facilitate access to new or existing data, and those positioned to make or influence key decisions concerning policies and programs.

If members of the advisory committee were unfamiliar with the concepts and methods of rapid assessments it would be important to start by providing an overview and perhaps some additional training sessions. These could be provided by consultants and could encompass some or all of the issues covered in this document at an introductory level or in greater depth using the guidelines from the UNODC or WHO and other online resources identified in Appendix 1. A training needs assessment should therefore be undertaken early in the process and it will be especially important to ensure that members of the advisory committee understand what rapid assessment can and cannot accomplish and that they have realistic expectations in specific instances. More in-depth training on the use of specific methods may be needed for committee members or other stakeholders who will be involved in data collection and analysis.

It is important that the advisory committee quickly arrives at an understanding of rapid assessment methods and reaches a consensus about the aims and objectives of specific projects. If necessary this process could be facilitated by a knowledgeable and skilled consultant.

Have clear aims and objectives

In some cases, initial discussions with stakeholders may reveal that a rapid assessment is not needed and that other initiatives should have priority. This could be the case if it becomes apparent that

- Significant changes to policies and significant programming decisions have already been made and cannot be changed;
- It is unlikely that current commitments to specific actions (or to inaction) will be influenced by the results; or
- It is not clear that more information is needed to make policy/programming decisions.

However, in these circumstances the results of a rapid assessment could still be used to evaluate existing arrangements and to advocate for change. These aims may be supported by some stakeholders, including those who are not convinced that rapid assessment would immediately contribute to changes in programs or policies.

When, however, it is evident that more information is needed in order to inform program and policy decisions, it will be important to have realistic expectations of any proposed rapid assessment and to ensure that the aims and objectives are clear from the outset. This will determine the methods used and inform the analysis of data.

Some examples of objectives for rapid assessment with respect to methamphetamine were included in the introduction and these, or similar objectives with respect to other substance abuse issues, could be put on the table for discussion at the planning stage. However, this should not preclude consideration of other objectives and the choice of specific objectives should reflect the information needs of key decision makers. The objectives should also be realistic and achievable within the time period for the study and with the resources available.

Some additional research questions may emerge as the rapid assessment proceeds and, especially with qualitative research, it is preferable to use an inductive approach to data collection and analysis. This means that research questions and hypotheses evolve as the data are collected. The search for information then shifts to find evidence that confirms, denies or modifies these emergent hypotheses. Some flexibility should therefore be given to the project implementation team to pursue new lines of inquiry as new data become available. However, it will be important to maintain focus on the original objectives and to recognize that some emergent issues cannot be pursued, but will need further research.

Use consultants when necessary

The design and implementation of a rapid assessment requires skills that may be found within the agency or group that initiates discussion of a rapid assessment study or among members of

the advisory committee. However, the use of consultants should be considered if these skills are limited or unavailable during the course of the project.

Core skills for the design and implementation of a rapid assessment are

- Knowledge of social science and/or epidemiological research,
- Field work skills in the field of substance abuse,
- Interpersonal skills,
- Communication and facilitation skills,
- Basic skills in the analysis of qualitative and quantitative data,
- Experience in the use of triangulation, and
- Report writing skills.

Communication and facilitation skills are especially important when the need for a rapid assessment is being considered and the aims and objectives are being developed. A skilled consultant who is not aligned with any particular interests can be especially helpful at this stage.

A consultant/researcher may also be needed to provide further information about rapid assessment or training in the use of specific methods for the advisory committee or the project team and/or to collect and analyze data, draft recommendations and write reports.

Finally, a consultant with experience in policy and program development may be helpful to the advisory committee as it moves to consider the implications of the results of a rapid assessment and develops recommendations for action.

Recruit and train field workers as necessary

Except for very small-scale studies where all the data can be collected by one experienced researcher/consultant, it will be necessary to hire additional workers to arrange and conduct interviews and, if necessary, to act as field observers. These could be students or part-time workers and/or “Privileged Access Interviewers” (PAIs)⁸—people who have or can quickly develop contacts with various groups in the community. This was the case in the above-mentioned study of amphetamine use in South Australia (Vincent et al., 2000). The criteria used in the selection of these field workers would also be appropriate for the selection of all field workers and included (1) good communication skills, (2) personal attributes and lifestyles that were non-threatening to community members, (3) socially and educationally equipped to conduct interviews, (4) relatively stable lifestyles, and (5) not at risk of harm from contacts with the study population. Further information about the use of PAIs with hard-to-reach populations is provided by Griffiths et al. (1993).

Once hired, field workers will need to be oriented to the aims and objectives of the study and given an understanding of basic issues concerning the use and abuse of drugs. Other training issues will include

- Strategies to access and recruit key informants;

⁸ Also called “indigenous field workers”

- Data collection instruments/methods;
- Safety and security issues in the field;
- Image management in the field; and
- Ethical issues (obtaining consent, confidentiality, etc.).

