

Substance Abuse Prevention for Somali Youth
Project Evaluation Report

Completed by: The SAPSY Project Team

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Date: April 2012

Executive Summary

An urgent need to develop a culturally appropriate drug abuse prevention strategy for Somali youth and families in Ottawa was identified in 2007 by the Canadian Friends of Somalia (CFS). In this community, normal teen challenges have been compounded by social and economic exclusion, and a lack of awareness of the harms associated with drug use and the strategies that can be employed to prevent them.

To address this need a partnership was formed, in 2007, between CFS, Rideauwood Addiction and Family Services and the Centre for Addiction and Mental Health (CAMH) - Ottawa office. Together the partners developed a Substance Abuse Prevention for Somali Youth (SAPSY) Project proposal and in 2009 received 3-year funding from Health Canada's Drug Strategy Community Initiatives Fund (DSCIF).

Utilizing a community outreach and cross-training strategy to target this high risk population, the project goals were to develop and implement culturally appropriate substance abuse education and prevention efforts geared to Somali children, youth and families, and share, with community partners, an effective collaboration model between human service systems. Activities included community engagement, outreach, education sessions geared to Somali youth

and parents, and a cross-training strategy between Rideauwood staff and Somali service providers.

With the support of an Advisory Committee, the SAPSY Project effectively engaged the Somali community and networks in health promotion and prevention efforts. The SAPSY cross-training strategy appeared to improve the capacity (knowledge and skills) of both Somali service providers and Rideauwood staff to facilitate and/or support youth substance abuse prevention efforts within the Somali community. The number of Somali youth and parents who attended the SAPSY education sessions exceeded estimates by 100%. Immediate post-test results suggest that the sessions significantly increased parent and youth awareness of the warning signs, risk factors and protective factors associated with youth substance abuse. This increased awareness appeared to be evident 3-months after the sessions were completed.

Given the project's success, securing funds to continue the SAPSY program in Ottawa, and sharing it with other Somali communities across Canada, is recommended.

Section 1: Introduction

Purpose of the Evaluation

An urgent need to develop a culturally appropriate drug abuse prevention strategy for Somali youth and families in Ottawa was identified in 2007 by the Canadian Friends of Somalia. The primary purpose of this evaluation was to determine if, with DSCIF funding from Health Canada, the Substance Abuse Prevention for Somali Youth (SAPSY) project was able to meet target outputs and outcomes. Data was gathered over a 3 year period; from February 1, 2009 to December 31, 2011.

Who conducted the evaluation

The evaluation was conducted in house by the project partners: Canadian Friends of Somalia (CFS), Rideauwood Addiction and Family Services, and the Centre for Addiction and Mental Health (CAMH) – Ottawa office. With guidance from Cindy Smythe, Research Associate with the Social, Prevention and Health Policy Research Division at CAMH, data collection tools were developed. Both output and outcome data were collected by the project staff then submitted to Rideauwood's data specialist for collation. The CAMH Ottawa office representative took the lead on quarterly reports and the preparation of this final report.

Section 2: Project Description

The SAPSY Project is based on a specific request from the Somali community to address the needs of Somali children and youth in Ottawa, who are at risk of using illicit drugs, and also their families. This project partnership came about in 2007, when CFS Executive Director, Farah Aw Osman approached Marcia Gibson, Program Consultant at CAMH, to discuss the urgent need for substance abuse prevention and early intervention programs geared to Somali youth and families in Ottawa. Marcia, in turn, put out a call to local service providers to assist and Rideauwood's Executive Director, Paul Welsh, responded to the that call. When Health Canada released an RFP for DSCIF funding in 2008, the partners worked together to prepare a proposal for submission. At the request of the project partners, Rideauwood agreed to take the lead, the proposal was successful, and the SAPSY Project partnership was solidified.

Utilizing a community outreach and cross-training strategy to target this high risk population, the project goals were:

- 1) culturally appropriate substance abuse education and prevention efforts geared to Somali children, youth and families
- 2) to develop and share, with community partners, an effective collaboration model between human service systems.

The SAPSY Project objectives were two-fold:

- 1) to increase awareness of substance abuse and it's prevention within the Somali community and
- 2) to develop a collaborative and strengths-based solution to illicit drug use among Somali youth.

Target Population

The primary target group for this initiative was Somali youth and their families. It was anticipated that during the project period, approximately 226 parents would attend parent education sessions and 196 youth would attend education sessions geared to youth. The secondary beneficiaries of this project were Somali youth & community workers and addiction prevention service providers. Their direct involvement in the cross-training strategy, the educations sessions, and outreach & referral, was designed to expand their capacity to serve Somali youth and families.

Activities

To break down barriers, the SAPSY Project team developed a work plan that included the following key and sub activites:

1. Community Engagement

- Form an advisory committee
- Conduct advisory committee meetings
- Organize and host a consultation with service providers
- Organize and host one Somali community forum

2. Capacity Building

- Hire project staff
- Orient project staff
- Develop drug abuse prevention training for Somali service providers
- Implement 2.5 days of drug abuse prevention training for Somali service providers
- Develop cultural awareness training for Rideauwood staff
- Implement 2.5 days of cultural awareness training for Rideauwood staff

3. Community Education

- Develop substance abuse prevention education sessions for Somali youth and for Somali parents
- Pilot substance abuse prevention education sessions for Somali youth and Somali parents
- Implement substance abuse prevention education sessions for 196 Somali youth and 226 Somali parents
- Develop and distribute 4 culturally appropriate youth drug abuse prevention fact sheets in English, French and Somali
- Develop 2 culturally appropriate youth drug abuse prevention public service announcements and broadcast on Somali radio
- Organize and host one drug awareness presentation for Somali community

4. Knowledge Transfer

- Promote project at key conferences
- Develop presentation on project accomplishments, evaluation findings and recommendations
- Facilitate 6 presentations for stakeholders

Outputs

The corresponding outputs for the project's key activities can be found in

Table 1.

Key Activities	Expected Outputs
1. Community Engagement	New knowledge to inform project work plan and key stakeholders
2. Capacity Building	Two Somali staff hired and oriented Cross training between Somali service providers and Rideauwood staff (2.5 days each)
3. Community Education	Substance abuse prevention education sessions for 226 Somali parents and 196 Somali youth
4. Knowledge Transfer	Six presentations to key stakeholders re: project evaluation and results

Table 1: Key Activities and Corresponding Outputs

Expected Outcomes

As shown in **Table 2**, many of the desired project outcomes were tied to the Health Canada DSCIF outcomes.

Project Outcomes (Expected)	DSCIF Outcomes
<u>Community Engagement</u> 70% of Somali advisory committee members will report that they believe they had an impact on the project	Increased engagement of community structures, networks in HP&P efforts to prevent illicit drug use among youth
<u>Capacity Building</u> 70% of Somali service providers, who participate in the cross training, will report an increased understanding of substance abuse and it's prevention 70% of Rideauwood staff, who participate in the cross training, will report an increased capacity to engage Somali youth and families	Acquired / improved capacity (knowledge & skills) to avoid illicit drug use
<u>Community Education</u> 70% of Somali parents and 70% of	Increased awareness / understanding of healthy lifestyle choices and of illicit

<p>Somali youth, who attend SAPSY education sessions will be able to identify:</p> <ul style="list-style-type: none"> - 5 warning signs of youth substance abuse - 3 risk factors - 3 protective factors (prevention) 	<p>drugs and their negative consequences</p>
<p>75% of Somali parents and 75% of Somali youth, who attend SAPSY education sessions, will rate the sessions as 'good' or 'very good'.</p>	
<p>70% of Somali youth workers and Rideauwood staff, who are engaged in this project, will report an effective working partnership in implementing substance abuse prevention strategies geared to Somali youth and families</p>	
<p><u>Knowledge Transfer</u> Evidence of success (meeting target outcomes) to inform best / promising practices</p>	<p>Increased engagement of community structures, networks in HP&P efforts to prevent illicit drug use among youth</p>

Table 2: Project Outcomes and Corresponding DSCIF Outcomes

Additional project outcomes focused on the satisfaction of youth and parents who attended the education sessions, and the effectiveness of the working partnership between Somali service providers and Rideauwood staff.

