



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

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**Evaluation Division
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LIST OF ACRONYMS

Acronyms	Name
ACET	Advertising Campaign Evaluation Tool
ADM	Assistant Deputy Minister
CADUMS	Canadian Alcohol and Drug Use Monitoring Survey
CAMH	Centre for Addiction and Mental Health
CBSA	Canada Border Services Agency
CDS	Canada's Drug Strategy
CFP	Call for Proposals
CICAD	Inter-American Drug Abuse Control Commission
CIHR	Canadian Institutes of Health Research
CPAF	Crime Prevention Action Fund
CRA	Canada Revenue Agency
CCSA	Canadian Centre on Substance Abuse
CDSA	Controlled Drugs and Substances Act
CSC	Correctional Service of Canada
DARE	Drug Abuse Resistance Education
DAS	Drug Analysis Service
DFAIT	Department of Foreign Affairs and International Trade
DOCAS	Drugs and Organized Crime Awareness Service
DOJ	Department of Justice Canada
DSCIF	Drug Strategy Community Initiatives Fund
DTCFP	Drug Treatment Court Funding Program
DTFP	Drug Treatment Funding Program
FAMG	Forensic Accounting Management Group
FINTRAC	Financial Transactions and Reports Analysis Centre of Canada
FNIHB	First Nations and Inuit Health Branch
FTE	Full Time Equivalent
HC	Health Canada
LSD	Lysergic Acid Diethylamide
MDMA	3, 4-Methylenedioxymethamphetamine
MGO	Marijuana Grow Operation
MMP	Mandatory Minimum Penalties
NCPC	National Crime Prevention Centre
NNADAP	National Native Alcohol and Drug Abuse Program
NPB	National Parole Board of Canada
NYIDP	National Youth Intervention and Diversion Program

Acronyms	Name
OAS	Organization of American States
OCS	Office of Controlled Substances
ODPP	Office of the Director of Public Prosecutions
O & M	Operating and Maintenance
PS	Public Safety Canada
PWGSC	Public Works and Government Services Canada
RCMP	Royal Canadian Mounted Police
RMAF	Results-based Management and Accountability Framework
SDI	Synthetic Drug Initiative
SDO	Synthetic Drug Operation
SER	Subcommittee on Evaluation and Reporting
TBS	Treasury Board Secretariat
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
YJADS	Youth Justice Anti-Drug Strategy

EXECUTIVE SUMMARY

1. Introduction

The National Anti-Drug Strategy (the “Strategy”) is a horizontal initiative of 12 federal departments and agencies, led by the Department of Justice Canada (DOJ). As described in the Speech from the Throne in October 2007, the Strategy is a focused initiative whose goal is to “contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs.”¹ The Strategy seeks to achieve this goal through three action plans devoted to prevention, treatment, and enforcement.

The Implementation Evaluation of the Strategy was conducted between December 2008 and September 2009 in accordance with Treasury Board requirements. The primary purpose of the evaluation was to assess whether the Strategy has been implemented as planned. This report summarizes the evaluation findings, draws conclusions, and provides recommendations.

2. Methodology

The evaluation was guided by the evaluation framework for the Strategy contained in the Results-Based Management and Accountability Framework (RMAF). The evaluation methodology consisted of document and file review, interviews (n=85), and three focus groups with departmental personnel (n=19). Triangulation was used to verify and validate the findings obtained through these methods and to arrive at the overall evaluation findings.

3. Findings and conclusions

This section of the report summarizes the evaluation findings and draws conclusions.

¹ DOJ. (2008, May). Results-based Management and Accountability Framework: National Anti-Drug Strategy: Final Report.

3.1. Relevance

The evaluation confirmed a legitimate and necessary role for the federal government in prevention, treatment, and enforcement of illicit drug issues. The federal government's role in enforcement is defined by the Constitution, domestic legislation such as the *Criminal Code* and the *Controlled Drugs and Substances Act*, and by various international conventions Canada has ratified. While prevention and treatment are areas of primarily provincial jurisdiction, there is general agreement among those interviewed that the federal government can and should be active in these areas, since the sheer magnitude of the illicit drug problem demands sizeable resources and because the problem is not contained within local, provincial/territorial, or regional boundaries.

At the federal level, continued federal commitment to the Strategy has been demonstrated by recent public statements by the Ministers involved in the Strategy and by the reintroduction of the Mandatory Minimum Penalties (MMP) legislation in February 2009. More broadly, the Strategy links to other federal government initiatives, including its Tackling Crime and Safe and Healthy Communities agendas. By comparison, the provinces and territories focus on substance abuse in general rather than abuse of illicit drugs, support harm reduction, and take a more holistic approach to substance use issues.

The evaluation also confirmed an ongoing need for a coordinated response to illicit drug issues, such as the National Anti-Drug Strategy, with elements of prevention, treatment, and enforcement. With respect to enforcement, illicit drug trafficking continues to be a major concern both nationally and internationally, and recent reports indicate that Canada has become a source country for illicit drugs such as methamphetamine, ecstasy, and marijuana. Similarly, the most recent Canadian statistics on rates of illicit drug use, particularly among youth, indicate an ongoing need for action in the areas of prevention and treatment. That being said, many external stakeholders believe that the prevention and treatment components of the Strategy would better serve the public interest if they covered substance use in general, rather than illicit drug use specifically.

Finally, the evaluation found the Strategy to be relevant to international objectives and priorities. The Strategy has been well-received as a model by the international community, and at least one country (Chile) has developed a national strategy very similar to Canada's. Canada actively advances Strategy principles at regional and international drug negotiations and has found receptive audiences. Capacity-building, including the training provided by the RCMP, is in increasing demand internationally. However, the international community is divided on the most

appropriate direction for illicit drug policy, and in particular is divided on questions such as harm reduction and the appropriate balance between supply reduction (enforcement) and demand reduction (prevention and treatment). In addition, many countries have broader drug strategies in place that address substance use in general, rather than focusing on illicit drugs specifically.

3.2. Design

The Strategy is intended to cover illicit drugs, defined as substances controlled by the *Controlled Drugs and Substances Act (CDSA)*. This includes street drugs such as cocaine, heroin, marijuana, and ecstasy, as well as pharmaceuticals. The evaluation found that some stakeholders, both within and outside the federal government, are operating on the assumption that the Strategy covers only street drugs and not controlled pharmaceuticals. There is therefore a need to clearly communicate to stakeholders that the Strategy covers all controlled substances, including pharmaceuticals.

The evaluation also found that about half of the projects funded under the Strategy address substance use in general, rather than illicit drugs specifically. Recognizing that the objective of the Treatment Action Plan is to “support effective treatment and rehabilitation systems” and that as such, its focus is legitimately broader than illicit drugs, this finding nevertheless suggests that more attention should be paid to the way Strategy priorities are communicated to stakeholders.

3.3. Governance and horizontality

Among departmental interviewees, there is general agreement that the roles and responsibilities of the Strategy partners are appropriate and clearly defined, and there is a common understanding of these roles and responsibilities among the partners. Initial challenges related to the transfer of the lead role from Health Canada to the DOJ have been resolved.

The Strategy’s formal governance structure, consisting of an ADM Committee and four Director General working groups, may not be functioning as effectively as intended. The working groups are not all meeting regularly or as often as mandated, and their focus tends to be information-sharing and reporting rather than operational collaboration and coordination. It has not been uncommon for lower ranking personnel to attend working group meetings in place of the intended more senior personnel.

That being said, the evaluation did find some examples of operational collaboration among Strategy partners, including the Aboriginal Issues Committee developed in the context of the Treatment and Prevention Working Group, the Synthetic Drug Initiative spearheaded by the RCMP, and the international work. While other issues might benefit from increased coordination and collaboration among Strategy partners, not all circumstances warrant strong coordination. When contemplating mechanisms for improving horizontality, the driving consideration should be whether increased collaboration and coordination are likely to produce greater success in meeting the objectives of each action plan.

Possibilities for improving horizontal functioning include establishing, in addition to the Director General-level working groups, working groups consisting of program-level representatives to foster collaboration and coordination at the operational level; to share information among all, or a relevant subset of, Strategy partners on what organizations have applied for or received funding through the Strategy funding programs; and to develop a Strategy extranet or intranet site for information exchange among the partners. This will enable Strategy partners to work with funding recipients on their initiatives and thus maximize the impact of Strategy resources.

3.4. Implementation

The evaluation found that the Strategy has been implemented largely as intended. All components of the Strategy have been implemented, with the exception of elements contingent on passage into law of the government's proposed Mandatory Minimum Penalty (MMP) legislation. However, many components, particularly those that are part of the Prevention and Treatment Action Plans, have experienced delays and other challenges, and are behind schedule in implementation. The main challenges to implementation have been: circumstances beyond the control of the component programs; human resource issues; and the need to reorient existing programs for the Strategy.

As a result of these challenges, approximately one-third of the funds allocated to the Strategy were not spent in the first two fiscal years. There were significant differences in the capacity of the three action plans to expend funds. Implementation was least problematic for the Enforcement Action Plan because it consists primarily of capacity enhancements that did not require any program development or reorientation. Conversely, implementation was most problematic for the Treatment Action Plan, which consists of several new and pre-existing programs, some of which have spent less than half of their planned spending. Across the Strategy

as a whole, some \$55 million were either re-profiled into future fiscal years or lapsed, which may have implications for the rate of progress toward expected outcomes.

3.5. Resources

Although some components of the Strategy have lapsed funds, there are some areas in which resources may be insufficient. One area is the international component, which did not receive any new funding under the Strategy. This area is experiencing growing resource challenges as Canada comes under increasing international pressure to deal with a range of international drug issues, including emerging issues such as synthetic drugs and diversion of precursor chemicals. There are also resources expended in ensuring that Canada meets its international obligations and engages in advocacy efforts internationally.

The evaluation also found that resources for performance measurement, reporting, and evaluation may be insufficient, particularly for Strategy-level reporting. Most Strategy partners did not receive resources for performance reporting and as a result, most components of the Strategy will not undergo separate evaluations. Given that the DOJ's role in Strategy-level evaluation is likely to be more substantial than "rolling up", or integrating, a series of evaluations completed by the partners, the level of resources it received for this purpose (\$100,000 per year plus one FTE) seems inadequate in relation to the task.

Finally, based on key informant opinion, the DOJ may be under-resourced to carry out its role as the lead department for the Strategy, with responsibilities including overall lead, policy development, coordination among partners, communication, and reporting and evaluation. Through the Strategy, the DOJ received four FTEs (including the one FTE mentioned above) to support its lead role, as well as some operations and maintenance (O & M) funding. The Department has had to borrow from other functional areas to fulfill its responsibilities as the Strategy lead.

3.6. Performance measurement and reporting

Although it is too early to report on outcomes given the delays in implementation, substantial work has been done to support performance measurement, reporting, and evaluation of the Strategy. The DOJ, as Chair of the Subcommittee on Evaluation and Reporting, has provided considerable assistance to the partners by developing reporting templates and tools and by coordinating and leading SER meetings. Many Strategy partners have put systems in place to

collect and report on performance information, and all contributed to the DOJ's Departmental Performance Reports (Horizontal Initiatives) for 2007–2009.