Presentation of key findings

Interim and draft reports would preferably be made available to the advisory committee or more widely distributed for comments before the final report is written. This will identify issues that may need to be addressed in the final report and provide feedback on draft recommendations.

The final report should provide a clear account of what was done and what was learned. Limitations of the study should also be acknowledged and alternative interpretations of the results presented. The report should also include recommendations that are linked to the results.

The final report should be widely circulated and presented at planning workshops involving key policy makers, planners and practitioners, and opinion leaders and those who are targeted by any proposed interventions.

The implementation of recommendations flowing from a rapid assessment study will require skills in the development of research-based policies and programs and these topics are beyond the scope of this document. However, the process can be facilitated with a broad consultative approach and the crafting of realistic recommendations that are clearly linked to evidence.

Learn from experience and move on

By definition, rapid assessments begin and end over periods of months rather than years. This may require some quick decisions that in retrospect may not have been optimal, including, for example, a decision to use a nomination method to create multipliers to estimate the number of regular methamphetamine users in the community or a decision to only interview methamphetamine users in treatment centres. Unanticipated problems in the implementation of a rapid assessment may also occur and thus limit the extent to which the objectives are achieved. For example, some data may not be accessible, fewer cases than expected may be interviewed, or the sample of case subjects interviewed may be biased in favour of certain groups. If so, these problems and limitations should be acknowledged in the final report that may include a recommendation for further research.

Conclusions

Rapid assessments do not replace the need for other ongoing monitoring systems, longer-term studies and especially population surveys, and the results are not intended to provide a complete and detailed picture of the issues addressed. However, well-planned and properly executed, rapid assessments have the potential to provide decision makers with timely and relatively low-cost evidence about the nature, extent and consequences of substance abuse problems and can contribute to the development of evidence-based programs and policies. Rapid assessments could be especially valuable for improving our understanding of the abuse of methamphetamine. Although there is widespread

concern about methamphetamine abuse, the evidence concerning the extent and nature of such abuse is limited and varied across the country. Rapid assessment could be used as a cost-effective means to fill gaps in knowledge about methamphetamine abuse in Canada, to compare abuse levels and patterns in different regions and to plan and evaluate new policies and programs.

Appendix 1: Online resources concerning rapid assessment

United Nations Office for Drug Control and Crime Prevention. Vienna, 1999.

Drug Abuse Rapid Situation Assessments and Responses

http://www.unodc.org/pdf/report_1999-03-31_1.pdf (accessed March 2006).

This 48-page report provides an overview of basic principles underlying the RSA methodology and promotes RSA as a flexible and pragmatic approach for arriving at a comprehensive assessment. It provides guidance on how findings can be used to develop appropriate interventions. Although some technical issues are addressed, the report would be of interest to a general audience.

World Health Organization, Department of HIV/AIDS. Vienna, 2003.

Rapid Assessment and Response Technical Guide (TG-RAR)

<http://www.who.int/docstore/hiv/Core/Index.html> (accessed March 2006)

This is a large, multi-segmented document (720 kilobytes) written for those organizing or undertaking a RAR, including RAR team coordinators, researchers, program managers and community organizations. They are likely to be working for national or international non-governmental organizations, community-based organizations, national or local government departments, research organizations, or international agencies. Some familiarity with core social science research methods is assumed. The guide may also be used by those who are providing technical support to such organizations and groups.

The document provides practical guidance on using RAR, including

- A set of tools and methods;
- A set of skills and attitudes within the team of people carrying out the assessment (the “RAR team”); and
- A set of processes (such as planning, consultation and assessment) within the assessment that help to identify and respond to problems.

It is generic in nature and can be used for a variety of health issues. “Adaptation Guides” that provide brief guidance on how to use the RAR approach for specific health issues are also available, including “HIV/AIDS Prevention and Male-to-Male Sex”

(http://www.who.int/hiv/pub/prev_care/en/msmrar.pdf) and a guide for working with especially vulnerable young people (http://www.who.int/hiv/pub/prev_care/en/youngpeoplerrar.pdf).

World Health Organization, Department of Mental Health and Substance Abuse. Vienna, 2003.

RAR-Review: An international review of rapid assessments conducted on drug use.

http://www.who.int/substance_abuse/publications/en/rar_review.pdf (accessed March 2006).

This 96-page report presents the results of a study that was contracted by the World Health Organization during Phase 2 of the WHO Drug Injection Study. It maps the emergence of rapid assessments in the substance use field, describes different models of practice, and identifies

linked outcomes. The study involved (1) a review of the published and unpublished literature on rapid assessments of drug use; (2) a short survey of individuals, agencies and organizations that had either conducted or sponsored a rapid assessment on drug use; and (3) in-depth interviews (face-to-face, telephone and e-mail) with principal investigators who had undertaken rapid assessments. The report includes many examples of so-called rapid assessment studies and concludes that such studies have the potential to generate important public health information that can be used to develop intervention programs. However, the report also raises questions about the definition of “rapid” and indicates that some studies were poorly designed and implemented and that there is a need for better guidelines on the conduct and analysis of rapid assessments and the use of results. The report also emphasizes that rapid assessment is not a substitute for longer-term, in-depth qualitative or quantitative research.