Operating Context

In Ottawa, the Somali community is the largest Black, and the largest African community (Social Planning Council Ottawa, 2006). Based on the 2006 census conducted by Statistics Canada, the number of people in Ottawa-Gatineau who

identified their mother tongue as Somali was 6310 (Statistics Canada, 2006).

Community leaders however have estimated that the size of the community may actually be four to five times larger. The majority of Somali adults came to the community as refugees. It is estimated that 18% arrived between 1981 and 1990 and 81% arrived between 1991 and 2000. Compared to other communities the Somali population has a much higher proportion of children and teens with 73.5% being between the ages of 0 – 24 (all visible minorities = 42.1%; all others = 30.8%)(Social Planning Council Ottawa, 2006).

In a 2006 report by the Social Planning Council of Ottawa, *Communities Within: Diversity and Exclusion in Ottawa*, the degree of exclusion for Ottawa's Somali community was highlighted. With 97% of local Somalis identifying as Muslim, the three "R's": race, religion and refugees status have intersected to make the Somali community particularly vulnerable to social and economic exclusion. The result has been very high incidence of poverty and disproportionate under-employment and unemployment. The median income for the Somali community was \$11,693 which was dramatically below all visible minorities (\$19,422) and all others (\$31,437) (Social Planning Council Ottawa, 2006). In Ottawa, Somalis are most numerous in the Alta Vista (21%), Gloucester-Southgate (14.4%), and Bay (13.8%) areas with a concentration in social housing and other affordable housing neighbourhoods, where safety is a concern for many Somali parents. For Somali youth, parents and families, normal teen challenges are compounded by the situations and the barriers noted above, making Somali

youth vulnerable to peer pressure and “bad influences” like drug use and drug trafficking. This situation is exacerbated by the cultural and religious views of the Somali community. For the adult population, substance use is strictly forbidden. Understandably then, there is a lack of awareness of the warning signs and specific harms of youth substance abuse, as well as prevention and early intervention strategies.

Project Management

The SAPSY Project has been led, and financially managed by, Rideauwood Addiction and Family Services. Rideauwood is a multifunctional addiction service that delivers integrated programs in addiction and problem gambling treatment, and in education for families, schools, employers and the community.

Rideauwood provided addiction and gambling prevention and education services to 9,200 people in 2008-09, including addiction/problem information for 31 schools, community groups, professional groups and School Councils. The agency screened over 5220 treatment referrals in 2008-09, providing addiction and gambling treatment services to 2690 clients in several specialized program areas: youth school based substance abuse and parent services, agency based youth addiction and parent programs, community and school based prevention service, addiction treatment to pregnant young women, treatment to homeless youth, Youth Mental Health Court program, Youth Probation service, children and youth mental health services, adult addiction day treatment, adult addiction

evening treatment, homeless women's concurrent disorder service, concurrent disorder addiction supervision, homeless concurrent disorder addiction treatment, family member day programs, family member evening programs, Family of Origin program, Drug Treatment Court Ottawa, Ontario Works Addiction Services Initiative and Gambling Treatment and Family Member programs.

Project Partners and Key Stakeholders

Rideauwood's project partners include Canadian Friends of Somalia (CFS) and the Centre for Addiction and Mental Health (CAMH) – Ottawa office. CFS is a grassroots organization supported by the local Somali community. Their primary focus is youth and family issues. CFS has established partnerships with local school boards, police, the youth justice system, and the local Boys and Girls Club. The Executive Director and Board of Directors at CFS have identified the need for substance abuse prevention for Somali youth and families as a local priority. The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH is fully affiliated with the University of Toronto, and is a Pan American Health Organization/World Health Organization Collaborating Centre. CAMH combines clinical care, research, education, policy and health promotion to transform the lives of people affected by mental health and addiction issues. Central facilities

are located in Toronto; community locations are throughout the province of Ontario.

The main stakeholders for the evaluation are:

- Somali youth, parents and community members
- Somali advisory committee members representing the Somali Centre for Family Services, Lowertown Community Resource Centre, Pinecrest Queensway Community Health Centre, Huntclub/Riverside Community Resource Centre, Ottawa Police Services, the City of Ottawa, the Ottawa Carleton District School Board, Centretown Community Health Centre and Ottawa Community Immigrant Services Organization (OCISO).

Project Logic Model

The SAPSY Project logic model can be found in Appendix A.

Section 3: Evaluation Scope and Methods

As shown in Appendix B, the project evaluation questions and corresponding performance indicators were tied directly to the project outcomes (see Section 2: Expected Outcomes). All outcome data were collected through surveys. Hard copy surveys were used, by the project staff, to gather data before (pre-test) and immediately after (immediate post-test) each education session with youth and with parents. Approximately three months after the education sessions, data was gathered via hard copy survey as well. To do this, project staff each

invited a sample of parents and a sample of youth to meet with them again and complete the survey. Electronic (Fluid) surveys were used to gather feedback from advisory committee members and the project partners. Hard copy surveys were used to gather data at the cross-training sessions with Somali service providers and Rideauwood staff. All survey tools can be found in Appendix C and Appendix D.

Analysis

Analysis for both the qualitative and quantitative data took place over time. Quantitative data were summarized, collated and compared to the target indicators. The rate of return (the number of people who actually provided feedback compared to the potential number who could have provided feedback) was also documented. Preliminary analysis involved presenting the findings to project partners, staff and advisory committee members at regularly scheduled meetings. Discrepancies were also identified and presented to the project staff for their input.

Methodological Limitations of the Evaluation

The following limitations of the evaluation will need to be considered:

1) Sampling: Parent and youth education session participants who completed the immediate post-test feedback and/or who agreed to complete the 3 months post feedback form may not be a representative sample of all session participants.

Because the Somali community is predominantly an oral society, some of the parent participants were not interested in completing the pre-test and post-test forms, or in answering all questions. And despite assurances of confidentiality, other parents were reluctant to answer all of the questions. With youth, the challenge lay in getting them to stay after the education session was complete. Many left during the wrap up and did not complete the forms. This also had an impact on sample size, and in turn, our ability to generalize the results.

2) Bias: Self-reporting by participants may not reflect what has actually occurred and this could threaten the reliability of the evaluation findings (Rossi et al, 2004). Furthermore, the youth and parent educators needed to be in the room while the feedback forms were being filled out. Involvement of the service provider in data collection could skew the results.

3) Time Constraints: the project length did not allow enough time to measure intermediate and long term outcomes (i.e. knowledge retention)

4) External Influencers: Other factors may have positively or negatively influenced the evaluation findings. Therefore, it cannot be confirmed definitively that the education sessions or the professional cross-training led to any identified changes in knowledge or skill.

Section 4: Process Evaluation Findings

Project Implementation

The SAPSY project was primarily implemented as intended. The project team met weekly for the first few months to discuss next step and clarify roles. Two project staff were hired, oriented and trained. An advisory committee was formed to provide ongoing feedback on the education sessions (what, who, when and where) and the cross-training strategy. A service provider consultation provided a purpose that was two-fold: garner feedback on our project work plan before proceeding, promote the program with champions in the community. As anticipated the education sessions and materials were drafted, piloted, reworked and finalized. The cross-training sessions were implemented later than planned but were well organized and very well received. In some instances, the plan of action was improved upon as the project team went along. For example:

- The youth education sessions were broadened to include a week long leadership course during the March Breaks in 2010 and 2011, and a month long leadership program in July 2011. This kept the youth engaged, safe and focused on the importance of being a good role model for children in the community.
- The parent education sessions were going to take place in various community centres but to make them more comfortable and personable for the parents, they were often held in people's homes or spaces provided by religious leaders (i.e. the local mosque).