Despite the quite sophisticated structures and mechanisms that have been put in place to facilitate performance reporting and evaluation, components of all three Action Plans will have challenges in reporting results for the impact evaluation scheduled for 2011. Challenges include a lack of baseline information, difficulties in isolating outputs and outcomes of Strategy funding, difficulties in establishing a causal link between a department's activities and outputs and any outcomes that may be observed (particularly for longer-term outcomes), reliance on funded projects to provide performance information, and the relatively short time frame of the Strategy, particularly since behaviour change occurs over an extended period of time.

These challenges will be exacerbated by the delays in implementation as many programs will likely not be in a position to report on outcomes by 2011. Therefore, alternative approaches to the impact evaluation should be considered. Some possibilities include greater than anticipated reliance on qualitative approaches and/or reporting on selected components or outcomes as opposed to all components or outcomes.

1. INTRODUCTION

The National Anti-Drug Strategy (the “Strategy”) is a horizontal initiative of 12 federal departments and agencies, led by the Department of Justice Canada (DOJ). As described in the Speech from the Throne in October 2007, the Strategy is a focused initiative whose goal is to “contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs.”² The Strategy seeks to achieve this goal through three action plans devoted to prevention, treatment, and enforcement.

The Implementation Evaluation of the Strategy was conducted between December 2008 and September 2009 in accordance with the Treasury Board Evaluation Policy. The primary purpose of the evaluation was to assess whether the Strategy has been implemented as planned. This report summarizes the evaluation findings, draws conclusions, and provides recommendations.

The report is organized into several sections. The remainder of this section provides a brief descriptive overview of the Strategy. Section 2 presents the methodology used to complete the evaluation, while Section 3 presents the evaluation findings. Section 4 summarizes the findings, draws conclusions, and provides recommendations.

1.1. Overview of the National Anti-Drug Strategy

The Government of Canada has a long history in the horizontal management of drug issues, beginning with Canada’s Drug Strategy (CDS), which began in 1987 and which focused on substance use and abuse. The National Anti-Drug Strategy, announced in 2007, represented a change from the former CDS in focusing particularly on illicit drug issues. More specifically, as noted in the Strategy RMAF, it is intended to improve Canada’s response to illicit drug use and its consequences through three action plans to prevent drug use, particularly among youth, where rates of illicit drug use are higher than the general population; address critical treatment gaps in targeted populations and areas of need, including services for young people, First Nations and

² DOJ. (2008, May). Results-based Management and Accountability Framework: National Anti-Drug Strategy: Final Report.

Inuit populations, and other vulnerable groups and areas such as Vancouver's Downtown Eastside; and enhance federal enforcement capacity to dismantle and disrupt domestic illicit drug production and distribution.

In addition to the DOJ, federal partners of the Strategy are:

- Health Canada (HC);
- Public Safety Canada (PS);
- Royal Canadian Mounted Police (RCMP);
- Correctional Service of Canada (CSC);
- National Parole Board of Canada (NPB);
- Office of the Director of Public Prosecutions (ODPP);
- Canada Border Services Agency (CBSA);
- Department of Foreign Affairs and International Trade (DFAIT);
- Canada Revenue Agency (CRA);
- Public Works and Government Services Canada (PWGSC); and,
- Financial Transactions and Reports Analysis Centre of Canada (FINTRAC).

The Strategy is intended “to prevent illicit drug use, particularly among youth, address critical treatment gaps in targeted populations and areas of need, and enhance federal enforcement capacity to dismantle and disrupt illicit drug production and distribution.”³ The Strategy seeks to achieve its goal through three action plans devoted to prevention, treatment, and enforcement. The objectives of each action plan are below.

Prevention Action Plan

Support efforts to:

- prevent youth from using illicit drugs by enhancing their awareness and understanding of the harmful social and health effects of illicit drug use

³ DOJ. (2008, May). Results-based Management and Accountability Framework: National Anti-Drug Strategy: Final Report.

- develop and implement community-based interventions and initiatives to prevent illicit drug use.

Treatment Action Plan

Support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches.

Enforcement Action Plan

Contribute to the disruption of illicit drug operations in a safe manner, particularly targeting criminal organizations.

1.1.1. Funding

Funding for the Strategy consists of approximately \$300 million in new funding over five years, as well as \$278 million over five years in reoriented funding and funding from the former CDS, for a total of \$578.5 million over five years. Table 1 summarizes the components of the Strategy, the department responsible for each, and their sources of funding (new, reoriented, or former CDS).

Table 1: Components of the National Anti-Drug Strategy and sources of funding

Component	Department	Sources of funding
<i>Prevention Action Plan</i>		
Mass Media Campaign – A federal mass media prevention campaign to discourage young people from using drugs.	HC	New funding under the Strategy
Drug Strategy Community Initiatives Fund (DSCIF) – A funding program that supports national and regional prevention and health promotion projects to discourage illicit drug use among youth. Within this program, the Canadian Centre on Substance Abuse is funded to develop and implement a five-year national prevention strategy for Canada’s youth.	HC	Reoriented funding from the former CDS
Crime Prevention Action Fund (CPAF) – Supports targeted, evidence-based prevention projects to prevent and reduce substance-related crime among at-risk populations and communities.	PS	Reoriented funding from the National Crime Prevention Strategy
Drugs and Organized Crime Awareness Service (DOCAS) – Supports various initiatives across the country to increase awareness of the nature, extent, and consequences of substance use and abuse.	RCMP	Former CDS funding

Component	Department	Sources of funding
<i>Treatment Action Plan</i>		
Drug Treatment Funding Program (DTFP) – A contributions funding program that provides financial support to provinces and territories to strengthen substance abuse treatment systems, investing in enhancements to treatment services to meet the critical illicit drug treatment needs of at-risk youth in high needs areas and supporting improvements to the treatment services and supports for injection drug users residing in Downtown Eastside Vancouver.	HC	Reoriented funding from the former CDS, new funding under the Strategy
National Native Alcohol and Drug Abuse Program (NNADAP) – Strategy funds are being used to improve treatment services for First Nations and Inuit populations, with a focus on youth and their families.	HC	Former CDS funding, new funding under the Strategy
Youth Justice Anti-Drug Strategy (YJADS) – Provides funding to develop treatment programs at various stages of the youth justice system to help youth who have drug dependences and are in conflict with the law overcome these dependencies.	DOJ	New funding under the Strategy to address illicit drug use under the Youth Justice Fund
Drug Treatment Court Funding Program (DTCFP) – Funds drug treatment courts that provide court-monitored treatment and social service support in order to reduce drug use behaviour, enhance social stability of drug-addicted offenders, and contribute to a reduction in criminal recidivism.	DOJ	Former CDS funding
National Youth Intervention and Diversion Program (NYIDP) – Program to enhance the ability of RCMP officers to channel youth with substance abuse problems into the assessment and treatment process.	RCMP	New funding under the Strategy
Research on Drug Treatment Models – Funding to support research on the development, improvement, and evaluation of addiction treatments.	CIHR	New funding under the Strategy
<i>Enforcement Action Plan</i>		
National Coordination of Efforts to Improve Intelligence, Knowledge Management, Research, and Evaluation – Provides national horizontal policy coordination to improve intelligence, knowledge management, research, and evaluation pertaining to illicit drug issues.	PS	Former CDS, new funding under the Strategy
Prosecution and Prosecution-related Services – Strategy funds an increase in capacity to deal with incremental prosecution and related workload generated by new RCMP investigative and criminal intelligence officers.	ODPP	New funding under the Strategy
Office of Controlled Substances (OCS) – Strategy funds an increase in capacity to monitor movement of controlled substances and precursor chemicals to prevent their diversion to the illicit drug market.	HC	Former CDS, new funding under the Strategy
Drug Analysis Service (DAS) – Strategy funds an increase in capacity to analyze seized materials, provide training to law enforcement officers, aid in investigations of illicit drug operations to ensure they are dismantled in a safe manner, provide expert testimony in court, and authorize the destruction of seized controlled substances.	HC	Former CDS, new funding under the Strategy

Component	Department	Sources of funding
Marijuana and Clandestine Lab Teams/Proceeds of Crime – Strategy funds an increase in capacity of drug enforcement teams to address marijuana grow-ops (MGOs) and clandestine laboratories in areas of drug enforcement, criminal intelligence, technical support, proceeds of crime, liaison officers, and internal services.	RCMP	Former CDS, new funding under the Strategy
Intelligence Development and Field Support Division, Analysis and Scientific Services – Strategy funds an increase in capacity to address cross-border smuggling of domestic marijuana and trade in other illicit drugs; create new policies in support of the Strategy; and research and deploy new detection technologies to assist CBSA agents in detecting and identifying suspected precursor chemicals.	CBSA	New funding under the Strategy
Special Enforcement Program – Strategy funds an increase in capacity to perform audits of persons known or suspected of deriving income earned from marijuana and synthetic drug production and distribution operations, and recover tax dollars owing from raised assessments.	CRA	New funding under the Strategy
Forensic Accounting Management Group (FAMG) – Strategy funds an increase in capacity to participate in and support Integrated Proceeds of Crime investigations and prosecutions related to the production and distribution and possession of illicit drugs, specifically related to MGOs and clandestine laboratories.	PWGSC	New funding under the Strategy
Financial Intelligence – Strategy funds an increase in capacity to provide financial intelligence that supports law enforcement in investigations and prosecutions of persons who handle money generated by the production and distribution of illicit drugs.	FINTRAC	New funding under the Strategy
Annual Contributions to UNODC and CICAD – Funds allow Canada to assist financially the United Nations Office on Drugs and Crime (UNODC) in fulfilling its mandate in the fight against drugs and international crime at the global level; assist financially the Inter-American Drug Abuse Control Commission (CICAD) in fulfilling its mandate in the fight against drugs in the Americas; and enhance Canada’s influence internationally.	DFAIT/PS ⁴	Former CDS
Mandatory Minimum Penalties⁵		
Prosecutions of Serious Drug Offences under the <i>Controlled Drugs and Substances Act</i>	ODPP	New funding under the Strategy
Case Preparation and Supervision	CSC	New funding under the Strategy
Conditional Release and Pardon Decisions	NPB	New funding under the Strategy
Drug Analysis Service	HC	New funding under the Strategy

Source: RMAF for the National Anti-Drug Strategy

⁴ Public Safety Canada has transferred annual contribution funding for CICAD to DFAIT for a joint contribution to the Inter-American Drug Abuse Control Commission (CICAD) and to provide training related to supply reduction to hemispheric law enforcement organizations.

⁵ Note that the legislation on MMP has not passed and the components of the Strategy related to MMP have not been implemented. Hence, these components of the Strategy are not part of the evaluation.

In the longer term (five years or more), the Strategy expects to achieve the following outcomes:

- Reduced demand for illicit drugs in targeted populations and areas
- Reduced negative health and social impacts and crime related to illicit drug use
- Reduced supply of illicit drugs

As lead department of this horizontal initiative, the DOJ’s roles and responsibilities include overall lead, policy development, coordination among partners, communication, and reporting and evaluation.

The Strategy has a governance structure consisting of an Assistant Deputy Minister Steering Committee and four Director General-level working groups on prevention and treatment, enforcement, policy and performance, and communications. The overall governance structure is supported by the Youth Justice, and Strategic Initiatives and Law Reform section of the DOJ. Table 2 below summarizes the lead and participating departments for each of these groups, as well as their main responsibilities.