U.S. Agency for International Development (2001)

HIV/AIDS Rapid Assessment Guide (Prepared by Davis Wilson)

Can be downloaded from the website of Family Health International (accessed April 2006)

http://www.fhi.org/en/HIVAIDS/pub/guide/HIV_Rapid_Assessment_Guide.htm

This guide consists of five tools for rapid assessments concerning the prevention of HIV. Together, the five tools provide a special quantitative and qualitative overview of problems in a given area

- **Mapping Guide:** intended to provide a geographic overview of a projected area;
- **Site Inventory:** detailed enumeration of population, employment, infrastructure, transport routes and health and social services;
- **Ethnographic Guide:** designed to generate a rapid “snapshot” of the sexual and social culture of a project area;
- **Focus Group Guide:** designed to provide further in-depth qualitative insights; and
- **Rapid Behavioural Surveys:** designed to provide rapid, key data on sexual behaviour, condom use and sexually transmitted infections (STIs).

Centre for Research on Drugs and Health Behaviour, University of London

RAR Archives

<http://www.rararchives.org/index.html> (accessed March 2006)

This site was developed as part of Phase 2 of the WHO Drug Injection Study and aims to provide general information and resources on rapid assessment. An emphasis is given to assessments intended to prevent HIV and other infectious diseases among drug injectors and users. The site includes key papers, training resources and slides. The site also has links to 12 “how-to” manuals on rapid assessments concerning specific issues (e.g., HIV/AIDS, drug use among youth or minorities). These were published from 1993-2002 mainly by the United Nations or the World Health Organization.

Nevin S. Scrimshaw and Gary R. Gleason, Editors (1992)

Rapid Assessment Procedures: Qualitative Methodologies for Planning and Evaluation of Health Related Programmes

<http://www.unu.edu/unupress/food2/UIN08E/uin08e00.htm> (accessed March 2006).

This is a digital version of a book published in 1992 by the International Nutrition Foundation for Developing Countries, Boston, MA. The site describes the online version as follows:

"The International Conference on Rapid Assessment Methodologies for Planning and Evaluation Health Related Programmes was the forum for the presentation that served as the basis for most chapters in this book. The conference, organized by the United Nations University and held at the Pan American Health Organization headquarters in November 1990, explored anthropologically based methodologies for the design, evaluation, and improvement of programmes of nutrition and primary health care.

The 42 chapters on Rapid Assessment Procedures (RAP), Rapid Rural Appraisal (RRA) and related approaches in this volume deal with research tools that offer strong potential both in national and international public health and other areas.

These approaches investigate household and individual health-related behaviours within their complex, rational matrix of personal, organizational, and social realities. They search for opinions and attitudes, behaviour, and motivations of both the clients of development programmes and also those who deliver services. These tools lead to the type of understanding of both groups that is essential both to planning and evaluating health, nutrition and other social development programmes.

A wide range of RAP and RRA applications is provided along with insight into the core concepts on which they rest and the methods that are used. This book presents new tool kits that are badly needed to meet the challenges of national and international development in the 1990s."

Seattle RARE Project, King county.

Rapid Assessment, Response and Evaluation: Final Report and Recommendations

<http://www.metrokc.gov/health/apu/publications/rare/RARE-finalreport.pdf>

This is an example of the use of the Rapid Assessment Response and Evaluation method (see main text) to assess the HIV prevention needs of the Black community in order to provide more effective prevention services. The report describes an in-depth HIV prevention needs assessment of the local Black community that drew on the resources of both the Public Health agency and the community for an effective data-gathering process. The project was overseen by a Community Working Group (CWG) composed of local service providers, leaders, and community members with unique experience and expertise in HIV prevention. The purpose of the assessment was to gather information from the community about barriers to receiving HIV prevention services, and to find out how to more effectively address these barriers.

The study used a combination of observation, interviews, focus groups, and street intercept surveys to determine the barriers to HIV prevention and possible action steps to improve local services.

C. Wilkins, E. Rose, D. Trappitt, D. Sellman, S. Adamson and K. DeZwart. Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University, Auckland, NZ. (2004)

Recent changes in the methamphetamine scene in New Zealand: Preliminary findings from key informant surveys of drug enforcement officers and drug treatment workers

<http://www.police.govt.nz/resources/2004/meth-scene/> (accessed March 2006).

An example of the use of one types of rapid assessment (key informant survey involving drug enforcement and drug treatment workers) to learn about recent changes in the methamphetamine scene in New Zealand. Survey items are included in the online report.

R. McKetin, J. McLaren, E. Kelly, W. Hall, and M. Hickman. (2005).

Estimating the number of regular and dependent methamphetamine users in Australia Technical report no 230. National Drug and Alcohol Research Centre, NSW, Australia.