Some project activities were not implemented as intended however, in each case, there was a rationale for changing the course. For example, as part of our Community Engagement strategy, one Somali community forum was proposed but we soon learned that there was significant community interest in the SAPSY project and method of engagement was not needed. This was supported by the number of presentation requests received by the project staff and the strong turn out at both the parent and youth SAPSY education sessions. Similarly, community education activities like broadcasting public serviced announcements on Somali radio and hosting one drug awareness presentation for the entire community were planned, but project staff asked that this be reconsidered. They felt strongly that 1) 'word of mouth' promotion would (and did) work best and 2) Somali parents and families preferred to receive the information face to face in smaller more intimate groups. These changes allowed the project staff to devote more time to the education sessions where the number of session requests and the number of parents and youth served far exceeded our estimates. These changes also allowed the staff to follow-up with parents who were concerned that their child might already be using substances, and provided them with more information and a referral.

Project Governance Structure

The governance model for this project was a hybrid designed specifically for this project. As the project lead and fiduciary agent, Rideauwood's Executive Director Paul Welsh made decisions about the use of project funds and key directions, while providing an equal voice for the two other project partners (Farah Aw Osman, CFS & Marcia Gibson, CAMH) at all planning meetings. In turn, the project partners heeded the advice of the project staff and the SAPSY advisory committee.

Rideauwood was responsible for hiring one of two staff for the project and directing funding to Canadian Friends of Somalia to hire the second staff person. Together these project partners operationalized the work plan. Responsibilities included parent and youth education sessions, cross-training and project presentations at key conferences. CAMH took on a more administrative role. Responsibilities included the documentation of all discussions and decisions made at project planning, consultation, and advisory committee meetings; assisting with the development of the data gathering tools and the completion of quarterly reports for Health Canada.

The project partners and staff met monthly throughout the project and weekly at the start and at the mid-point. These face-to-face conversations were so very important when it came to sharing and understanding the unique perspectives of the project partners and staff. We did not always agree on how to proceed but different points of view were welcomed and together we were able to come to a consensus with regard to roles, program development, problem solving and next

steps. The project created a continuous learning environment for us all and there was mutual respect for the expertise that each partner and staff person brought to the table.

Partnerships developed to effectively reach project results

Through the course of the SAPSY project the partners joined forces with individual and agency partners in order to deliver the program. They included:

- The Somali Project at Pinecrest-Queensway Community Health Centre (PQ provided space and access to existing groups for Somali parents).
- The City of Ottawa - the Housing Department provided meeting space. The Health Department, Youth Zone – City of Ottawa Employment Services, and Police Department provided presentations at the March Break and Summer leadership programs.
- Ottawa District School Board and Ottawa Catholic School Board (provided space for youth education sessions).
- The Ottawa Boys & Girls Club (assisted with the summer leadership program)
- The Somali Centre for Somali Services

A number of the SAPSY advisory committee members also supported the project by securing space and providing supervision and/or co-facilitation at the youth education sessions.

Project Outputs

As shown in **Table 3**, most of the expected outputs were met or exceeded.

Activities (Planned)	Activities (Actual)
Community Engagement	
Form an advisory committee	<p>In May 2009, Canadian Friends of Somalia identified potential members for the Somali community to join the SAPSY advisory committee. These individuals represented Somali Centre for Family Services, Lowertown Community Resource Centre, Pinecrest Queensway Community Health Centre, Huntclub/Riverside Community Resource Centre, Ottawa Police Services, the City of Ottawa, the Ottawa Carleton District School Board, Centretown Community Health Centre and Ottawa Community Immigrant Services Organization (OCISO). Invitations were extended to all and eight indicated that they would be able to participate. The advisory committee was formed, and the Terms of Reference were approved, on June 25, 2009. The membership list and Terms can be found in Appendix E.</p>
Conduct advisory committee meetings	<p>Eleven advisory committee meetings were conducted between June 25, 2009 and September 16, 2010. Meetings were conducted over the lunch hour, with lunch provided, to accommodate members, all of whom were working during the day and/or tending to family obligations in the evening. Agenda items included project updates and requests for input on the content and implementation of the parent and youth education sessions and the cross-training. Meeting minutes were taken by the CAMH representative and distributed by e-mail to all members, then reviewed and approved at the start of the next meeting. Once the project was well underway, advisory committee members saw no need to continue to meet so meetings were</p>

Activities (Planned)	Activities (Actual)
	<p>brought to a close.</p> <p>All SAPSY advisory committee agendas and minutes will remain on file at CAMH for a period of 5 years.</p>
<p>Organize and host a consultation with service providers</p>	<p>The project partners hosted a project launch and service provider consultation on October 20, 2009. Thirty local service providers representing Somali community services, the City of Ottawa Health Department, community health centres, and the police department were in attendance. Participants were oriented to the SAPSY project and, through small group activities, provided recommendations for implementing substance abuse prevention education for Somali parents and youth in Ottawa. For more information see the Service Provider consultation notes in Appendix F.</p>
<p>Organize and host one Somali community forum</p>	<p>A community forum was not conducted as planned. This was to be a method of outreach and project promotion, however, there was significant community interest in the SAPSY project and engagement was not needed. This was supported by the number of education session requests received by the project staff and the strong turnout at these sessions (double initial projections).</p>
Capacity Building	
<p>Hire project staff</p>	<p>Recruitment and hiring of two project staff began after verbal approval of the Health Canada funding was provided. They were formally hired once the project funding flowed. The interim between announcement and funding flow facilitated an efficient startup.</p> <p>Farah Aw-Osman, CFS Executive Director was employed 3.5 days weekly to develop</p>

Activities (Planned)	Activities (Actual)
	<p>and implement Youth Prevention activities, and facilitate Cross Training between a variety of Somali community workers across the city and Rideauwood staff. Farah is Somali Canadian, speaks fluent Somali and Arabic and has been an active community worker with the Somali community in Ottawa for over 20 years. He is pursuing a BSW part time.</p> <p>Sahra Said, MSW, was employed 1.5 days weekly as the Parent Substance Abuse Prevention Educator. Sahra is a Somali Canadian and has been a Cultural Liaison Officer working with new immigrants in Ottawa for several years. Her role was to develop and implement the SAPSY education sessions with Somali parents across Ottawa.</p> <p>Additional job responsibilities, working with key stakeholders to secure venues, promotion of education sessions with existing parent and youth groups, supporting youth and parents in need of immediate support and referral, and data collection.</p> <p>Both project staff stayed with the project from start to finish. Additional staffing included:</p> <p>Paul Welsh, Rideauwood Executive Director. Paul oversaw the financial, training, delivery of the project</p> <p>Joan LeadbeaterGraham, Rideauwood Director for Youth Addiction and Parent programs. Joan provided knowledge and expertise and staff participation specific to Youth Addiction and Family/Parent impacts and staff input in education, training, prevention content and orientation of Somalia staff.</p> <p>Lisa Bouley and Debbie Moore, Rideauwood trainers. Lisa and Debbie facilitated the substance abuse prevention training for Somali service providers</p> <p>Kerry Muloney, Rideauwood's Coordinator for Evaluation and Data. Kerry gathered</p>

Activities (Planned)	Activities (Actual)
Orient project staff	<p>and summarized all data collected from feedback forms and surveys.</p> <p>Marcia Gibson, Program Consultant at CAMH. Marcia's position was a pro bono contribution .5 days weekly. Marcia's focused was documentation of all meetings and key decisions, gathering information and preparing reports to Health Canada.</p>
	<p>Training and orientation of the two SAPSY project staff included: attending a 2 evening workshop (4 hours) at Rideauwood for parents and families called Family Spiral; participation in evening Parent education sessions on addiction and youth called Parent Education on Addictions and Kids (PEAK) - each attended the series twice (6 evenings X 2 hours); orientation through the Program Director and several her staff in the reading and discussion of materials on substance abuse, addiction, youth and families, and substance abuse prevention (70 hours each). The project staff also had access to 27 counsellors, and the parent educators, at Rideauwood, for one on one discussion throughout the course of the project.</p> <p>Ongoing coaching and supervision around prevention education content and prevention methods occurred one 1/2 day every two weeks for year 1 (75 hours each in Year 1) and once monthly in year 2 and 3 (75 hours each all of year 2 and 3). Coaching on how to address issues of potential existing substance abuse occurred as needed. There was also coaching with respect to issues of personal trauma and incidents of challenging interactions with community members related to the workers' experiences prior to the project These included encountering extended family and community members who expressed strong emotional reactions to the topic of substance abuse and/or who had personal or family experiences with substance abuse. There was also coaching around the project staff's knowledge values and attitudes (which were consistent with the Somali community). Additional coaching was provided to address challenging reactions which could impact on their daily work</p>