Table 2: Governance structure of the National Anti-Drug Strategy

Committee/ working group	Chair	Departments represented	Responsibility
Assistant Deputy Minister Steering Committee	DOJ	DOJ, HC, PS, RCMP, CSC, ODPP, CBSA, DFAIT, CRA	Overall implementation of the Strategy.
Prevention and Treatment Working Group	HC	HC, PS, DOJ, RCMP, CSC, DFAIT, PHAC	Implementation of Prevention and Treatment Action Plans.
Enforcement Working Group	PS	PS, RCMP, CBSA, CSC, NPB, ODPP, DOJ, HC, DFAIT, CRA, PWGSC, FINTRAC	Implementation of Enforcement Action Plan.
Policy and Performance Working Group	DOJ	DOJ, HC, PS, RCMP, CSC, ODPP, CBSA, DFAIT, PCO, TBS, INAC	Oversees development and articulation of policy directions and outcomes for the Strategy and the work of the Subcommittee on Evaluation and Reporting (SER), which is responsible for performance measurement, evaluation, and reporting on the Strategy.
Communications Working Group	DOJ	DOJ, HC, PS, RCMP, CBSA, CSC, DFAIT, INAC, PCO	Communication of the Strategy including making decisions necessary to advance communication of the initiative and ensuring coordination of communication efforts and exchange of information by all partners.

Source: RMAF for the National Anti-Drug Strategy

2. METHODOLOGY

This section of the report describes the methodology used to complete the Implementation Evaluation of the Strategy.

2.1. Evaluation framework

The approach taken for this evaluation was developed collaboratively by the partner departments and is included in the RMAF. In addition, it should be noted that although outcomes were to be included, the implementation evaluation was limited in its ability to report on outcomes, given the relative newness of the Strategy and the performance reporting capacity of the participating departments.

2.2. Data collection methods

The evaluation methodology consisted of document and file review, in-depth interviews (n=85), and three focus groups with departmental personnel (n=19). Triangulation was used to verify and validate the findings obtained through these methods and to arrive at the overall evaluation findings.

2.2.1. Document and file review

The document and file review included both Strategy-level files and departmental files. Strategy-level files include documents, briefing papers, and correspondence created by the Assistant Deputy Minister Steering Committee, working groups, and the DOJ Youth Justice, and Strategic Initiatives and Law Reform section. Departmental files include program-related documentation, research studies, and evaluations; project-related reports, evaluations, publications, and other products; program management information systems to manage cases, projects, and statistical and other administrative information; and departmental performance reports completed in response to Strategy requirements.

2.2.2. Interviews

A total of 85 individuals were interviewed, including:

- two Assistant Deputy Ministers (ADMs)
- 57 departmental personnel
- five external stakeholders from non-governmental organizations and provincial and territorial governments
- 21 individuals representing 18 organizations that received grant and contribution funding under the Prevention and Treatment Action Plans (more specifically, through the DSCIF, the DTFP, the CPAF, the DTCFP, the YJADS, and the NNADAP).

Members of the Subcommittee on Evaluation and Reporting identified an initial list of potential interviewees. All individuals on the list received an initial form of communication, either from their department/agency (in the case of ADMs and departmental personnel) or from the Department of Justice (DOJ) Evaluation Division (in the case of external stakeholders and funding recipients). The initial communication explained the purpose of the evaluation and invited individuals to participate in an interview.

All of the individuals on the initial list were contacted for an interview. A small number declined to participate. In some cases, those who declined identified others within their organizations as more suitable candidates for an interview. The interviews were conducted by telephone in the preferred official language of interviewees.

The following scale has been used to analyze the key informant data for this report.



2.2.3. Focus groups with departmental personnel

Finally, three focus groups were conducted with departmental personnel involved in Strategy implementation. The purpose of this line of evidence was to validate the evaluation findings, to explore possible conclusions, and, in light of the preliminary evaluation findings, to explore possible solutions for the final report.

The focus groups were conducted after submission of the preliminary results and presentation of the preliminary findings to the SER. By then, the salient evaluation issues had emerged. The SER identified three topics that it wanted to explore more fully in the final line of evidence. The moderator's guides were subsequently developed and were based on a preliminary analysis of the findings.

Each focus group was devoted to examining one of the following broad themes: 1) design and perceptions of the Strategy; 2) governance and horizontality; and 3) performance measurement and reporting. Participants were identified by members of the SER and included senior managers, such as Directors and Program Managers; although all partner departments and agencies were invited to identify participants, actual participation was optional. A total of 19 individuals participated in the focus groups; some individuals participated in more than one group. By department/agency, participation in the focus groups was as follows:

- Design and perceptions: CBSA, DFAIT, DOJ, PS, PWGSC, RCMP
- Governance and horizontality: CBSA, DFAIT, DOJ, HC, PS, RCMP
- Performance measurement and reporting: DOJ, DFAIT, HC, ODPP, PS, RCMP

All of the focus groups were held on September 16, 2009 in Ottawa. The ideas and suggestions generated through the focus group discussions have been incorporated into the relevant sections of this report, and have helped to frame the overall conclusions of the evaluation.

3. EVALUATION FINDINGS

This section of the report summarizes the findings from all data collection activities completed as part of the evaluation.

3.1. Relevance

The evaluation considered the relevance of the Strategy with respect to: federal, provincial/territorial, and international objectives and priorities; the role of the federal government in prevention, treatment, and enforcement related to illicit drugs; and the ongoing need for the Strategy.

3.1.1. Relevance to federal, provincial/territorial and international objectives and priorities

At the federal level, continued federal commitment to the Strategy has been demonstrated by recent public statements by the Ministers involved in the Strategy, which are posted on the Strategy website, and by the reintroduction of MMP legislation in February 2009. More broadly, the Strategy links to other federal government initiatives, including its Tackling Crime and Healthy and Safe Communities agendas.

The evaluation evidence also indicates that the Strategy is relevant to provincial/ territorial objectives and priorities. Although it was beyond the scope of this evaluation to conduct an exhaustive review of provincial/territorial approaches to drug policy, a partial review clearly indicates that the provinces and territories have different objectives and priorities: they focus on substance abuse in general rather than abuse of illicit drugs, support harm reduction, and take a more holistic approach to substance use issues (for example, many provinces have integrated or are integrating mental health and addictions).⁶ That being said, a few interviewees noted that

⁶ Some examples include *Stronger Together: A Provincial Framework for Action on Alcohol and Other Drug Use*, Alberta Alcohol and Drug Abuse Commission, October 2005; *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction*, Ministry of Health Services,

although the Strategy is narrower than provincial/territorial contexts, it is being used to focus on areas of shared interest.

Finally, the evaluation evidence indicates that the Strategy is relevant to international objectives and priorities. The Strategy has been well received as a model by the international community, and at least one country (Chile) has developed a national strategy very similar to Canada's. Training programs provided by the RCMP are in increasing demand internationally.

At the same time, it should be noted that the international community is divided on the most appropriate direction for illicit drug policy, and in particular is divided on questions such as harm reduction and the appropriate balance between supply reduction (enforcement) and demand reduction (prevention and treatment). Interviewees reported that the international community is moving toward a more holistic approach, with a greater emphasis on prevention and treatment, although it was beyond the scope of this evaluation to document the extent to which this is occurring. In addition, some countries have drug strategies in place that are not focused exclusively on illicit drugs. For example, while the current U.S. National Drug Control Strategy includes a strong focus on illicit drugs, it also addresses substance use in general, and explicitly mentions abuse of alcohol and prescription drugs as issues of concern and in need of government action.⁷

3.1.2. Role of federal government

The federal government's role in enforcement is defined by the Constitution, domestic legislation such as the *Criminal Code* and the *Controlled Drugs and Substances Act*, and by various international conventions Canada has ratified. These include the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Government of British Columbia, May 2004; *Working Together for Mental Health: A Provincial Policy Framework for Mental Health and Addictions Services in Newfoundland and Labrador*, Government of Newfoundland and Labrador, October 2005; *Setting the Course: A Framework for Integrating Addiction Treatment Service in Ontario*, Government of Ontario, 1999; *Premier's Project Hope: Saskatchewan's Action Plan for Substance Abuse*, Government of Saskatchewan, October 2005; *Plan d'action interministerielle en toxicomanie 2006-2011*, Ministry of Health and Social Services, Government of Quebec, 2006; *Addictions and Mental Health Strategy*, Government of Nunavut, undated; *Yukon Substance Abuse Action Plan*, Department of Justice, Government of Yukon, October 2005.

⁷ United States National Drug Control Strategy. 2009 Annual Report.

By contrast, prevention and treatment are areas of primarily provincial jurisdiction, with the exception of First Nations living on-reserve, inmates in federal correctional facilities, and military personnel. Nevertheless, there is general agreement among interviewees that the federal government can and should be active in these areas, since the sheer magnitude of the illicit drug problem demands sizeable resources and because the problem is not contained within local, provincial/territorial, or regional boundaries. From the perspective of interviewees, appropriate roles for the federal government in treatment include information-sharing, establishing national standards, testing new and innovative approaches, and encouraging collaboration and coordination among stakeholders.

In general, given the size of the illicit drug problem nationally and internationally, it is clear that the cooperation and collaboration of all partners are required at the federal level.

3.1.3. Ongoing need for the Strategy

The evaluation evidence confirms there is an ongoing need for a coordinated response to illicit drug issues, such as the National Anti-Drug Strategy, with elements of prevention, treatment, and enforcement. Certainly, illicit drugs continue to be a major concern both nationally and internationally,⁸ as there is evidence that Canada has become a source country for illicit drugs such as methamphetamine, ecstasy, and marijuana. A 2007 RCMP report observed that organized crime groups are using Canadian international airports to import a wide variety of drugs; that the Asia-Pacific region has emerged as an important consumer of Canadian-produced methamphetamine and MDMA (ecstasy), and cross-border trafficking of ecstasy tablets from Canada to the United States continues unabated; and that Canadian organized crime groups are acquiring precursor chemicals from countries such as India and China for the manufacture of methamphetamine and ecstasy.⁹ Given these realities, it seems clear that a strong enforcement response to illicit drug issues is required.

Similarly, the most recent statistics on illicit drug use indicate an ongoing need for action in the areas of prevention and treatment. Data from the 2008 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS), reported in Table 3, show that 11% of Canadians had used cannabis in the past year, while among youth—one of the primary target populations of the National Anti-Drug Strategy—the proportion was significantly higher at 33%. In fact, youth

⁸ United Nations Office on Drugs and Crime, *World Drug Report 2009*; Criminal Intelligence Service Canada, *2009 Report on Organized Crime in Canada*; and RCMP, *Drug Situation in Canada – 2007*.

⁹ RCMP, *Drug Situation in Canada – 2007*.

were more likely than the population as a whole to have used various illicit drugs, including hallucinogens, ecstasy, cocaine/crack, and speed.