[http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TRES_2/\\$file/TR.ES230.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TRES_2/$file/TR.ES230.pdf) (abstract only: accessed April 2006)

This study used multiplier methods to estimate the number of regular and dependent methamphetamine users in parts and in the whole of Australia.

Mark R. Hammer (2005)

A Key to Methamphetamine-Related Literature

<http://www.adobe.com/products/acrobat/readstep2.html> (accessed April 2006).

This document lists and indexes several hundred methamphetamine-related journal articles. In its electronic format, it contains links from cited articles to PubMed, a resource of the National Library of Medicine maintained by the National Center for Biotechnology Information. The electronic version also allows the user to quickly find articles concerning specific topics (e.g., Canada, youth, animal studies, brain imaging).

UN Office of Drugs and Crime (UNODC) (2003)

Estimating prevalence: Indirect methods for estimating the size of the drug problem. Global Assessment Programme on Drug Abuse (GAP): Toolkit Module 2

http://www.unodc.org/pdf/gap_toolkit_module2.pdf (accessed May 2006)

The purpose of the GAP toolkit is to provide a practical and accessible guide to implementing data collection in core areas. The toolkit modules are designed to provide a starting point for the development of specific activities, referring the reader to more detailed information sources on specific issues, rather than being an end resource itself. GAP toolkits are based on principles of data collection that have been agreed on by an international panel of experts and endorsed by States Members of the United Nations. Although the models presented are based on existing working models that have been found effective, a key principle is that approaches have to be adapted to meet local needs and conditions. Module 2 of the toolkit, therefore, provides specific examples to guide the reader through the process of adapting general principles and models to

specific contexts, and is not intended to reflect the complete range or diversity of current drug information systems or data-collection methods.

UN Office of Drugs and Crime (UNODC) (2004)

Focused assessment studies: A qualitative approach to data collection. Global Assessment Programme on Drug Abuse (GAP): Toolkit Module 6

http://www.unodc.org/pdf/gap_toolkit_module6.pdf (accessed May 2006)

The GAP Toolkit Module 6 was prepared by the United Nations Office on Drugs and Crime as part of the activities of the Global Assessment Programme on Drug Abuse (GAP). The main objectives of GAP are to assist United Nations Member States to collect reliable and internationally comparable data, to guide demand reduction activities through assistance for capacity-building at the local level, and to improve cross-national, regional and global reporting on drug trends. A focus assessment study is a theme-guided, multi-method approach to data collection, utilizing mainly qualitative research methods to investigate a particular problematic behaviour or group of behaviours within a target population (such as street children, drug dealers or a minority ethnic group). The aim of the study is to explore the social meaning and social context of this behaviour from the perspective of the target population and from those in contact with them. Results are used to identify, plan and improve intervention programs and further research. The time frame for a focus assessment study is three to four months.

Other references

Degenhardt, L., Day, C. and Hall, W. (eds) (2004). *The causes, course and consequences of the heroin shortage in Australia*. National Drug and Alcohol Research Centre. This can be ordered from the Centre using an online order form:

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Appendix 2: Recent national and provincial policy/program changes in response to increases in the use of methamphetamine¹

National responses

- Health Canada has proposed further amendments to the *Precursor Control Regulations*, one of which is to add several chemicals used in the production of methamphetamine and GHB to the list of “Class A” precursors, which require a licence and permit to import, export, produce and distribute. The proposed precursor chemicals are gamma butyrolactone, 1,4 butanediol, red phosphorus, white phosphorus, hypophosphorous acid, and hydriodic acid. The suggested amendments were released in June 2005 for a 75-day comment period.² After addressing comments received from stakeholders on the suggested amendments to the precursor legislation, the six chemicals listed above were officially added to precursors controlled under Schedule IV of the Controlled Drugs and Substances Act (CDSA) on January 1, 2006.³
- The National Meth Watch Coalition, which was first developed in the United States and has now spread to Canada, is a group representing retailers and manufacturers of various medical products. Their goal is to prevent the production and use of methamphetamine by training employees to recognize suspicious buyers of over-the-counter (OTC) medications, and to report such instances to authorities via a toll-free phone line that is provided by the RCMP.⁴
- Due to the perceived methamphetamine threat, the RCMP established the National Chemical Diversion Program in 2001 to help chemical producers and distributors to recognize individuals obtaining precursor chemicals for the production of illegal substances, and to disrupt criminal gangs who supply Canada with the bulk of available methamphetamine.⁵
- In a December 2005 meeting of the National Drug Scheduling Advisory Committee (NDSAC), it was stated that although bulk diversion of substances used in the production of methamphetamine is a grave concern, efforts to place stricter control on raw substances could lead to a greater use of OTC medications to produce methamphetamine.⁶
- The decision was that restricting the availability of such OTC medications to only a fraction of public outlets (such as pharmacies) would aid attempts to monitor the use of methamphetamine, and prevent thefts of medications for the production of methamphetamine.
- NDSAC also stated that if such efforts are eventually deemed ineffective, or inadequate in response to the methamphetamine problem, other possible solutions could include the recording of purchases via electronic methods, requesting photo identification, and restricting sales by imposing limits on transactions.
- These proposed changes were approved by the National Association of Pharmacy Regulatory Authorities (NAPRA) and come into effect across Canada on April 10, 2006.⁷