Activities (Planned)	Activities (Actual)
	<p>and well being.</p> <p>In many ways the coaching of these prevention educators included all aspects of clinical supervision which are provided to counselors. This was necessary in order for the project staff to address the psychosocial and emotional reaction of the parents because the substance abuse prevention efforts touched on many emotional, psychosocial, cultural, spiritual and mental health realities of the audience.</p>
<p>Develop drug abuse prevention training for Somali service providers</p>	<p>Components of the Family Spiral session developed by Rideauwood trainers , were utilized to develop drug abuse prevention training for Somali service providers. Each of these components were expanded to include more interaction and questions and answers, and adjusted in order to be culturally specific. A section was also added to move the participants from awareness to action.</p> <p>The development required preparatory work by Rideauwood trainers, Lisa Bouley and Debbie Moore (4 hours each) and a two hour planning meeting with Farah and Sahara, the project staff.</p>
<p>Implement 2.5 days of drug abuse prevention training for Somali service providers</p>	<p>Two days of training was provided Rideauwood trainers, Lisa Bouley and Debbie Moore, to approximately 18 Somali Canadian workers from a variety of agencies including social services, school boards, community health centres and employment services. The first training day took place on June 4, 2010; the second training day took place on October 20, 2011. Both were held at the Heron Community Centre. The training focused on the bio-psychosocial impact of substance use and addiction, recognition of substance abuse and addiction problems, effective and ineffective prevention strategies and early intervention. Prior to the training, the participants had little historic knowledge of these issues, and initially there was some uncertainty expressed about attending such a session. Once interest was confirmed, convening</p>

Activities (Planned)	Activities (Actual)
Develop cultural awareness training for Rideauwood staff	very busy service providers still proved to be a challenge. Most were required to time off work to attend so only two training days were possible. Still, the training was very popular and attendees have expressed interest in future training opportunities.
Develop cultural awareness training for Rideauwood staff	Abdirizak Warsame, a local Somali cultural awareness consultant and community leader was recruited by the project staff Farah and Sahra to develop and implement the cultural awareness training for Rideauwood staff. Two planning meetings between the project team and Abdirizak were held to discuss the training objectives and desired outcomes.
Implement 2.5 days of cultural awareness training for Rideauwood staff	Two days of cultural awareness training was provided by Abdirizak Warsame for approximately 25 Rideauwood Youth Addiction and Parent Counsellors. The first training took place on January 31, 2011. The second session was held on May 16, 2011. Both were held at Rideauwood. The first session focused was the history, culture, and faith of the Somali community in Somalia, the characteristics of the Somali community in Ottawa, and the intergenerational challenges facing Somali parents and their children. The second session involved some experiential work (case studies) for the staff. Staff interest was raised and there is a commitment to ongoing awareness training at Rideauwood.
Community Education	
Develop substance abuse prevention education sessions for Somali youth and for Somali parents	With input from Rideauwood and CAMH, the SAPSY project staff developed a Power Point presentation for youth and a Power Point presentation for parents. Both presentations provided information on drugs of abuse, substance use, substance abuse & dependence, risk factors and warning signs. The parent presentation provided information on positive strategies that parents and families can use to

Activities (Planned)	Activities (Actual)
<p>Pilot substance abuse prevention education sessions for Somali youth and Somali parents</p>	<p>prevent youth substance use, while the youth presentation focused on the pitfalls of substance use and positive strategies that youth can use to avoid substance abuse and related problems.</p> <p>While it was anticipated that the first parent and youth education sessions would be pilot sessions, in many ways the whole project was a pilot. After each session, the project staff utilized verbal feedback from the participants to revise their presentation. Also as new and important information emerged, that they thought would be useful to include, the presentations were adjusted time and time again.</p>
<p>Implement substance abuse prevention education sessions for 196 Somali youth and 226 Somali parents</p>	<p>Over a 2 year period (January 1, 2010 – December 31, 2011) substance abuse education sessions were conducted with 397 Somali youth and 424 Somali parents. This exceeded the output targets by 102% and 88% respectively).</p> <p>The 14 youth sessions that were conducted were approximately two hours each; some were held on weekends at local community centres or community houses (i.e. Wiggin's Community House) and some after school (at St Patrick's High School, for example). During March Break 2010, the youth sessions were held within a 1 week leadership camp for 81 participants at Heatherington Community Centre with life skills being the core element. During March Break 2011, a similar program was held at St. Patrick's High School for 68 participants. Another youth session was held within a 1 month youth leadership camp with 68 participants in July 2011 at Lisgar High School. Again life skills were the core element and recreation was included. The March Break and Summer programs were organized by the SAPSY staff person in charge of youth programming. The one month summer program was made possible through a \$5000 grant from Health Canada.</p> <p>The 23 parent sessions that were conducted varied from 3 – 5 hours long. Many took</p>

Activities (Planned)	Activities (Actual)
	<p>place on Saturdays and some were scheduled after work hours on Thursday and Friday afternoon and evening. Some of the presentations were made to existing groups for Somali mothers, and others were organized by the SAPSY parent educator. Some sessions held in community space; some held in homes; some held in the parent educator's home. The session participants were primarily mothers (estimate = 90%). One session for fathers was held with 26 participants attending. The parent education sessions were primarily held in Ottawa West (Pinecrest-Queensway) and Ottawa south (Hunt Club) where the Somali community is well established and where Sahara had key contacts. Communities not as well served included Vanier and Lowertown.</p>
<p>Develop and distribute 4 culturally appropriate youth drug abuse prevention fact sheets in English, French and Somali</p>	<p>While four fact sheets had been proposed (two for parents and two for youth) the project partners quickly realized that the target audiences preferred oral presentations and dialogue over written materials. Still, two culturally appropriate youth drug abuse prevention fact sheets were developed; one for parents and one for youth. While each was geared to the parent and youth population specifically, both fact sheets provided information on warning signs of substance abuse, risk factors for substance abuse and positive strategies (protective factors) to prevent substance abuse. The information provided was complementary to the information provided in the education sessions and was designed to help the parents and the youth retain this important information. Both fact sheets also provided contact information for the SAPSY project staff.</p> <p>Instead of presenting the information in a brochure format, the youth information was provided on a 3-fold card that could easily fit in a wallet or pocket. This design was used to allow the youth to put the information in a secure and easy location, and prevent throw away. The parent information was initially provided in the 3-fold card format as well, with the idea that mothers would put the information material in their</p>

Activities (Planned)	Activities (Actual)
	<p>purchase, but many parents found the small font difficult to read. The parent educator resolved this problem by changing the format to an 8 1/2 X 11 fact sheet.</p> <p>Both fact sheets were developed in English then translated into Somali and French. The parent fact sheet can be found in Appendix G. The youth fact sheet can be found in Appendix H.</p>
<p>Develop 2 culturally appropriate youth drug abuse prevention public service announcements and broadcast on Somali radio</p>	<p>Public service announcements were not conducted as planned. Once the project got underway, the project staff decided not to implement this activity. They felt strongly that 'word of mouth' promotion would (and did) work best. The project partners supported this decision.</p>
<p>Organize and host one drug awareness presentation for Somali community</p>	<p>A drug awareness presentation open to the Somali community was planned but the project staff asked that this be reconsidered. They felt strongly that Somali parents and families preferred to receive the information face to face in smaller more intimate groups. These changes allowed the project staff to devote more time to the education sessions.</p>
Knowledge Transfer	
<p>Promote project at key conferences</p>	<p>The partners promoted the project through a poster presentation at the Canadian Centre for Substance Abuse (CCSA) Issues of Substance Conference in November 2009 in Halifax and again in November 2011 in Vancouver. The project was also presented at the Addictions Ontario conference in May 2011 and the Children's Mental Health Ontario conference in November 2011, Toronto.</p>
<p>Develop presentation on project accomplishments, evaluation</p>	<p>A Power Point presentation on project accomplishments, evaluation finding and</p>