Table 3: Patterns of illicit drug use among Canadians

	Overall	Youth aged 15-24
Cannabis use in past year	11.4%	32.7%
Hallucinogen use in past year	2.1%	10.2%
Ecstasy use in past year	1.4%	6.5%
Cocaine/crack use in past year	1.6%	5.9%
Speed use in past year	1.1%	3.7%

Source: CADUMS 2008

However, many external stakeholders believe that the prevention and treatment components of the Strategy would better serve the public interest if they covered substance use in general, rather than illicit drug use specifically. Many noted that the social costs of alcohol use outstrip those of illicit drug abuse. Indeed, based on an analysis of data from the 2004 Canadian Addiction Survey, the total direct social costs of alcohol use (including health care costs, enforcement costs, and costs associated with prevention and research) were more than double those for all illicit drugs combined in 2002.¹⁰ Furthermore, data from the 2008 CADUMS show that the prevalence of alcohol use is far greater in Canada than the prevalence of any illicit drug use: 79% of Canadians and 77% of youth between the ages of 15 and 24 reported using alcohol in the past year, and 14% of youth reported being heavy frequent drinkers. For these reasons, external stakeholders, while acknowledging the need for a national strategy addressing prevention, treatment, and enforcement of illicit drug issues, emphasized that the problem of substance abuse in Canada is not solely a problem of illicit drug use.

3.2. Design of the Strategy

The evaluation found a need to clarify the scope of the Strategy to stakeholders both within and outside of the federal government. More specifically, there is a need to clarify exactly what substances are considered “illicit drugs” for the purpose of the Strategy and its action plans.

¹⁰ Thomas, G., & Davis, C.G. (2007). Comparing the Perceived Seriousness and Actual Costs of Substance Abuse in Canada. Canadian Centre on Substance Abuse.

The *Criminal Code* defines “illicit drug” as follows:

a controlled substance or precursor the import, export, production, sale or possession of which is prohibited or restricted pursuant to the *Controlled Drugs and Substances Act* (s. 462.1).

The RMAF defines the scope of the Strategy as follows:

The Strategy focuses on illicit drugs, as defined in the *CDSA*, including opiates, cocaine and cannabis-related substances (including marihuana), and synthetic drugs such as ecstasy and methamphetamine.

The Prevention and Treatment Action Plans focus generally on illicit drugs, as defined in the *CDSA*. The Enforcement Action Plan targets the production and distribution of cannabis-related substances (including marihuana) and synthetic drugs such as ecstasy and methamphetamine, as well as precursor chemicals listed in Schedule VI of the *CDSA* (such as ephedrine and pseudoephedrine) which are used to produce these synthetic drugs (p. 10).

According to the RMAF definition, all substances listed in the *CDSA* are considered illicit drugs for the purposes of the Strategy. On the other hand, the RMAF definition makes specific mention of what are normally considered street drugs, and the larger discussion of Strategy rationale in the RMAF likewise focuses on street drugs such as cocaine, marijuana, ecstasy, and amphetamines. Such a definition of illicit drugs was put forward by the Auditor General in its 2001 report, which devoted a chapter to the federal government’s role with respect to illicit drugs:

‘Illicit drugs’ is a commonly used term that refers to *certain* (italics added) substances listed under the 1997 Controlled Drugs and Substances Act. These substances include heroin, cocaine, cannabis (including marijuana and hashish), and synthetic substances such as LSD and ecstasy (chap. 11, 11.9).

The evaluation evidence suggests that many stakeholders are operating on the assumption that the Strategy covers illicit drugs, narrowly defined, and does not include pharmaceutical drugs that are controlled by the *CDSA*. For example, in September 2008, the Centre for Addiction and Mental Health (CAMH), in urging the Strategy to address problematic use of pharmaceuticals,

noted that currently it “addresses only illicit drugs such as cannabis, cocaine, and heroin.”¹¹ The confusion may arise from the fact that while pharmaceuticals contain controlled substances, they are not illicit in all circumstances; rather, they may be obtained or used illicitly. Thus, there is a need to clarify to stakeholders that the Strategy does cover illicit use of pharmaceuticals.

The evaluation also found that initiatives addressing substance use in general—including, presumably, problematic use of alcohol—are being supported by some of the Strategy’s funding programs. According to a recent mapping study examining all projects funded under the Prevention and Treatment Action Plans as of March 1, 2009 (n=118), 51.7% addressed substance use in general, while 47.4% addressed illicit drugs.¹² When analyzed by action plan, the study also showed that 49.4% of prevention projects and 42.4% of treatment projects addressed illicit drugs specifically, while 50.6% of prevention projects and 54.5% of treatment projects addressed substance use in general.¹³ The mapping study concluded that:

Given the explicit focus of the Strategy on illicit drug use, these findings suggest that attention be paid to the way Strategy priorities are described and talked about by funding partners as well as those administering the funds. While this may be more of a matter of semantics than substance, it merits further consideration given the explicit focus of the Strategy on illicit drug use (p. 30).

It is important to recognize that the objective of the Treatment Action Plan is to “support effective treatment and rehabilitation systems” and that as such, its focus is legitimately broader than illicit drugs. That being said, it is clear that more attention should be paid to the way Strategy priorities are communicated to stakeholders.

¹¹ Centre for Addiction and Mental Health. (2008, September). The National Anti-Drug Strategy: A CAMH Response.

¹² Caputo, T. (2009, March). National Anti-Drug Strategy Mapping of Prevention and Treatment Funding Programs Final Report. The relevant funding programs include the DTCP, the YJADS, the DTFP, NNADAP, the DSCIF, and the CPAF. Funded projects that address illicit drugs include those that identified illicit drugs, as well as those that specified cannabis or crystal meth.

¹³ It should be noted that the NNADAP, which is the one component of the Strategy that targets substance use in general (including alcohol), was included in the analysis. However, there were only nine NNADAP-funded projects included in the analysis, so it seems clear that other programs are also funding projects that address substance use in general, rather than illicit drugs in particular.

3.3. Governance and horizontality

The Strategy was designed as a horizontal initiative involving 12 partner departments and agencies, with the DOJ in the lead role. In the last few decades, there has been growing emphasis placed on horizontal initiatives within the federal government. However, there has been little evaluation of the governance and horizontal functioning of these initiatives. In the absence of such data, this evaluation draws on principles identified in the December 2000 report of the Auditor General of Canada in order to assess Strategy governance.

The Auditor General's report, which examined the challenges associated with managing horizontal issues for results, provided the following rationale for and definition of horizontal initiatives:

When a policy issue spans departmental mandates, no one department has all the levers, resources and expertise to manage it adequately. Departments must work together toward an overall objective and adopt a common vision for success. They must effectively manage the resources dedicated to the horizontal issue and consider collectively how to fill gaps in service and eliminate duplication. They must be able to demonstrate accomplishments and learn from their present performance in order to make progress toward the expected outcome. And the issue may require them to work together with other levels of government, and with partners outside government. When they do all of this, they are managing the horizontal issue for results (sect. 20.107).

Quoting from the 1996 federal Deputy Ministers' Task Force, the report also identifies several essential elements of horizontal initiatives, including:

- an accountability framework to clarify the respective mandates and contributions of lead and partner departments;
- consultation with stakeholders on cross-cutting issues;
- realistic expectations for timing and outcomes, given the complexities of managing cross-cutting initiatives;
- adequate resources to allow the lead department to plan, co-ordinate and implement a horizontal initiative; and
- appropriate incentives and rewards for collaboration and teamwork (sect. 20.110).

Finally, the report emphasizes the need for effective coordinating structures, including the importance of an effective lead department, appropriate coordination among participating departments, and senior leadership and support. The discussion below draws on some of these broad principles in order to assess the governance structure and horizontal functioning of the Strategy.

3.3.1. A clear accountability framework

The Auditor General's report emphasizes the importance of an accountability framework to clarify mandates and contributions of partner departments. The RMAF for the National Anti-Drug Strategy sets out the respective roles and responsibilities of the partner departments and of the DOJ as the lead department. Among departmental interviewees, there is general agreement that the roles and responsibilities of the partners to the Strategy are appropriate and clearly defined, and there appears to be a common understanding of these roles and responsibilities among the partners. To that extent, it appears that an appropriate accountability framework is in place. However, there have been some challenges related to the DOJ's role as the lead department for the Strategy, as described below.

3.3.2. An effective lead department

The Auditor General's report emphasizes the need for effective coordinating structures for horizontal initiatives, including an effective lead department. The report notes that “[lead departments] must build consensus, persuade partner departments to adopt certain positions, ensure that decisions are carried out, communicate with stakeholder groups, and ensure that timelines are respected” (sect. 20.128). For this reason, the report notes, “[i]t is important that the lead department be recognized as such by all participants and assigned the powers it needs to discharge its responsibilities” (sect. 20.123). In reality, however, “lead departments often have very little authority to back up their responsibilities” (sect. 20.128).

The evaluation evidence suggests that, at least initially, the transfer of the lead role from Health Canada to the DOJ was not supported by all Strategy partners. This was for two main reasons. First, Health Canada had historically led drug-related initiatives, and other departments were not accustomed to working with the DOJ as the lead on such initiatives. Second, the DOJ has not historically had the lead role on large interdepartmental initiatives, and required time to adjust to this role. Thus, the fact that the DOJ was the Strategy lead was questioned in at least some quarters, although this issue has now been resolved. Similar to the situation of other lead

departments identified by the Auditor General, the DOJ has no authority to compel Strategy partners to action. Rather, it must rely on persuasion to encourage partner departments and agencies to fulfill their responsibilities under the Strategy. That being said, several interviewees observed that the DOJ, as the Chair of the Subcommittee on Evaluation and Reporting, has effectively coordinated performance measurement, evaluation, and reporting activities related to the Strategy (see Section 3.6 for more on this subject).

Finally, the Auditor General's report identifies a need for "adequate resources to allow the lead department to plan, co-ordinate and implement a horizontal initiative" (sect. 20.110). Adequacy of resources for the lead role is discussed in Section 3.5.1.

3.3.3. Appropriate coordination among the participating departments

According to the Auditor General's report, effective coordination of horizontal initiatives goes beyond the role of the lead department and extends to relationships among the participating departments. The report makes clear that there is no single model for coordination, and that the nature of that coordination depends on the issues the initiative addresses:

Horizontal issues can be co-ordinated in a number of different ways; how, and how closely, will depend on what the issue requires. For example, co-ordination can be informal, limited to simple communication and networking between managers in different departments. Efforts at co-ordination can also be more formal, if departments recognize a need to link their common objectives and work co-operatively.

Some circumstances do not warrant strong co-ordination. Many policies and programs require only communication among departments to ensure that their efforts are complementary. Close and structured co-ordination in those cases can overburden the participating departments and be counterproductive to the initiative (sect. 20.119 and sect. 20.120).

Under the National Anti-Drug Strategy, coordination is expected to occur in part via a governance structure consisting of an ADM Committee and four working groups—Prevention and Treatment; Enforcement; Policy and Performance; and Communications—at the Director-General level. Of the minority of key informants who commented specifically on the governance structure, some believe the structure is working well and has been successful in steering the Strategy, while others questioned whether all of the working groups involved meet

on a regular basis. Based on a comparison of expectations set out in the Terms of Reference with the actual number of meetings held to date (see Table 4), not all of the working groups are meeting regularly or as often as mandated. However, it is difficult to know whether the number of meetings held is sufficient, since there are no readily available standards for comparison.