Provincial responses

Alberta

- Within the framework of their provincial drug strategy, Alberta recently established a “Coordinated Alberta Response to Methamphetamine”, to be integrated into a broader strategy for addressing addictions in Alberta. The response re-affirmed the importance of the 2003 establishment of the Cross-Ministry Working Group on Methamphetamine, which consists of members of agencies from various sectors of society. These include the Alberta Alcohol and Drug Abuse Commission (AADAC), RCMP, Solicitor General, Justice and Attorney General, Aboriginal Affairs and Northern Development, and Alberta police service.⁸
- The Working Group is attempting to increase knowledge of the extent of methamphetamine use and related harms, establish effective prevention efforts, make recommendations for drug legislation and enforcement, and draft guidelines for clean-up of hazardous clandestine labs.⁹
- In 2004, the Alberta Division of the RCMP created a Methamphetamine Strategy, which concentrates on public education, safety of police when dealing with clandestine labs, “drug endangered children”, and research initiatives that examine trends in methamphetamine use and related factors.¹⁰
- In 2005, Alberta also created a partnership with the National Native Alcohol and Drug Abuse Program (NNADAP) in order to establish a strategy for addressing crystal methamphetamine specifically within Alberta First Nations communities.¹¹
- The *Pharmacy and Drug (Methamphetamine Limiting) Amendment Act* was introduced in Alberta in spring 2005. The amendment reclassifies pharmaceuticals containing ephedrine and pseudoephedrine as Schedule II drugs, and restricts them to behind the counter in pharmacies. The bill has yet to go through third reading.¹²
- Finally, the *Protection of Children Abusing Drugs Act* comes into force in 2006. This Act furthers the fight against methamphetamine, by allowing parents to force their child into mandatory detox and assessment for as long as five days.¹³

Saskatchewan

- The government of Saskatchewan is similarly adopting a “coordinated” response to methamphetamine use within the province. The government, along with other organizations, is collaboratively organizing approaches to prevention, education, treatment, and reduction of availability of methamphetamine.¹⁴
- Like Alberta, Saskatchewan sees the methamphetamine problem as existing within the broader framework of substance abuse in general, including all other problematic drugs and alcohol. The target populations identified by the Saskatchewan strategic plan include youth, Aboriginal peoples, individuals on the streets, and northern residents.
- Saskatoon Community Addictions Services has created a crystal meth group that has adopted a harm reduction strategy in response to methamphetamine users, and provides information to clients specific to crystal meth.
- Various school initiatives have been undertaken as well in order to increase education among youth. Some other educational initiatives include the formation of a Drug

Strategy Coalition in the Moose Jaw area, which was formed partly due to concerns about crystal meth.

- The *Safer Communities and Neighbourhoods Act* of Saskatchewan outlines a strategy to improve the safety of communities by declaring their ability to shut down residential sites that are used in instances such as production of illegal substances.¹⁵ The Saskatchewan strategy toward methamphetamine claims this Act will be enforced more strictly in an attempt to prevent the production and availability of crystal meth.

British Columbia

- Similar to the initiatives set forth by Alberta and Saskatchewan, British Columbia has adopted a strategy (which is also framed in the broader field of addictions) to address issues of methamphetamine within communities. B.C. has also created partnerships involving health organizations, service providers and other community agencies to tackle this issue.¹⁶
- The B.C. strategy was adopted by Saskatchewan and therefore contains similar objectives such as education, prevention, treatment and reducing the supply of methamphetamine. Overall, the goal is to reduce harm to both those who use methamphetamine and to society.
- Specifically, some of the B.C. initiatives include additional training for police forces and health authorities, increased research into trends in use and the social and economic effects of methamphetamine, and the development of evidence-based treatment protocols, which can be effectively applied to users of methamphetamine.
- The B.C. strategy indicated the following as their key target groups: women, children affected by family members using methamphetamine, and individuals who are high-risk for engaging in methamphetamine use, including street youth, athletes, youth attending raves, the gay population, sex trade workers, and individuals in rural communities who engage in methamphetamine use.
- In 2004, the Methamphetamine Environmental Scan Summit was held in Vancouver, and recommendations arising from this meeting included a call for more efficient use of resources in order to develop new strategies to address methamphetamine use. This summit resulted in the formation of the Methamphetamine Response Committee, which concentrates on prevention, treatment and other issues that are related to the education of first responders.
- According to this strategy report, calls to B.C.'s Alcohol and Drug Information and Referral services requesting information on amphetamines increased between 2002 and 2004. Although this does not necessarily mean that the use of such substances has grown, the increase in these kinds of requests needs to be addressed.
- Finally, the B.C. strategy offers suggestions to other governments for a strategy to address the use of methamphetamine, based on collaboration, comprehensiveness, evaluated effectiveness, and the adoption of a population health perspective.
- In a six-month follow-up report on the progress of initiatives indicated in the B.C. strategy, many educational initiatives had taken place, use of the Meth Watch training initiatives was urged for retailers, and many police training initiatives concerning the detection and clean-up of clandestine labs were reported.¹⁷