Activities (Planned)	Activities (Actual)
findings and recommendations	recommendations has been developed.
Faciliate 6 presentations for stakeholders	Farah Aw Osman and Paul Welsh have facilitated two presentations to date: one at the NAACJ symposium in Ottawa in February 2012 and one at the Justice Canada Symposium in March 2012. Similar presentations will also be made this Spring to the Addiction and Mental Health Network of Champlain (AMHNC) and the Champlain Addiction Coordinating Body.

Table 3: SAPSY Project Activities

Project Challenges

There were a few challenges experienced during the course of the project. For example the socio-political context for the Somali community had an impact on getting the trust of the community. The project staff addressed resistance and feelings of insult from some community members with honesty, tact and diplomacy. They encouraged people to share their concerns with them directly and took time for one on one conversation when needed. They explained the goals of the project and the importance of all parents and youth having access to youth drug abuse prevention education. The result was interest in the education sessions that far exceeded what we had hoped.

Another challenge was the intergenerational conflict being experienced by many Somali youth and parents. As one youth said to Farah, "How I am at home is different than how I am at school". Parental and cultural expectations sometimes conflict with that of the mainstream community and this often leaves parents with little knowledge of how their children interact with others and navigate the world outside of the home. In turn, it leaves the youth feeling disconnected from their parents and misunderstood. Farah addressed this conflict in the education sessions with the youth, explaining where the parents are coming from and the strength that they have maintained despite war, dislocation, and social and economic impediments in Canada. This allowed many youth to see their parents in a more honourable light, and to see just how much their parents contribute to the family as a whole.

Another challenge was getting fathers to attend the education sessions. They were primarily attended by Somali mothers who were already meeting for social or education purposes. To remedy this, Sahra held a session specifically for fathers which was well attended and well received.

Finally, the project, on its own could not address all risk factors associated with youth substance abuse. Receiving information about warning signs and protective factors can help, but it does not improve the socio-economic circumstances that many Somali families are facing which put their children at risk (i.e. poverty, living in high risk neighbourhoods, racism).

What Worked

Most of the activities which were undertaken during the course of the SAPSY Project worked out very well. For example:

- The SAPSY Advisory Committee members provided excellent feedback to the project partners and staff. They also provided important linkages to information, meeting space and existing groups for Somali youth and parents (i.e. community health centres, school boards and immigrant serving organizations).
- The Project Staff hired were knowledgeable, skilled and well connected in the Somali community. They worked well together as a team and were so committed to the project that they stayed until the end!

- The training and ongoing professional development provided to the project staff gave them the skills and the confidence to respond to the needs of Somali parents and youth attending the education sessions.
- Having 3 key agencies with different yet complementary strengths provided a strong base for the project. Talking about youth substance abuse can be distressing for families who have experienced, or are experiencing this personally so involving experts in addiction is part of the winning formula. An equally crucial component was the cultural and community connections that CFS provided.
- All members of the project team maintained flexibility throughout the project. We were committed to the project goals and were prepared to adjust and learn in order to achieve what we set out to accomplish.
- The support of many Somali community leaders was instrumental to the success of the SAPSY Project. They opened their doors and opened their groups to the education sessions for parents and youth.
- Being culturally specific and focusing on one cultural community allowed the project team to develop and implement a program that addressed the needs of the Somali community. Good prevention work arises from tailoring your message to the needs of a specific community and their specific risk factors.
- Volunteers helped us to deliver the program and honorariums provided to for their assistance, for refreshments, and for childcare provision were

- appreciated and well received. They often took care of the logistics so the educator could focus on planning and facilitating the session.
- The outreach efforts of the SAPSY project staff were exceptional. They took the project to the community and utilized key community leaders and school leaders to effectively connect with parents and youth. As a result the number of parents and youth who attended the education session doubled our original estimates.
 - The part-time employment of 9 'at risk' kids through the Summer Student Employment Program (funded by MCYS and offered through the Youth Service Bureau) and the Focus on Youth Program (offered through the Ottawa School Board) to implement programming 'for youth by youth' at the highly successful summer leadership camp was a true success .
 - Weaving the subject of substance abuse into other topics of importance to parents (i.e. parenting skills) and youth (i.e. leadership skills) worked very well according to the project staff.
 - Regular project team meetings provided an opportunity for professional development, learning, coaching to address issues arising, and figuring out how to proceed when challenges arose.
 - Having a supportive working relationship with a Health Canada representative Ranée Chambers was appreciated, particularly when we had questions about reporting procedures. Ranée was very helpful and responsive.

What could have been improved

In hindsight, the SAPSY project team has identified a few areas where the project could have been improved:

- Because change takes time, we would recommend that a similar project be implemented over a 5 year period (at a minimum).
- Had we had the time and the resources, focusing on a younger generation of kids and a younger generation of parents would have been a good idea as well...before potential problems arise.
- Utilizing visual materials (i.e. DVD's) would have helped us to garner the attention of young people during education sessions. We sought such materials but could not find anything suitable.
- Hiring 4 staff, two staff to facilitate the parent education sessions and two staff to facilitate the youth education sessions, would have been wise. Given the level of interaction and the number of questions at the session, a co-facilitator model is needed.
- The hard copy data collection method proved difficult for Somali parents (a first generation oral community). Taking up the questions as a group, and documenting verbal feedback would have been the better way to go.

Section 5: Outcome Evaluation Findings

All of the SAPSY Project’s expected outcomes were achieved or exceeded.

Detailed outcome data for the five evaluation questions can be found in

Appendix I. The findings are summarized below.

1. Do the SAPSY advisory committee members believe that they had an impact on the project?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
E-survey	70% of SAPSY advisory committee members will agree or strongly agree with the statement: <i>I believe that as a SAPSY advisory committee member, I had an impact on the project.</i>	Of the 6 SAPSY advisory committee members who were approached, 2 (33.3%) [†] completed the e-survey. Both (100%) indicated on a 4-point scale from strongly disagree to strongly agree, that they agreed or strongly agreed with the statement: <i>I believe that as a SAPSY advisory committee member, I had an impact on the project.</i>	33.3%

[†] SAPSY Advisory Committee members were not receptive to the e-survey. However in a meeting with Health Canada representative, Ranée Chambers, on February 17, 2012, four of the committee members did speak to the value of the project and how meaningful their involvement was to them.