Table 4: Frequency of working group/committee meetings as of September 2009

Working group/ committee	Frequency of meetings as per Terms of Reference	Number of meetings held as of September 2009
Prevention and Treatment Working Group	“Meetings will be held once every two months. Additional meetings may be added as required.”	Four
Enforcement Working Group	“The Working Group will meet twice a year, and as required, at the call of the Chair.”	Three
Policy and Performance Working Group	“The Working Group is to meet as needed, at the call of the Chair. Initially, it is expected that the Committee would need to meet more frequently, perhaps as often as once every month, but the need to meet should become less frequent as the Strategy is rolled out.”	Eight, plus one planned for November 2009
Communications Working Group	“Once every two weeks, initially, tapering to once a month as Strategy implementation progresses.”	Two, plus regular meetings of the working level
ADM Committee	Committee was to meet only when issues arose requiring ADM attention.	Two, plus one planned for November or December 2009.
Subcommittee on Evaluation and Reporting (reports to the Policy and Performance Working Group)	“It is expected that the Sub-committee would meet frequently in the initial stages of the Strategy but that the frequency of the meetings would taper-off somewhat as Strategy implementation progresses.”	Six, plus multiple workshops, meetings, and consultations on development of performance measures and performance measurement strategy, and evaluation

Source: Terms of Reference for the Working Groups; information provided by Strategy partners.

Arguably, what is accomplished through working group meetings is just as important, if not more so, than their frequency. Based on a review of meeting minutes and interviewee accounts, the focus of the working group meetings tends to be information-sharing and reporting rather than operational collaboration and coordination.

That being said, the evaluation did find some examples of operational collaboration among Strategy partners. Within the Prevention and Treatment Working Group, FNIHB spearheaded discussions among the partners on Aboriginal issues, with the eventual goal of developing policies and initiatives to respond to the specific needs of Aboriginal populations. According to interviewees, an Aboriginal Issues Committee has been struck and has met a maximum of three times to date.

There are also some examples of collaboration outside the working group context. For example, the Synthetic Drug Initiative (SDI), launched in August 2009, was spearheaded by the RCMP and involves Health Canada, CBSA, CRA, PS, DOJ, ODPP, DFAIT, and Environment Canada (the latter department is not a partner to the Strategy). The SDI aims “to prevent the illicit importation/exportation, production and distribution of illicit substances of abuse, with special reference to synthetic drugs, the diversion of precursor chemicals and the involvement of organized criminals and crime groups in these activities.”¹⁴ As another example, the international component of the Strategy involves several partners, including HC, DOJ, PS, RCMP, CBSA, and DFAIT. Partners participate in a number of international efforts, such as the drafting of the United Nations Declaration and Action Plan for combating illicit drugs for the next ten years.

There may be other issues that could benefit from increased coordination and collaboration among Strategy partners. On the other hand, as the Auditor General observed, some circumstances do not warrant strong coordination, and attempts to impose it may overburden the partners and ultimately be counterproductive. Moreover, coordination and collaboration need not necessarily occur at the working group level. While it may be important for the working groups to meet periodically, it may be unreasonable to expect more from them than information-sharing and broad policy discussion, particularly if the groups are expected to involve senior managers such as Directors General. The evaluation found that it has not been uncommon for lower ranking personnel to attend working group meetings in place of Directors General, which may be an indication of the time pressures facing more senior public servants, as well as recognition of the fact that meaningful collaboration can also occur at the working level.

In this context, it is also important to bear in mind the distinctions among action plans. Within the Enforcement Action Plan, many partner departments and agencies depend heavily on one another in order to perform their day-to-day operational work and fulfill their mandates. Thus, departments and agencies involved in the Enforcement Action Plan must routinely connect with their immediate Strategy partners merely in order to carry out their normal functions. Conversely, on an operational level, the departments and agencies involved in the Prevention and Treatment Action Plans are much less reliant on other Strategy partners in order to deliver their programs. Among the partners to these action plans, horizontal coordination and collaboration may require greater effort.

¹⁴ Speech by RCMP Deputy Commissioner Raf Souccar, Media Launch of the Synthetic Drug Initiative, August 25, 2009.

On a practical level, several possibilities emerged from the evaluation for improving the horizontal functioning of the Strategy. One possibility might be to develop and implement a mechanism for reallocating funds among the partner departments and agencies within each action plan, particularly if it is clear that certain components or partners will lapse funds – which was the case with the Strategy, as will be discussed below. In such circumstances, reallocation would ensure that Strategy funds are used by Strategy programs in order to achieve Strategy objectives, rather than for other purposes. Of course, all of the partners involved in an action plan must agree on the principle of reallocation as well as the mechanism, and the entire approach would also be subject to Treasury Board approval. If implemented, a reallocation mechanism would be a way of requiring partner departments and agencies to work together in the interests of achieving the overall objectives of each action plan.

Other possibilities for improving horizontal functioning, identified by interviewees and focus group participants, include:

- Developing working groups consisting of program-level representatives to foster collaboration and coordination at the operational level; these would be in addition to the Director General working groups.
- Sharing information among all, or a relevant subset of, Strategy partners on what organizations have applied for or received funding through the Strategy funding programs. This approach would enable Strategy partners to work with funding recipients on their initiatives, thus maximizing the impact of Strategy resources.
- Developing a Strategy extranet or intranet site for information exchange among the partners.

Focus group participants emphasized that when contemplating mechanisms for improving horizontality, the driving consideration should be whether increased collaboration and coordination is likely to produce greater success in meeting the objectives of each action plan.

3.4. Implementation of the Strategy

Overall, the National Anti-Drug Strategy has been implemented largely as intended. All components of the Strategy have been implemented, with the exception of elements contingent on passage into law of the government's proposed MMP legislation. However, many components have experienced delays and other challenges, and are behind schedule in implementation. The main challenges to implementation have been circumstances beyond the

control of the component programs; human resource issues; and the need to reorient existing programs for the Strategy. These challenges are briefly summarized below. More detailed information can be found in Table 5, which describes the implementation status of each component of the Strategy, and the challenges each component encountered.

Circumstances beyond the control of the partners – Many components, particularly those within the Prevention and Treatment Action Plans, experienced delays related to circumstances beyond their control. These included delays related to the timing of the 2008 federal election and delays arising from administrative or other internal processes, such as approval and hiring processes, within the partner departments.

Human resource challenges – Many components experienced human resource challenges. Turnover in management and staffing affected several components, while others, particularly those that consist of capacity enhancements, experienced difficulties in hiring additional human resources in a timely manner (i.e., in order to expend Strategy resources within the fiscal year for which funding was allotted). Ensuring that new hires met all security and training requirements also produced delays for some components. Human resource issues were the main challenge confronted by the components of the Enforcement Action Plan, although some components within the Prevention and Treatment Action Plans were also affected by such challenges.

The need to reorient existing programs – Within the Prevention and Treatment Action Plans, some components that pre-existed the Strategy experienced difficulties and delays in reorienting their programs for the Strategy and in gaining acceptance for these changes from stakeholders (such as the provinces and territories and community-based organizations).

Table 5: Status of implementation of components of the National Anti-Drug Strategy

Component/ Department	Status of implementation and challenges to implementation
Prevention Action Plan	
Mass Media Campaign (HC)	Overall, this new component was partially implemented as planned, and delayed. The first phase of the campaign, aimed at parents, was implemented as planned. The parent campaign consisted of TV, radio, and print ads; a web campaign; and a parent booklet. Following the launch of the parent campaign, ACET (Advertising Campaign Evaluation Tool) surveys were conducted to support performance measurement and evaluation requirements under the Strategy. The parent campaign will be re-launched in 2009–2010. The second phase, aimed at youth, is currently under development.
Drug Strategy Community Initiatives Fund (HC)	This existing program was implemented as planned, but delayed for a variety of reasons. The first Call for Proposals (CFP) was launched in December 2007 and closed in February 2008. Originally, it was anticipated that projects would start

Component/ Department	Status of implementation and challenges to implementation
	<p>October 1, 2008. However, a number of challenges produced delays, including the number of proposal submissions received (approximately 300), which placed significant demands on program staff; the redesign of the proposal assessment process to place more emphasis on program impact, resulting in a longer review period; and the federal election, which caused a delay in Health Canada’s proposal review and approval process. Other implementation challenges included the need to work with community stakeholders to improve their understanding and to gain their acceptance of the refocused program and the new proposal requirements; the need to manage national versus regional accountabilities within Health Canada; and high staff turnover rates.</p> <p>An evaluation of the first CFP was initiated at the end of 2008–2009, and noted that the CFP received fewer proposals than did previous calls (although, as noted above, the volume of proposals placed significant demands on program staff). This was the result of several factors, including short lead time; limited information provided to managers; the timing of the call (before Christmas holiday period); a too-short period of time between the launch and the deadline for proposal submission for some proponents (particularly Aboriginal); failure to communicate the program’s new directions and priorities well to potential proponents; and limited response from partner organizations that had previously worked with the program or from new partner organizations.</p> <p>In total, 64 projects have been funded, including 63 projects funded as a result of the first CFP as well as funding provided to the Canadian Centre for Substance Abuse. Most projects began receiving funding April 1, 2009, while a few received funding in the last quarter of 2008–2009. The DSCIF has re-profiled approximately 30% of its 2008–2009 funding into 2010–2011.</p>
<p>Crime Prevention Action Fund (PS)</p>	<p>This component was implemented as planned, but experienced slow uptake at first. NCPC expected a number of national projects of higher value, which have not materialized. As a result, in years 1 and 2, NCPC over-delivered in terms of the number of projects, but did not spend its allocated funding. Year 3 projects are under development and if all are approved, NCPC expects to over-deliver on funding as well and meet its commitments at the end of five years. To date, NCPC has approved funding for 30 individual Strategy projects with a total value of almost \$19 million, while an additional 12 projects are under consideration for funding. This compares with NCPC’s total commitment of \$20 million over the five-year duration of the Strategy.</p> <p>The NCPC was not allocated any new funds through the Strategy, and NCPC funding does not constitute a discrete, stand-alone program. Rather, existing project proposals that have met the funding criteria of NCPC’s funding programs are reviewed to determine if they meet Strategy objectives. Initially, it was difficult to instill a common understanding among NCPC regional directors and project officers of what constitutes a Strategy project. However, the NCPC has developed and implemented an assessment tool to assist in identifying projects that meet Strategy objectives.</p>
<p>Drugs and Organized Crime Awareness Service (RCMP)</p>	<p>This existing program was implemented as planned. DOCAS has delivered awareness presentations and programs (including D.A.R.E., Kids & Drugs, Drug Endangered Children, and the Aboriginal Shield Program), held training sessions, established</p>