- Additional progress includes the sponsoring of “Zine”, a magazine focused on harm reduction that is distributed to difficult-to-reach street-involved youth, and the establishment of a website that guides the training of first responders by the Methamphetamine Response Committee.
- In B.C., the Community Methamphetamine Response Funding Program was formed to provide resources to communities that will support programs dealing with methamphetamine use and production in the community.¹⁸
- In November, 2005, B.C. granted \$2 million to community-based methamphetamine programs, providing \$10,000 to each eligible program to further their efforts to reduce the use and production of methamphetamine.¹⁹
- In addition to the \$2 million for community-based programs, \$1 million has been reserved for schools promoting the awareness of methamphetamine, and another \$2 million has been reserved for a large-scale provincial education campaign, intended to reach youth and parents.²⁰

Manitoba

The Manitoba Meth Task Force was formed on September 7, 2005, co-led by the departments of Healthy Living and Justice. The purpose of the Task Force is to implement activities to reduce the demand for and restrict the supply of crystal meth in Manitoba.

The Manitoba Meth Strategy²¹ includes:

- Joining Saskatchewan in restricting the sale of 17 single-source pseudoephedrine products, the preferred ingredient in making crystal meth, to make them available for sale only behind the counter in pharmacies and limiting quantities to 3,600 mg per purchase.
- Continuing strong partnerships with jurisdictions across Canada to develop a phased-in approach to restricting the sale of both single-source and multi-source pseudoephedrine products.
- Significantly increasing investments in mental health and addictions programs and providing enhanced training to front-line workers to deal with crystal meth, other addictions and mental-health issues.
- Establishing the Manitoba Meth Task Force comprising government, law enforcement and addictions agencies, and led by Manitoba Healthy Living and Manitoba Justice.
- Formalizing and enhancing a unified takedown protocol for crystal meth labs.
- A one-month Crime Stoppers initiative in February that doubled cash rewards for tips on crystal meth-related crimes.
- A \$280,000 crystal meth public awareness campaign, including print, radio, outdoor transit and television ads, brochures, a website and community forums.
- Requiring theft of anhydrous ammonia to be reported.
- Providing funding for 600 first responders, including police and fire fighters to access an internet-based training course on crystal meth.
- The development of a protocol for child welfare agencies to identify and provide assistance to children endangered by the production of drugs by their caregivers.

As well, the government has proposed changes to the Safer Communities and Neighbourhoods Act that would provide additional tools to target problem properties where production of crystal meth is believed to be taking place.²²

Yukon

- The Yukon has not yet developed a formal strategy specifically related to methamphetamine; however, the province has recently established four educational and preventive programs aimed at youth, parents and professionals in the substance abuse field, and has staged a workshop specifically aimed at women.²³
- Additionally, as planned in the province's substance abuse action plan, members of the Yukon Legislative Assembly are planning to bring forth a Yukon version of the *Safer Communities and Neighbourhoods Act* in the spring 2006 sitting of the legislature.²⁴

Ontario

- According to the Ontario Pharmacists' Association, Stratford and other areas surrounding the city are the areas most affected by crystal methamphetamine in Ontario. Currently, Meth Watch program kits are being distributed to Stratford-area pharmacies to aid in the detection of suspicious buyers.²⁵
- Currently, the Ontario Crystal Meth Working Group is planning a provincial response to determine the extent of the methamphetamine crisis in Ontario.²⁶ In Ontario, such measures are seen as preventive steps, in order to avoid the "wide-scale" problems in other regions of Canada. The Ontario Crystal Meth Working Group could have an outline for provincial initiatives prepared by March 2006.²⁷
- Also, in 2005, Ontario gave \$230,000 to the Ontario Police College for construction of a mock clandestine lab for the training of legal authorities in the identification of labs.²⁸

¹ As of April 2006.