2. Are the Somali parents and youth who attended the SAPSY education sessions satisfied with sessions and the information that they received?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
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Parent Post-test	75% of Somali parents and 75% of Somali youth who attend the SAPSY education will indicate that overall they found the session to be 'good' or 'very good'	Of the 121 parents who completed the post-session survey, 50 (41.3%) responded to the satisfaction question. Of that percentage, 98% indicated on a 4-point scale from poor to very good, that they found the session to be good or very good.	11.8%
Youth Post-test		Of the 231 youth who completed the post-session survey, 91 (39.4%) responded to the satisfaction question. Of that percentage, 96% indicated on a 4-point scale from poor to very good, that they found the session to be good or very good.	22.9%

3. Are the Somali parents and youth who attended the SAPSY education sessions more aware of substance abuse and its prevention?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
YOUTH SESSIONS			
Youth Pre-session survey	N/A	Of the 313 youth who completed the pre-session survey: 298 (95.2%) responded to the warning signs questions. Of that percentage, 80% indicated that they were aware of very aware of the	78.8% 75.1%

		<p>warning signs of drug abuse</p> <p>301 (96.2%) responded to the risk factors question. Of that percentage, 86% indicated that they were aware or very aware of the risk factors that may lead to drug use</p> <p>299 (95.5%) responded to the protective factors questions. Of that percentage, 80% indicated that they were aware or very aware of the protective factors that may prevent drug abuse</p>	<p>75.8%</p> <p>75.3%</p>
<p>Youth Post-Session survey</p>	<p>70% of Somali youth who attend SAPSY education sessions will be able to identify:</p> <p>5 warning signs of youth substance abuse</p> <p>3 risk factors</p> <p>3 protective factors (prevention)</p>	<p>Of the 231 youth who completed the post-session survey:</p> <p>212 (92%) responded to the warning signs questions. Of that percentage, 80% indicated that they were aware or very aware of the warning signs of drug abuse</p> <p>223 (97%) responded to the risk factors question. Of that percentage, 84% indicated that they were aware or very aware of the risk factors that may lead to drug use</p> <p>219 (95%) responded to the protective factors questions. Of that percentage, 84% indicated that they were aware or very aware of the</p>	<p>58.2%</p> <p>53.4%</p> <p>56.2%</p> <p>55.2%</p>

		protective factors that may prevent drug abuse	
Youth 3 month Post-session survey	70% of Somali youth who attend SAPSY education sessions will be able to identify:	Of the 60 youth who were approached, all 60 (100%) completed the 3-month post-session survey. Of that 60:	15.1%
	5 warning signs of youth substance abuse	100% responded to the warning signs questions. Of that percentage, 100% indicated that they were aware or very aware of the warning signs of drug abuse	15.1 %
	3 risk factors	100 % responded to the risk factors question. Of that percentage, 100% indicated that they were aware or very aware of the risk factors that may lead to drug use	15.1%
	3 protective factors (prevention)	100% responded to the protective factors questions. Of that percentage, 100% indicated that they were aware or very aware of the protective factors that may prevent drug abuse	15.1%
PARENT SESSIONS			
Parent Pre-session survey	N/A	Of the 151 parents who completed the pre-session survey:	35.6%
		125 (82.8%) responded to the warning signs questions. Of that percentage, 27% indicated that they were aware or very aware of the warning signs of drug abuse	29.5%

		<p>129 (85.4%) responded to the risk factors question. Of that percentage, 28% indicated that they were aware or very aware of the risk factors that may lead to drug use</p> <p>128 (84.8%) responded to the protective factors questions. Of that percentage, 31% indicated that they were aware or very aware of the protective factors that may prevent drug abuse</p>	<p>30.2%</p> <p>30.2%</p>
Parent Post-Session survey	<p>70% of Somali parents who attend SAPSY education sessions will be able to identify:</p> <p>5 warning signs of youth substance abuse</p> <p>3 risk factors</p> <p>3 protective factors (prevention)</p>	<p>Of the 121 parents who completed the post-session survey:</p> <p>81 (67%) responded to the warning signs questions. Of that percentage, 83%* indicated that they were aware or very aware of the warning signs of drug abuse</p> <p>76 (63%) responded to the risk factors question. Of that percentage, 88%* indicated that they were aware or very aware of the risk factors that may lead to drug use</p> <p>78 (65%) responded to the protective factors questions. Of that percentage, 88%* indicated that they were aware or very aware of the protective factors that may prevent drug abuse</p>	<p>28.5%</p> <p>19.1%</p> <p>17.9%</p> <p>18.4%</p>

Parent 3 month Post-session survey	70% of Somali parents who attend SAPSY education sessions will be able to identify:	Of the 132 parents (31%) who were approached, 124 (93.9%) completed the 3-month post-session survey. Of that 124:	29.2%
	5 warning signs of youth substance abuse	75.8% responded to the warning signs question. Of that percentage, 82% indicated that they were aware or very aware of the warning signs of drug abuse	22.2%
	3 risk factors	75% responded to the risk factors question. Of that percentage, 83% indicated that they were aware or very aware of the risk factors that may lead to drug use	21.9%
	3 protective factors (prevention)	75% responded to the protective factors question. Of that percentage, 83% indicated that they were aware or very aware of the protective factors that may prevent drug abuse	21.9%

* There was some confusion on the parent post-survey questions which asked responders to chose **all** the correct answers available. Instead some were told by the facilitator to select only the wrong or mismatching answer. Therefore the responder was assessed as having answered the question correctly if they either a) selected all the correct answers, or b) selected only the incorrect answer

4. Do the Somali service providers, who participated in cross-training, report an increased understanding of substance abuse and its prevention?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
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Post-training feedback form	70% of Somali service providers, who participate in the cross training, will agree or strongly agree with the statement: <i>My understanding of substance abuse and its prevention has increased</i>	100% of Somali service providers who attended the youth substance abuse awareness training, and who completed the feedback form indicated on a 4-point scale from strongly disagree to strongly agree, that they agreed or strongly agreed with the statement: <i>My understanding of substance abuse and its prevention has increased.</i>	66.7%
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5. Do the Rideauwood staff who participated in the cross-training, report an increased capacity to engage Somali youth and families in substance abuse prevention efforts?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
Post-training feedback form	70% of Rideauwood staff who participate in the cross-training will agree or strongly agree with the statement: <i>My capacity to engage Somali youth and families in substance abuse prevention efforts has increased.</i>	100% of Rideauwood staff who attended the Somali community awareness training, and who completed the feedback form indicated on a 4-point scale from strongly disagree to strongly agree, that they agreed or strongly agreed with the statement: <i>My capacity to engage Somali youth and families in substance abuse prevention efforts has increased.</i>	69.6%

6. Did Somali service providers and Rideauwood staff, who are engaged in this project, report an effective working partnership in implementing effective strategies vis-à-vis substance abuse and its prevention?

Data Source	Performance Indicator	Actual Outcomes	Overall Response Rate
E-survey	70% of Somali service providers and Rideauwood staff who are engaged in this project will agree or strongly agree with the statement: <i>Canadian Friends of Somalia and Rideauwood Addiction and Family Services employed an effective working partnership to implement substance abuse prevention strategies in the community</i>	100% of Somali service providers and Rideauwood staff, who were engaged in this project agreed or strongly agreed with the statement: <i>Canadian Friends of Somalia and Rideauwood Addiction and Family Services employed an effective working partnership to implement substance abuse prevention strategies in the community.</i>	100%

In summary, through the SAPSY Advisory Committee and ongoing outreach efforts, the SAPSY Project effectively engaged the community, community structures, and networks in health promotion and prevention efforts. According to Somali service providers and Rideauwood staff, the cross-training strategy improved their capacity (knowledge and skills) to facilitate and/or support youth substance abuse prevention efforts within the Somali community. Education

sessions, developed specifically for Somali parents and youth appeared to increase their awareness of the warning signs, risk factors and protective factors associated with youth substance abuse. According to a sample of parents and youth, this increased awareness was still evident 3-months after the sessions were completed.

Additional Outcomes

As a value-add, the SAPSY Project has also paved the way for the Somali Youth Justice Addiction Outreach Project; a new project partnership between CFS and Rideauwood that is responding to another urgent need in the community. Somali parents attending the courthouse with their children, now feel that they can talk to Farah. He has been accepted as someone they can trust and go to for support and information. This has allowed for immediate interventions with youth at risk.