Component/ Department	Status of implementation and challenges to implementation
	<p>partnerships, and disseminated educational materials through a variety of its component programs, as planned. The program is experiencing ongoing human resource challenges, including challenges related to recruitment and Strategy reporting.</p>
Treatment Action Plan	
<p>Drug Treatment Funding Program (HC)</p>	<p>The DTFP was formally launched in April 2008. This new program has been implemented as planned, but due to delays in a series of other announcements, the rolling-out of the program is one year behind the Strategy. Negotiating the nature and scope of projects with the provinces and territories was a challenge, as the provinces and territories required time to adapt to Health Canada’s new requirements and develop their proposals. There was some resistance to the focus on illicit drugs because treatment services are not designed around specific substances; treatment services are client-based and polydrug use is common. It has taken time for the provinces and territories to adapt to the new requirement to submit a five-year plan and to the emphasis placed on performance measurement, evaluation, and reporting. In addition, the amount of time the provinces and territories would need to develop system enhancement proposals was underestimated. The original time frame allowed for three months; most required six months, and a small number have yet to submit a proposal 13 months later. Following the CFP, an average of 10 bilateral meetings was held with each province/territory to discuss and/or clarify issues related to the scope/nature of applications under the DTFP. Finally, the time needed to negotiate and finalize the contribution agreements has been greater than anticipated, and has created an additional delay.</p> <p>External factors, namely the federal election in 2008, also produced delays for the program, since it caused the DTFP to delay an external assessment of treatment services proposals.</p> <p>The DTFP received eight proposals for treatment system improvements, four of which were approved for funding in February 2009, as well as nine proposals for new and/or enhanced early intervention treatment services, one of which was approved for funding in February 2009. In addition, a separate project focused on providing services to critical treatment services and programs for vulnerable groups in Vancouver’s Downtown Eastside was also funded in February 2009.</p> <p>In order to address the delays and manage the Minister’s commitment to provide \$111 million over five years to provinces and territories and \$10 million over five years to Vancouver’s Downtown Eastside, some \$16.7 million of the planned 2008–2009 budget has been re-profiled into subsequent years.</p>
<p>National Native Alcohol and Drug Abuse Program (HC)</p>	<p>First Nations and Inuit Health Branch’s (FNIHB’s) Action Plan has been closely followed. Given the issues facing First Nations and Inuit communities, this program focused on substance use in general, rather than illicit drug use specifically. Some of the main activities include: establishment of seven contribution agreements in 2008–2009 for the purpose of carrying out regional needs assessments and commissioning three research papers to focus on key knowledge gaps within NNADAP’s continuum of services; supporting enhancements and improvements to the quality and capacity of treatment centres through the accreditation process; providing modernization funding to FNIHB regions to improve the quality and capacity of treatment systems,</p>

Component/ Department	Status of implementation and challenges to implementation
	<p>programs, and services; and forming strategic partnerships with various organizations as part of the modernization of the NNADAP. There have been some changes in timelines (i.e., delays of 6-8 months on some projects). Turnover in management and staffing in the regions and at headquarters has also been a challenge.</p>
<p>Youth Justice Anti-Drug Strategy, Youth Justice Fund (DOJ)</p>	<p>This program was implemented as planned, but was slower to start than expected. There were some challenges, since the DOJ's usual stakeholders were not used to working in the area of treatment. Turnover in staffing has also been a challenge for this program. To date, 13 projects have been funded by the program.</p>
<p>Drug Treatment Court Funding Program (DOJ)</p>	<p>A total of six pilot sites were funded through contribution agreements under the CDS. The transition from the CDS to the Strategy was unproblematic. No major challenges to implementation were identified.</p> <p>An evaluation¹⁵ of the DTCFP was generally positive. The evaluation found the DTCFP continues to be relevant to federal priorities to address substance abuse issues in a criminal justice context. The evaluation found support for the specialized courts among the professionals involved with the program and in the literature. The court and treatment components were found to be working effectively.</p> <p>The program is reaching some of its intended groups, including individuals with serious drug additions, lower socio-economic profile, multiple needs and lack of adequate housing. However, the program is having some difficulty attracting individuals from the DTCFPs target groups of youth (18-24 year olds), Aboriginal men and women, sex trade workers and women in general.</p> <p>The most challenging area for the DTCFP was collecting information and data on the effectiveness of the DTCs. Although substantial work had been undertaken, quantitative evidence of the outcomes of the program, such as its effect on recidivism and drugs use and its cost effectiveness, was preliminary, not comparable across sites or not available. These difficulties are not surprising given that the DTCs are relatively new; which limits the ability to demonstrate effects as post-program follow-up periods are short. Based on the information available, the evaluation found that the DTCFP is generating positive outcomes for participants, including reducing recidivism and drug use, and enhancing their social stability. A preliminary attempt at assessing the relative cost advantages of DTCs indicates that they are a cost-effective alternative to incarceration, but substantially higher than probation.</p>
<p>National Youth Intervention and Diversion Program (RCMP)</p>	<p>This new program experienced some modifications to its planned implementation. While the original intention was to develop and implement three assessment tools (for youth at risk, schools at risk, and communities at risk), the RCMP elected to focus on the first (for youth at risk) because its existing tools and programs already enable it to meet its commitments for community and school risk profiling. In addition, instead of developing its own youth at risk screening tool (which would have taken substantially more time), the RCMP is using an existing, standardized and validated instrument, which is an abridged version of a more detailed assessment tool.</p> <p>This program experienced delays as a result of turnover in management and staff, as</p>

¹⁵ Drug Treatment Court Funding Program: Summative Evaluation can be found at: <http://canada.justice.gc.ca/eng/pi/eval/2009.html>

Component/ Department	Status of implementation and challenges to implementation
	<p>well as delays related to the security process for seconding staff to the program and acquiring the copyright to the screening tool (obtained in January 2009). In addition, consultations with relevant RCMP business lines (e.g., Ethics, Forms Management, Legal, and the Access to Information and Privacy Branch) were not initially conducted during NYIDP program development, and these areas needed to be addressed before proceeding further with program development and delivery. Finally, the process of selecting pilot sites took longer than planned, and getting buy-in of RCMP detachments and divisions continues to require a significant investment of time and resources.</p> <p>As a result of the challenges identified above, the program is behind schedule in implementation. At the end of fiscal year 2008–2009, the list of potential sites was not yet finalized. However, as of April 2009, three sites had received training on the use of the tool, two sites are currently using the tool, and three additional sites have committed to using the tool.</p>
Research on Drug Treatment Models (CIHR)	<p>This program was partially implemented as planned. In order to expend the Strategy resources allotted to it for the 2008–2009 fiscal year, the Canadian Institutes of Health Research (CIHR) launched two calls for proposals simultaneously—one for individual researchers (Catalyst funding) and one for teams of researchers. Applications were to be submitted by October 1, 2008. CIHR did not receive the number of proposals it expected under Catalyst, because most researchers opted to apply for the Team funding. CIHR launched a third CFP in an attempt to solicit more submissions, but this resulted in only one additional proposal. As a result, CIHR was not able to expend all of its Strategy resources in the fiscal year. In total, out of 12 applications received for the Catalyst and Team Grant programs, five proposals were provided funding. In June 2009, CIHR launched two additional calls for proposal.</p>
Enforcement Action Plan	
National Coordination of Efforts to Improve Intelligence, Knowledge Management, Research, and Evaluation (PS)	<p>This component was implemented as planned. The department’s main role is coordination of the Enforcement Action Plan. In this context, PS coordinated Enforcement Action Plan meetings and workshops; coordinated input for domestic and international fora to promote Canadian efforts under the Enforcement Action Plan; and provided support to the Minister through briefings related to emerging policy issues and meetings with stakeholders. In addition, PS has a contribution program, the Policy Development Contribution Program, which has funded four research and other initiatives in support of the Enforcement Action Plan to date.</p> <p>No major challenges were identified for this component. Although PS has implemented its program elements, staff turnover limited, to a small extent, the capacity of the Department to undertake additional activities in support of the Strategy. Staffing processes are in place to correct this issue.</p>
Prosecution and Prosecution-related Services (ODPP)	<p>This component was implemented as planned. The Office of the Director of Public Prosecutions (ODPP) received \$1.3 million in the 2008–2009 fiscal year and used those resources to hire 7.5 FTEs, which includes FTEs providing corporate support for prosecution of drug production and distribution offences. The distribution of those resources has been mainly determined by the distribution of additional RCMP resources provided by Strategy funding. One challenge identified is that the ODPP does not control the number of drug production and distribution charges that are</p>

Component/ Department	Status of implementation and challenges to implementation
	<p>brought before the courts. Rather, this number is determined, at least in part, by the number of charges brought forward by investigative agencies such as the RCMP, the nature of the evidence to support those charges, and the legal requirements that must be met for a case to proceed.</p>
Office of Controlled Substances (HC)	<p>This component was implemented as planned. There were some minor changes related to the timing of hiring compliance officers. Timeliness of staffing was a challenge, especially in the first year, because the Strategy was announced in November 2007. However, as OCS had an eligibility list in place, it was able to hire additional resources quickly. The increase in staffing resulted in increased capacity to monitor compliance.</p> <p>In addition, according to the 2008-2009 Performance Reporting Template, improvements to the process of destruction authorizations were implemented and the over-arching policy for the process of authorizations was being developed at an interdepartmental level. A client survey and Rating Guide for measuring compliance to Precursor Control policies and regulations had been developed but had not yet been implemented, pending the approval of the accompanying consultation plan.</p>
Drug Analysis Service (HC)	<p>This component was implemented as planned: two positions were hired with Strategy resources and additional operating funds were received to support the work of DAS. Timeliness of staffing was a challenge for the same reasons as OCS; however, short-term staffing was used as an interim measure while the indeterminate hiring was being conducted. While Strategy funding has enabled DAS to increase its analytical capacity, other initiatives are underway within DAS to address its pre-existing resource shortfall.</p>
Marijuana and Clandestine Lab Teams (RCMP)	<p>This component was implemented as planned. Resources received for enforcement were posted with existing synthetic drug operation (SDO) and MGO teams. There are now five-person teams in place, of which three individuals per team are funded by the Strategy. Other activities include establishment of the Synthetic Drug Initiative with other federal departments and development of a separate working group with Health Canada officials responsible for Policy and Regulatory Affairs for the purpose of making changes to the Precursor Control Regulations, rescheduling amphetamine type stimulants, and updating destruction authorities for seized controlled substances and precursors. A Joint Forces Operation is being sought with CBSA – Intelligence Directorate to enhance sharing of intelligence.</p> <p>This component experienced human resource challenges, i.e., the fact that new recruits must meet extensive, time-consuming security and training requirements. Insufficiency of resources in relation to the size of the problem was also identified as a challenge.</p>
Intelligence Development and Field Support Division, Analysis and Scientific Services (CBSA)	<p>This component was implemented as planned. Although challenges were encountered in the first stages of implementation, such as staffing delays and a lack of funding for headquarters, this provided an opportunity to identify gaps in the areas of communications and implementation support. In the initial design, roles and responsibilities for program delivery were shared between various branches at headquarters and between headquarters and regions.</p> <p>In the component design, regions were given the opportunity to manage their</p>