² Health Canada (2005). *Government of Canada proposing stricter controls over the chemicals used to make methamphetamine and date rape drug GHB*. http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_58_e.html and <http://canadagazette.gc.ca/partI/2005/20050611/html/regle5-e.html>

³ <http://canadagazette.gc.ca/partII/2005/20051214/html/sor364-e.html>

⁴ http://www.methwatch.ca/home_en.html

⁵ RCMP (2005). *Clandestine Drug Labs Grow Across Canada - RCMP Host Two-day Conference Targeting Chemical Precursor Diversion*. http://www.rcmp-grc.gc.ca/on/press/2005/2005_sept_07_e.htm

⁶ National Drug Scheduling Advisory Committee (2005). *NDSAC initial recommendation on ephedrine and pseudoephedrine*. <http://www.napra.ca/pdfs/drugsched/Dec2005Rec.pdf>

⁷ National Association of Pharmacy Regulatory Authorities (2006). *Scheduling Status Changes Approved for Ephedrine, Pseudoephedrine effective April 10, 2006*. <http://www.napra.org/docs/0/92/111.asp>

⁸ Alberta Alcohol and Drug Abuse Commission (2005). *Coordinated Alberta Response to Methamphetamine*. http://corp.aadac.com/content/corporate/other_drugs/coordinated_response_to_meth.pdf#search='alberta%20drug%20strategy%20coordinated%20response%20to%20meth'

⁹ Ibid.

¹⁰ Alberta Alcohol and Drug Abuse Commission (2005).

¹¹ Ibid.

¹² Alberta Legislative Assembly. *Bill 204: Pharmacy and Drug (Methamphetamine Limiting) Amendment Act, 2005* <http://www.assembly.ab.ca/lais/bills/2005/bill-204.doc>

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- ¹³ *Protection of Children Abusing Drugs Act*, B-202, Alberta Legislature
http://www.assembly.ab.ca/net/index.aspx?p=bills_bill&selectbill=202
- ¹⁴ Saskatchewan Health (2004). *A Strategic plan for crystal meth and other amphetamines in Saskatchewan*.
http://www.health.gov.sk.ca/mc_dp_crystalmeth_skstrategy.pdf
- ¹⁵ Saskatchewan, *The Safer Communities and Neighbourhoods Act*. Summary available at
<http://www.saskjustice.gov.sk.ca/legislation/summaries/scanact.shtml>
- ¹⁶ British Columbia (2004). *Crystal meth and other amphetamines: An integrated B.C. strategy*.
http://www.healthservices.gov.bc.ca/mhd/pdf/meth_final.pdf
- ¹⁷ British Columbia (2005). *Crystal meth and other amphetamines: An integrated BC strategy- six month progress report*. <http://ubcm.fileprosite.com/contentengine/launch.asp?ID=2259>
- ¹⁸ *Community Methamphetamine Response Program (2005)*.
<http://www.civicnet.bc.ca/siteengine/activepage.asp?PageID=293&bhcp=1>
- ¹⁹ B.C. Ministry of Public Safety and Solicitor General (2005). *B.C. begins first phase of \$7-million meth plan*.
<http://www.civicnet.bc.ca/files/{01688621-4BFF-48A5-B31B-B9FEED172FF3}MethNewsReleaseNov28.pdf>
- ²⁰ Ibid.
- ²¹ Government of Manitoba (2005). *Manitoba Meth Strategy*. <http://www.gov.mb.ca/healthyliving/meth.html>
- ²² Pageau, B. (2006). Personal e-mail communication dated August 21, 2006. Message on file with the author.
- ²³ Yukon Government (2005). *Crystal meth prevention and education series*.
http://www.substanceabuse.gov.yk.ca/pdf/crystal_meth.pdf
- ²⁴ Yukon Justice (2005). *Safer communities and neighbourhoods legislation*.
<http://www.justice.gov.yk.ca/pdf/SaferCommunitiesInformation.pdf>
- ²⁵ <http://www.opatoday.com/OPA/methwatch.htm>
- ²⁶ <http://ogov.newswire.ca/ontario/GPOE/2005/08/22/c2089.html?lmatch=%E2%8C%A9= e.html>
- ²⁷ https://vpn.ccsa.ca/servlet/ArticleNews/story/CTVNews/20051228/ont_crystalmethlaws_20051228,DanaInfo=www.ctv.ca+?s_name=&no_ads
- ²⁸ https://vpn.ccsa.ca/servlet/ArticleNews/story/CTVNews/20051228/ont_crystalmethlaws_20051228,DanaInfo=www.ctv.ca+?s_name=&no_ads and
<https://vpn.ccsa.ca/ontario/GPOE/2005/08/22/c2089.html,DanaInfo=ogov.newswire.ca+?lmatch=&lang= e.html>