Progress Toward Health Canada DSCIF Outcomes

Cluster 1 Outcome: Increased awareness / understanding of healthy lifestyle choices and of illicit drugs and their negative consequences

DSCIF Indicators (Cluster 1)	Concepts related to this indicator	Progress Toward Outcomes (SAPSY Project)
<i>Level / nature of awareness / understanding of healthy lifestyle choices by targeted population</i>	<i>Protective factors</i>	Of the 124 Somali parents who completed the 3-month post-education session survey, 75% responded to the protective factors question. Of that percentage, 83% indicated that they were aware or very aware of the protective factors that may

		<p>prevent drug abuse. Target (70%) exceeded.</p> <p>Of the 60 youth who completed the 3-month post-education session survey, 100% responded to the protective factors questions. Of that percentage, 100% indicated that they were aware or very aware of the protective factors that may prevent drug abuse. Target (70%) exceeded.</p>
<p><i>Level / nature of awareness / understanding of illicit drugs and their negative consequences by target population</i></p>	<p><i>Perceptions of risk factors for youth using illicit drugs</i></p>	<p>Of the 124 Somali parents who completed the 3-month post-education session survey 75% responded to the risk factors question. Of that percentage, 83% indicated that they were aware or very aware of the risk factors that may lead to drug use. Target (70%) exceeded.</p> <p>Of the 60 youth who completed the 3-month post-education session survey, 100 % responded to the risk factors question. Of that percentage, 100% indicated that they were aware or very aware of the risk factors that may lead to drug use. Target (70%) exceeded.</p>

Section 6: Project Lessons

A number of lessons were learned through the course of the SAPSY Project.

- 1) Building trust takes time, particularly when you are talking about something as stigmatizing as illicit drug use with a community whose culture forbids substance use of any kind. This is further exacerbated by the social and economic exclusion being experienced by the Somali community in Ottawa. Parental concerns about the community's reputation being sullied required time to talk about the fear and the shame, and to weigh the pros and cons of talking openly about the issues.
- 2) The Somali community is an oral community so Power Point presentations and feedback forms did not always work, particularly for the parents. To address this, the parent educator employed an interactive approach and facilitated group discussions at each session while the youth educator included recreation and refreshments as a draw for the youth.
- 3) We underestimated the workload and tried to do too many activities. Educations sessions, community forums, cross-training, public service announcements; all great in theory but in hindsight it had us going in too many directions. This was compounded by the level of follow-up support that some parents needed. In the end we focused on the education sessions and the cross-training and we believe that was the right thing to do.
- 4) It was very important to take stock at the project half-way point and adjust activities as needed to meet needs of target population and achieve

outcomes. In fact it was important to take stock and adjust every 3 months.

- 5) Change takes time. Just as we starting to feel like we were truly making inroads within the Somali community, it was time to wrap up the project. We would recommend that a similar project be implemented as part of ongoing health promotion and prevention efforts.

Section 7: Conclusion and Recommendations

Conclusions

The SAPSY project appeared to successfully address the intended objectives and outcomes. The percentage of Somali youth and parents who attended education sessions, who reported that they were now aware or very aware of the warning signs, risk factors and protective factors associated with youth substance abuse, consistently exceeded outcome targets. Furthermore 100% of Somali service providers and Rideauwood staff who participated in the cross –training felt that their awareness and capacity to address substance abuse within the Somali community had increased. A SAPSY Advisory Committee was formed and the members provided guidance and key linkages to the Somali community. Overall, Canadian Friends of Somalia and Rideauwood Addiction and Family Services, with funding from Health Canada and the support of CAMH, employed an

effective working partnership to address youth substance abuse prevention education needs in Ottawa's Somali community.

Recommendations

Priority 1: Sustain what we have developed. Secure funding to continue with the SAPSY program in Ottawa with a focus on communities not served by the 3-year project (i.e. Somali parents in Lowertown & Vanier).

Priority 2: Share this program and our findings with the Somali communities in Toronto and Edmonton. Build a cross country partnership.

Priority 3: Consider promoting this promising practice with other cultural groups in Ottawa for them to adapt and adopt.

Priority 4: Share this program and our findings with other ethno-cultural communities across Canada

Other Recommendations

- That Health Canada incorporates alcohol use prevention in their efforts. The number one substance that youth use, and have problems with, is alcohol (OSDUHS, 2009).
- That Health Canada responds to community concerns about emerging and highly addictive drugs being used by youth.
- That programs geared to youth and their parents considers facilitating youth/parent dialogues where each group listens to the other to address inter-generational conflict.

- That data be collected in a way that works for a particular community.
Though more labour intensive and costly, semi-structured interviews would be more appropriate for a first generation oral community.

Section 8: References

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Section 9: Appendices

Appendix A

SAPSY Project Logic Model

Appendix B

SAPSY Performance Measurement/Data Collection Strategy

Appendix C

SAPSY Original Feedback Forms

Appendix D

SAPSY Final Feedback Forms

Appendix E

SAPSY Advisory Committee Terms of Reference

Appendix F

SAPSY Service Provider Consultation Notes, October 20, 2009

Appendix G

Youth and Drug Use Prevention: Information for Parents

Appendix H

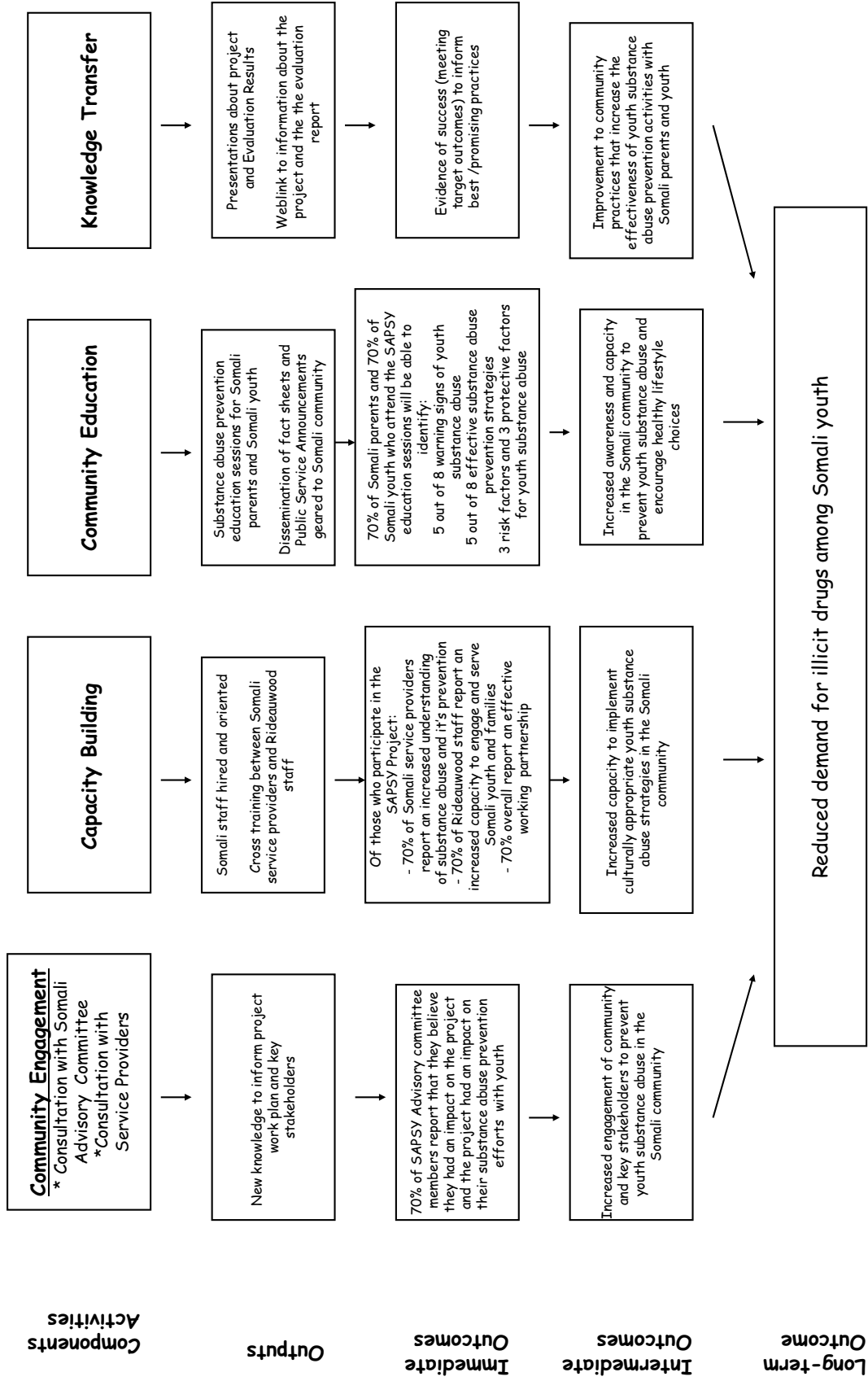
Youth and Drug Use Prevention: Information for Youth