Component/ Department	Status of implementation and challenges to implementation
	<p>programs and resources according to their needs, which did not necessarily reflect the way in which the Strategy was developed. This was partially due to the level of resource funding received, which was viewed as inadequate in relation to the size of the problem. There are notable resource challenges, particularly due to expansive geographic areas, as few regions were funded for full resources.</p>
Special Enforcement Program (CRA)	<p>This component was implemented as planned. CRA hired an additional six auditors and, as a result of Strategy funding, was able to perform 15 audits. The additional auditors came into a team of auditors that conduct marijuana grow-op audits, as well as audits of other criminal activity. No challenges to implementation were identified.</p>
Forensic Accounting Management Group (PWGSC)	<p>This component was implemented as planned. The FAMG received one FTE, as planned, and provided forensic accounting support to the RCMP on three Strategy files identified in 2007–2008. The process of identifying Strategy files has been problematic. FAMG often works on files for a long time before they are identified as Strategy files. This approach does not permit optimal management of volume of files. Strategy files should be identified as early as possible. FAMG is currently using more than one FTE to support the RCMP on Strategy files.</p>
Financial Intelligence (FINTRAC)	<p>This component was implemented as planned: FINTRAC has dedicated two FTEs to drug-related cases with the objective of increasing the number of such cases provided to law enforcement. Strategy funding provided additional detection and analytical capacity to proactively detect 32 other drug-related cases, with an additional 24 drug-related cases being disclosed and referred to law enforcement. This represents 10% of all drug-related cases disclosed to law enforcement in 2008–2009. No major challenges to implementation were identified.</p>
Annual Contributions to UNODC and CICAD (DFAIT)	<p>This component was implemented as planned. DFAIT continued to provide annual contributions to UNODC and CICAD in order to enhance the capacity of Member States to combat crime and drugs through the implementation of key international instruments and delivery of technical assistance. DFAIT also worked with other government department partners to ensure policy coherence on key drug-related resolutions of the UN General Assembly; Canada’s participation in regular sessions of the Organization of American States Inter-American Drug Abuse Control Commission (OAS CICAD) and the UN Commission on Narcotic Drugs; and participation in the drafting of a UN Political Declaration and Action Plan for combating illicit drugs for the next 10 years. DFAIT also supports and seeks to refine CICAD’s Multilateral Evaluation Mechanism, a peer assessment of national drug control strategies in the Western Hemisphere, and DFAIT’s contribution agreement with CICAD supports an average of four to five law enforcement training sessions undertaken by the RCMP per year.</p> <p>DFAIT did not receive the one FTE and contribution that it had originally requested under the Strategy. Additional resources for FTEs may be required in the future to successfully meet existing and emerging challenges. To date, resource limitations of domestic partners through which DFAIT delivers training internationally have not posed a serious challenge. However, there is concern that resource limitations of other government departments which deliver DFAIT-funded training internationally, may prove to be a challenge in the successful delivery of programs.</p>

Component/ Department	Status of implementation and challenges to implementation
Mandatory Minimum Penalties (MMP)	
Prosecution of Serious Drug Offences under <i>the Controlled Drugs and Substances Act</i> (ODPP)	MMP legislation has not been passed; thus, these components have not been implemented.
Case Preparation and Supervision (CSC)	
Conditional Release and Pardon Decisions (NPB)	
Drug Analysis Service (HC)	

Source: Documents provided by the partner departments; key informant interviews

3.5. Resources

As a consequence of the implementation challenges described above, all of the funds allocated for the first two fiscal years of the Strategy (2007–2008 and 2008–2009) have not been spent. Overall, 68% of allocated funds have been spent. See Table 6 (next page) for detailed information.¹⁶

There are significant differences in spending among the three action plans. Actual spending, as a percentage of planned spending, is 86% for the Enforcement Action Plan, 74% for the Prevention Action Plan, and 46% for the Treatment Action Plan.

Thus, implementation was least problematic for the Enforcement Action Plan, likely because it consists primarily of capacity enhancements that did not require any program development or reorientation.

Conversely, implementation was most problematic for the Treatment Action Plan. The Treatment Action Plan consists of several new or reoriented programs, some of which have spent less than half of their planned spending. Within this action plan, the Drug Treatment Funding Program (DTFP) (which provides funding through contribution agreements to the provinces and territories) accounts for 70% of planned spending, but has spent only one-third of its planned allocation. In order to address the challenges reported in the previous section, some \$16.7 million

¹⁶ Although the evaluation used the financial data from the DOJ's Departmental Performance Reports (Horizontal Initiatives) for the sake of consistency across components, in some cases these figures may not represent the most recent information. For example, more recent figures were provided by the CBSA, DTCFP, and DAS.

of the DTFP's planned budget for contributions for 2008–2009 have been re-profiled into subsequent fiscal years.

In total, in fiscal years 2007–2008 and 2008–2009, some \$55 million were either re-profiled into future fiscal years or lapsed. This information is essential to understanding the overall status of Strategy implementation, as well as progress towards expected outcomes.

Table 6: Comparison of planned and actual spending by action plan and components, National Anti-Drug Strategy, fiscal years 2007–2008 and 2008–2009

	Total planned spending	Total actual spending	Difference between planned and actual spending (\$)	Actual/planned spending (%)
Prevention Action Plan				
Mass Media Campaign	\$9,958,090	\$8,289,000	\$1,669,090	83%
DSCIF	\$21,570,000	\$15,089,655	\$6,480,345	70%
NCPC (PS)	\$5,000,000	\$4,224,073	\$775,927	84%
DOCAS	\$6,010,000	\$4,078,000	\$1,932,000	68%
Total Prevention	\$42,538,090	\$31,680,728	\$10,857,362	74%
Treatment Action Plan				
DTCFP	\$7,531,276	\$5,531,276	\$2,000,000	73%
YJADS	\$2,088,283	\$923,395	\$1,164,888	44%
DTFP	\$47,500,000	\$15,881,337	\$31,618,663	33%
NNADAP	\$8,300,000	\$7,800,000	\$500,000	94%
CIHR	\$1,074,998	\$495,657	\$579,341	46%
NYIDP	\$1,155,705	\$774,175	\$381,530	67%
Total Treatment	\$67,650,262	\$31,405,840	\$36,244,422	46%
Enforcement Action Plan				
OCS	\$3,742,000	\$2,477,267	\$1,264,733	66%
DAS	\$19,418,000	\$17,400,000	\$2,018,000	90%
PS	\$1,600,000	\$1,192,000	\$408,000	75%
Marijuana/Clan Lab Teams	\$26,668,000	\$23,111,000	\$3,557,000	87%
ODPP	\$1,300,000	\$1,495,299	(\$195,299)	115%
CBSA	\$3,295,000	\$2,585,639	\$709,361	78%
DFAIT	\$1,800,000	\$1,800,000	\$0	100%
CRA	\$1,613,168	\$1,078,149	\$535,019	67%
PWGSC	\$387,850	\$387,850	\$0	100%
FINTRAC	\$505,000	\$315,250	\$189,750	62%
Total Enforcement	\$60,329,018	\$51,842,454	\$8,486,564	86%

	Total planned spending	Total actual spending	Difference between planned and actual spending (\$)	Actual/planned spending (%)
Justice Canada lead	\$1,277,102	\$1,102,571	\$174,531	86%
Total Strategy	\$171,794,472	\$116,031,593	\$55,762,879	68%

Source: Calculated based on data in DOJ Departmental Performance Reports (Horizontal Initiatives) for 2007–2008 and 2008–2009. Excludes MMP components.

3.5.1. Inadequacy of resources

Due to initial start-up challenges, some components of the Strategy have lapsed resources. Once all components have been fully implemented, it will be possible to assess the adequacy of Strategy resources. However, the evaluation did find some areas in which resources may be inadequate.

One example is the international component of the Strategy. Several Strategy partners, including HC, DOJ, PS, RCMP, CBSA, and DFAIT, are involved in this component. Although contribution funding for the international component was continued, partner departments involved in this component did not receive any new FTE or operations and maintenance (O&M) funding under the Strategy. The resource challenges associated with this component of the Strategy are growing as Canada comes under increasing international pressure to deal with a range of international drug issues, including emerging issues such as synthetic drugs and diversion of precursor chemicals. There are also resources expended in ensuring that Canada meets its international obligations and engages in advocacy efforts internationally.

Resources for performance measurement and reporting, both within partner departments and agencies and within the DOJ, may also be insufficient. Although performance reporting is an expected aspect of program management, there has been no assessment of the incremental resource demands of performance reporting for horizontal initiatives. Within the Strategy, most partners did not receive resources for performance reporting and some are using A-base funding for this purpose. As a result, most components of the Strategy will not undergo separate evaluations. The DOJ, which has responsibility for Strategy-level evaluation, received \$100,000 per year, plus one dedicated FTE, for this purpose. Given that the DOJ's role in Strategy-level evaluation is likely to be more substantial than "rolling up", or integrating, a series of evaluations completed by the partners, this level of resources may not be adequate.

While only a minority of interviewees felt able to comment on the matter, all agreed that the DOJ is under-resourced to carry out its role as the lead department for the Strategy, with responsibilities including overall lead, policy development, coordination among partners, communication, and reporting and evaluation.

As the Strategy lead, the DOJ received four dedicated FTEs to support its lead role, including one each for communications, evaluation, policy, and clerical support, as well as some operating and maintenance dollars. According to the DOJ, five additional people are working in various capacities related to the lead function, either full-time or part-time, and the DOJ has borrowed O&M funds from other areas within the department for activities related to the Strategy. Of particular note, the DOJ did not receive management-level positions to support its lead role. Although the DOJ lapsed 14% of its allotment in the first two years of the Strategy for various reasons including timing, differences between budgeted amounts for various activities and actual costs, and delays in staffing some positions, this variance does not account for the fact that the department has used non-Strategy resources for Strategy activities.

The December 2000 report of the Auditor General notes that “effective coordination takes time and effort” (sect. 20.128) and identifies a need for “adequate resources to allow the lead department to plan, co-ordinate and implement a horizontal initiative” (sect. 20.110). Unfortunately, it offered no guidance on what an adequate level of resources might be or how this amount might be calculated (e.g., various approaches to this calculation are conceivable: a set amount per participating department, a certain proportion of the overall initiative budget, or some other formula).

3.6. Performance measurement and reporting

At this stage in Strategy implementation, it is too early to report on outcomes, particularly in light of the delays experienced by many components. However, the evaluation found clear indications that substantial work has been done to support performance measurement, reporting, and evaluation of the Strategy. The DOJ, as Chair of the Subcommittee on Evaluation and Reporting, has provided considerable assistance to the partners by developing reporting templates and tools and by coordinating and leading SER meetings, and, as previously reported, many key informants acknowledged the DOJ’s effective work in this area.

Furthermore, many Strategy partners have put in place systems to collect and report on performance information, and all contributed to the DOJ’s Departmental Performance Report

(Horizontal Initiatives) for 2008–2009. At the time of writing of this report, all of the partners had provided their performance reports for 2008–2009 and all of these reports were available to the evaluation.

In spite of progress to date, there will clearly be challenges in reporting results for the impact evaluation scheduled for 2011. Indeed, many of the challenges first identified by the Baseline Study in January 2009 remain:

- For some components, baseline information is lacking or is expected to be available at some point in the future. Therefore, baseline years will vary within each action plan and across the Strategy as a whole.
- Particularly for programs providing funding for capacity enhancements, there are difficulties in isolating outputs and outcomes of Strategy funding. Furthermore, for many of these components, existing information management systems do not support isolating Strategy-funded activities or outcomes. As a consequence, some departments/programs intend to report on their overall outputs and outcomes rather than attempt to isolate Strategy-funded outputs and outcomes.
- The relatively short time frame of the Strategy will pose difficulties for many components. Behaviour change within a population occurs over an extended period of time and will be difficult to demonstrate within the time frame of the Strategy.
- Programs that rely on funded projects to provide performance information will likely experience numerous challenges to reporting. Although these programs have developed reporting templates and tools, have trained funding recipients in performance measurement and reporting, and have developed evaluation plans, their ability to report will ultimately be contingent on the ability of funded projects to provide performance information. These projects are likely to experience the typical challenges that funding recipients face, such as a lack of baseline data; difficulties in meeting reporting timelines and expectations and securing feedback from participants and stakeholders; a lack of training in evaluation; and a lack of resources to fulfill reporting obligations.
- Given the findings of this evaluation, it may be difficult to establish a causal link between a department's activities and outputs under the Strategy and any outcomes that may be observed. Although it may be possible to establish a link between outputs/activities and immediate outcomes, it may be more difficult to do so for longer term outcomes.