Appendix 3: Recent estimates of the prevalence of methamphetamine use in Canada

- According to the 2004 Canadian Addiction Survey, 6.4% of Canadians indicated they used “speed” sometime in their life, and less than 1% had done so in the previous 12 months.¹
- The 2005 Yukon Addiction Survey (YAS) indicated that 7% of the high-risk population (defined as individuals interviewed on the streets, in the skateboard parks and at the Salvation Army) used methamphetamine (includes speed and amphetamines) in the past year.²
- The YAS also indicated that 36% of urban respondents and 41% of rural respondents (aged 15 and older) reported that it was “fairly” or “very” easy to access methamphetamine. These numbers are lower when compared with easy accessibility to solvents, cannabis and even cocaine, reported by 48–93% of respondents.³
- The Addictions Foundation of Manitoba re-analyzed the CAS data to reflect the extent of the use of amphetamine-type stimulants (ATS) in the western provinces alone. AFM’s secondary analysis indicated that B.C. has the highest rates of use with 5.1% of their population using ATS in their lifetime, followed by 4%, 3%, and 2.8% of the population of Alberta, Manitoba and Saskatchewan, respectively. Although this generally includes drugs classified as amphetamine-type stimulants, it was concluded that methamphetamine seems to be the drug of choice.⁴
- The 2004 Drug Use in Toronto Survey indicated that methamphetamine use was reported by 3% and “ice” use by 1% of the general student population. It was stated that the use of “ice” has declined since 1993 when it was approximately 3%.⁵
- However, the 2004 Youthlink survey illustrated that the use of methamphetamine is much more prevalent among subgroups than in the general population. For example, it was found that 37% of street youth used methamphetamine on a monthly basis.⁶
- According to the Drug Use in Toronto Survey, the quantity of methamphetamine seized by authorities in Toronto has been stable at between 0.15 and 0.17 kg except for 2001 when 7 kg was seized. Overall, the report observed that methamphetamine seizures accounted for less than 0.5% of all Toronto drug seizures in 2003.⁷
- In the 2002-2003 TRIP! survey of local dance party participants in Toronto, 329 respondents between the ages of 15 and 48 indicated which “designer” drug they took most often. Thirty percent (30%) said ecstasy, followed by ketamine (5%) and crystal methamphetamine (2%). Of all the drugs indicated as the most popular, crystal methamphetamine was number five, ecstasy was number two, and marijuana was number one with 54% of respondents indicating that it was the drug they consumed most often.
- The RCMP has stated that clandestine labs have continued to grow across Canada in areas such as British Columbia, Manitoba, Alberta, Saskatchewan, Ontario and Quebec (although it is unclear what evidence this is based on). Approximately 60% of all clandestine labs seized in Canada produce methamphetamine, whereas the other 40% produce other substances such as ecstasy.⁸
- According to a 2004 survey of 552 at-risk youth in Saskatoon, 6% of 12 to 14 year olds surveyed used crystal meth, which was the fourth drug of choice. Twenty percent (20%) of 15 to 18 year olds surveyed used crystal meth, which was the sixth drug of choice. Finally, 48% of 19 to 24 year olds used crystal meth, which was their fifth drug of choice.⁹

- According to the B.C. Ministry of Health Services, admissions to community addictions services and the number of individuals who request treatment services related to amphetamine misuse have escalated from 4% in 1999 to 11% in 2002 and 2003.¹⁰
- Finally, data from B.C. coroners indicates variation over the years in deaths from methamphetamine overdose. In 2000, there were none, in 2001 there were two, in 2002 there were four, in 2003 there were five, and in 2004 there were three.¹¹
- According to an Alberta stakeholders survey, 98% of respondents believed that methamphetamine was more harmful than other substances such as cannabis and hallucinogens; however, 62% agreed that methamphetamine must be incorporated into a broader drug and alcohol strategy rather than targeted specifically.¹²

¹ Canadian Addiction Survey (2005). *A national survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms, detailed report*. <http://www.ccsa.ca/NR/rdonlyres/6806130B-C314-4C96-95CC-075D14CD83DE/0/ccsa0040282005.pdf>

² Yukon Addiction Survey (2005). *A survey of Yukoners' use of alcohol and other drugs*. <http://www.hss.gov.yk.ca/downloads/yas2005.pdf>

³ Ibid.

⁴ Western Canadian Summit on Methamphetamine (2005).

⁵ Research Group on Drug Use (2004). *Drug use in Toronto*.

⁶ Ibid.

⁷ Ibid.

⁸ RCMP (2005). *Clandestine Drug Labs Grow Across Canada - RCMP Host Two-day Conference Targeting Chemical Precursor Diversion*. http://www.rcmp-grc.gc.ca/on/press/2005/2005_sept_07_e.htm

⁹ MacDermott, W.E., Bell, L., & Bird, L. (2004). *Youth...on the brink of success: Final report*. Saskatchewan: Youth Addictions Project. <http://communitiesforchildren.net/YouthAddictionsProjectFinalReport.pdf>

¹⁰ British Columbia (2004). *Crystal meth and other amphetamines: An integrated B.C. strategy*. http://www.healthservices.gov.bc.ca/mhd/pdf/meth_final.pdf

¹¹ B.C. Coroners Service (2005). *Deaths with methamphetamine present, 2000-2004*. Ministry of Public Safety and Solicitor General.

¹² Wild, Cameron (no date). "Meth Scan: Stakeholder Views of Crystal Meth Use in Alberta." Accessed on June 21, 2006 from: http://www.solgen.gov.ab.ca/awareness/downloads/survey_presentation.pdf

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