Overall, it seems clear that despite the quite sophisticated structures and mechanisms that have been put in place to facilitate performance reporting and evaluation of the Strategy, actual capacity to report on outcomes will be limited by the challenges previously identified. Moreover, these challenges will be exacerbated by the delays in implementation affecting many components. Several programs have only recently been implemented and, in some cases, are still in the implementation process. With respect to performance reporting requirements, therefore, the DOJ and some Strategy partners find themselves in a difficult position. Indeed, the 2000 report of the Auditor General observed that “realistic expectations for timing and outcomes” (sect. 20.110) are an important element of successful management of horizontal initiatives. Given the current situation, many programs will likely find it challenging to report on outcomes by 2011. In light of this reality, it will be necessary to contemplate a variety of possible alternative approaches to the impact evaluation beyond those originally planned.

4. CONCLUSIONS AND RECOMMENDATIONS

This section of the report summarizes the evaluation findings, draws conclusions, and provides recommendations.

4.1. Relevance

The evaluation confirmed a legitimate and necessary role for the federal government in prevention, treatment, and enforcement of illicit drug issues. The federal government's role in enforcement is defined by the Constitution, domestic legislation such as the *Criminal Code* and the *Controlled Drugs and Substances Act*, and by various international conventions Canada has ratified. While prevention and treatment are areas of primarily provincial jurisdiction, there is general agreement among those interviewed that the federal government can and should be active in these areas, since the sheer magnitude of the illicit drug problem demands sizeable resources and because the problem is not contained within local, provincial/territorial, or regional boundaries.

At the federal level, continued federal commitment to the Strategy has been demonstrated by recent public statements by the Ministers involved in the Strategy and by the reintroduction of MMP legislation in February 2009. More broadly, the Strategy links to other federal government initiatives, including its Tackling Crime and Safe and Healthy Communities agendas. By comparison, the provinces and territories focus on substance abuse in general rather than abuse of illicit drugs, support harm reduction, and take a more holistic approach to substance use issues.

The evaluation also confirmed an ongoing need for a coordinated response to illicit drug issues, such as the National Anti-Drug Strategy, with elements of prevention, treatment, and enforcement. With respect to enforcement, illicit drug trafficking continues to be a major concern both nationally and internationally, and recent reports indicate that Canada has become a source country for illicit drugs such as methamphetamine, ecstasy, and marijuana. Similarly, the most recent Canadian statistics on rates of illicit drug use, particularly among youth, indicate an ongoing need for action in the areas of prevention and treatment. That being said, many external

stakeholders believe that the prevention and treatment components of the Strategy would better serve the public interest if they covered substance use in general, rather than illicit drug use specifically.

Finally, the evaluation found the Strategy to be relevant to international objectives and priorities. The Strategy has been well-received as a model by the international community, and at least one country (Chile) has developed a national strategy very similar to Canada's. Canada actively advances Strategy principles at regional and international drug negotiations and has found receptive audiences. Capacity-building, including the training provided by the RCMP, is in increasing demand internationally. However, the international community is divided on the most appropriate direction for illicit drug policy, and in particular is divided on questions such as harm reduction and the appropriate balance between supply reduction (enforcement) and demand reduction (prevention and treatment). In addition, many countries have broader drug strategies in place that address substance use in general, rather than focusing on illicit drugs specifically.

No recommendation on relevance.

4.2. Design

The Strategy is intended to cover illicit drugs, defined as substances controlled by the *Controlled Drugs and Substances Act (CDSA)*. This includes street drugs such as cocaine, heroin, marijuana, and ecstasy, as well as pharmaceuticals. The evaluation found that some stakeholders, both within and outside the federal government, are operating on the assumption that the Strategy covers only street drugs and not controlled pharmaceuticals. There is therefore a need to clearly communicate to stakeholders that the Strategy covers all controlled substances, including pharmaceuticals.

The evaluation also found that about half of the projects funded under the Strategy address substance use in general, rather than illicit drugs specifically. Recognizing that the objective of the Treatment Action Plan is to “support effective treatment and rehabilitation systems” and that as such, its focus is legitimately broader than illicit drugs, this finding nevertheless suggests that more attention should be paid to the way Strategy priorities are communicated to stakeholders.

Recommendation 1:

It is recommended that the DOJ develop, in cooperation with its partners, a communications strategy to clarify and to increase the understanding of the Strategy's focus among government partners and external stakeholders.

Management Response:

Accepted. The DOJ will develop a communications strategy with options for both high profile and low profile opportunities to clarify and increase the understanding of the Strategy among external and internal stakeholders. One component could be directed at ensuring that applicants for Strategy funding understand what is included in the term "illicit drugs."

4.3. Governance and horizontality

Among departmental interviewees, there is general agreement that the roles and responsibilities of the Strategy partners are appropriate and clearly defined, and there is a common understanding of these roles and responsibilities among the partners. Initial challenges related to the transfer of the lead role from Health Canada to the DOJ have been resolved.

The Strategy's formal governance structure, consisting of an ADM Committee and four Director General working groups, may not be functioning as effectively as intended. The working groups are not all meeting regularly or as often as mandated, and their focus tends to be information-sharing and reporting rather than operational collaboration and coordination. It has not been uncommon for lower ranking personnel to attend working group meetings in place of the intended more senior personnel.

That being said, the evaluation did find some examples of operational collaboration among Strategy partners, including the Aboriginal Issues Committee developed in the context of the Treatment and Prevention Working Group, the Synthetic Drug Initiative spearheaded by the RCMP, and the international work. While other issues might benefit from increased coordination and collaboration among Strategy partners, not all circumstances warrant strong coordination. When contemplating mechanisms for improving horizontality, the driving consideration should be whether increased collaboration and coordination are likely to produce greater success in meeting the objectives of each action plan.

Possibilities for improving horizontal functioning include establishing, in addition to the Director General-level working groups, working groups consisting of program-level representatives to foster collaboration and coordination at the operational level; to share information among all, or a relevant subset of, Strategy partners on what organizations have applied for or received funding through the Strategy funding programs; and to develop a Strategy extranet or intranet site for information exchange among the partners. This will enable Strategy partners to work with funding recipients on their initiatives and thus maximize the impact of Strategy resources.

Recommendation 2:

It is recommended that the DOJ work with its funding partners to establish a Prevention and Treatment program-level working group to encourage more collaboration and effective information-sharing among the funding partners.

Management Response:

Accepted. In consultation with the DOJ, the Health Canada-led Prevention and Treatment Action Plans Working Group will review its terms of reference and operation to determine how best to enhance operational collaboration and coordination among program officials administering Strategy funding programs.

4.4. Implementation

The evaluation found that the National Anti-Drug Strategy has been implemented largely as intended. All components of the Strategy have been implemented, with the exception of elements contingent on passage into law of the government's proposed MMP legislation. However, many components, particularly those that are part of the Prevention and Treatment Action Plans, have experienced delays and other challenges, and are behind schedule in implementation. The main challenges to implementation have been: circumstances beyond the control of the component programs; human resource issues; and the need to reorient existing programs for the Strategy.

As a result of these challenges, approximately one-third of the funds allocated to the Strategy were not spent in the first two fiscal years. There were significant differences in the capacity of the three action plans to expend funds. Implementation was least problematic for the Enforcement Action Plan because it consists primarily of capacity enhancements that did not require any program development or reorientation. Conversely, implementation was most problematic for the Treatment Action Plan, which consists of several new and pre-existing

programs, some of which have spent less than half of their planned spending. Across the Strategy as a whole, some \$55 million were either re-profiled into future fiscal years or lapsed, which may have implications for the rate of progress toward expected outcomes.

No recommendation on implementation.

4.5. Resources

Although some components of the Strategy have lapsed funds, there are some areas in which resources may be insufficient. One area is the international component, which did not receive any new funding under the Strategy. This area is experiencing growing resource challenges as Canada comes under increasing international pressure to deal with a range of international drug issues, including emerging issues such as synthetic drugs and diversion of precursor chemicals. There are also resources expended in ensuring that Canada meets its international obligations and engages in advocacy efforts internationally.

The evaluation also found that resources for performance measurement, reporting, and evaluation may be insufficient, particularly for Strategy-level reporting. Most Strategy partners did not receive resources for performance reporting and as a result, most components of the Strategy will not undergo separate evaluations. Given that the DOJ's role in Strategy-level evaluation is likely to be more substantial than "rolling up", or integrating, a series of evaluations completed by the partners, the level of resources it received for this purpose (\$100,000 per year plus one FTE) seems inadequate in relation to the task.

Finally, based on key informant opinion, the DOJ may be under-resourced to carry out its role as the lead department for the Strategy, with responsibilities including overall lead, policy development, coordination among partners, communication, and reporting and evaluation. Through the Strategy, the DOJ received four FTEs (including the one FTE mentioned above) to support its lead role, as well as some O & M funding. The Department has had to borrow from other functional areas in order to fulfill its responsibilities as the Strategy lead.

No recommendation on resources.

4.6. Performance measurement and reporting

Although it is too early to report on outcomes given the delays in implementation, substantial work has been done to support performance measurement, reporting, and evaluation of the Strategy. The DOJ, as Chair of the Subcommittee on Evaluation and Reporting, has provided considerable assistance to the partners by developing reporting templates and tools and by coordinating and leading SER meetings. Many Strategy partners have put systems in place to collect and report on performance information, and all contributed to the DOJ's Departmental Performance Reports (Horizontal Initiatives) for 2007–2009.

Despite the quite sophisticated structures and mechanisms that have been put in place to facilitate performance reporting and evaluation, components of all three Action Plans will have challenges in reporting results for the impact evaluation scheduled for 2011. Challenges include a lack of baseline information, difficulties in isolating outputs and outcomes of Strategy funding, difficulties in establishing a causal link between a department's activities and outputs and any outcomes that may be observed (particularly for longer-term outcomes), reliance on funded projects to provide performance information, and the relatively short time frame of the Strategy, particularly since behaviour change occurs over an extended period of time.

These challenges will be exacerbated by the delays in implementation as many programs will likely not be in a position to report on outcomes by 2011. Therefore, alternative approaches to the impact evaluation should be considered. Some possibilities include greater than anticipated reliance on qualitative approaches and/or reporting on selected components or outcomes as opposed to all components or outcomes.

Recommendation 3:

It is recommended that the DOJ develop, in consultation with the Strategy partners, alternative approaches to reporting on outcomes for the impact evaluation.

Management Response:

Accepted. As chair of the Sub-committee on Evaluation and Reporting, the DOJ will work with the sub-committee to develop an evaluation plan for the impact evaluation.