Appendix I

SAPSY Project Performance Measurement

SAPSY Project Logic Model

Appendix A



Performance Measurement / Data Collection Strategy

Evaluation Question	Performance Indicators	Data Source	Data Collection
1. Do the SAPSY advisory committee members believe that they had an impact on the project?	70% of SAPSY advisory committee members report that they believe they had an impact on the project	E-survey	Implement survey at the end of the project
2. Are the Somali parents and youth who attended the SAPSY education sessions satisfied with sessions and the information that they received?	75% of Somali parents and 75% of Somali youth who attend the SAPSY education sessions rate the sessions as 'good' or 'very good'	Post-session survey / feedback form	Distribute hard copy survey / feedback form to all participants at the end of each education session
3. Are the Somali parents and youth who attended the SAPSY education sessions more aware of substance abuse and its prevention?	70% of Somali parents and 70% of Somali youth, who attend SAPSY education sessions will be able to identify: <ul style="list-style-type: none"> - 5 warning signs of youth substance abuse - 3 risk factors - 3 protective factors (prevention) 	Pre-session survey Post-session survey / feedback form Three month post survey	Distribute hard copy pre-session survey to all participants at the beginning of each education session Distribute hard copy survey / feedback form to all participants at the end of each education session Distribute survey, three months after attending education session, to those participants who agreed to participate in follow-up survey
4. Do the Somali service providers, who participated in cross-training, report an increased understanding of substance abuse and its prevention?	70% of Somali service providers, who participate in the cross training, will report an increased understanding of substance abuse and its prevention	Post-training feedback form	Distribute feedback form to all participants at the end of each training
5. Do the Rideauwood staff who participated in the cross-training, report an increased capacity to engage Somali youth and families in substance abuse prevention efforts?	70% of Rideauwood staff who participate in the cross-training will report an increased capacity to engage and serve Somali youth and families	Post-training feedback form	Distribute feedback form to all participants at the end of each training
6. Did Somali service providers and Rideauwood staff, who are engaged in this project, report an effective working partnership in implementing effective strategies vis-à-vis substance abuse and its prevention?	70% of Somali service providers and Rideauwood staff who are engaged in this project will report an effective working partnership in implementing substance abuse prevention strategies geared to Somali youth and families	E-survey	Distribute survey to key informants at the end of the project



Questionnaire for Youth Pre-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>risk factors</u> that may lead to using drugs.	1	2	3	4	
I am aware of <u>protective factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>warning signs</u> of drug use.	1	2	3	4	
Statement	Disagree			Agree	
Overall, I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Youth Post-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please list three risk factors that may lead to youth using drugs:

- 1) _____
- 2) _____
- 3) _____

2. Please list three protective factors that may prevent youth from using drugs:

- 1) _____
- 2) _____
- 3) _____

3. Please list three warning signs for drug use in youth:

- 1) _____
- 2) _____
- 3) _____

4. Overall, I found the presentation to be: (check one)

So-so Fair Good Very Good

5. Please rate your agreement with the statements below by circling the number that best describes how you feel.

Statement	Disagree			Agree
5.1 I found the presentation interesting	1	2	3	4
5.2 I learned a lot about youth and drugs	1	2	3	4
5.3 I plan to use some of what I learned	1	2	3	4
5.4 I plan to use some of what I learned with my friends	1	2	3	4
5.5 I would recommend this presentation to others	1	2	3	4
5.6 Overall, I believe I am knowledgeable about youth and drugs and drug use prevention	1	2	3	4
5.7 As a result of this presentation, I believe I have now more to learn	1	2	3	4

6. Would you attend a similar session at a future date? Yes No

6.1 If yes, please choose three from below:

- Alcohol, Drugs & Peer Pressure
- Alcohol, Drugs & Family Life
- Alcohol, Drugs & Mental Health
- Alcohol, Drugs & Emotional Health
- Alcohol, Drugs & the Law
- Alcohol, Drugs & Abuse

7. If there is anything about the presentation you would change to make it better, please write it below.

8. In three months or so, we would like to contact you again to ask you a few questions about the presentation. If you are interested in participating, please make sure you sign the attendance sheet provided in the room.

9. Any other comments?

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Youth Three Month Follow-Up

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>risk factors</u> that may lead to youth using drugs.	1	2	3	4	
I am aware of <u>protective factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>warning signs</u> of drug use in youth.	1	2	3	4	
Statement	Disagree			Agree	
<u>Overall</u> , I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

Questionnaire for Youth

Three Month Follow Up

Page 2

2. Since the presentation, I have:

Used some of what I learned with my children Yes No

I have told friends/other parents about what I learned Yes No

3. Do you have any other comments?

Thank you very much for completing this form.



Questionnaire for Parents Pre-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>risk factors</u> that may lead to using drugs.	1	2	3	4	
I am aware of <u>protective factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>warning signs</u> of drug use.	1	2	3	4	
Statement	Disagree			Agree	
Overall, I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Parents Post-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please list three risk factors that may lead to youth using drugs:

- 1) _____
- 2) _____
- 3) _____

2. Please list three protective factors that may prevent youth from using drugs:

- 1) _____
- 2) _____
- 3) _____

3. Please list three warning signs for drug use in youth:

- 1) _____
- 2) _____
- 3) _____

4. Overall, I found the presentation to be: (check one)

So-so Fair Good Very Good

5. Please rate your agreement with the statements below by circling the number that best describes how you feel.

Statement	Disagree			Agree
5.1 I found the presentation interesting	1	2	3	4
5.2 I learned a lot about youth and drugs	1	2	3	4
5.3 I plan to use some of what I learned	1	2	3	4
5.4 I plan to use some of what I learned with my friends	1	2	3	4
5.5 I would recommend this presentation to others	1	2	3	4
5.6 Overall, I believe I am knowledgeable about youth and drugs and drug use prevention	1	2	3	4
5.7 As a result of this presentation, I believe I have now more to learn	1	2	3	4

6. Would you attend a similar session at a future date? Yes No

6.1 If yes, please choose three from below:

- Alcohol, Drugs & Peer Pressure
- Alcohol, Drugs & Family Life
- Alcohol, Drugs & Mental Health
- Alcohol, Drugs & Emotional Health
- Alcohol, Drugs & the Law
- Alcohol, Drugs & Abuse

7. If there is anything about the presentation you would change to make it better, please write it below.

8. In three months or so, we would like to contact you again to ask you a few questions about the presentation. If you are interested in participating, please make sure you sign the attendance sheet provided in the room.

9. Any other comments?

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Parents Three Month Follow-Up

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that is going to be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from other and cannot be linked to you. Please feel free to only provide information that you feel comfortable sharing and note that we do not need your name on any feedback form. Please also know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>risk factors</u> that may lead to youth using drugs.	1	2	3	4	
I am aware of <u>protective factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>warning signs</u> of drug use in youth.	1	2	3	4	
Statement	Disagree			Agree	
Overall, I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

Questionnaire for Parents

Three Month Follow Up

Page 2

2. Since the presentation, I have:

Used some of what I learned with my children Yes No

I have told friends/other parents about what I learned Yes No

3. Do you have any other comments?

Thank you very much for completing this form.



Questionnaire for Youth Pre-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>Risk Factors</u> that may lead to using drugs.	1	2	3	4	
I am aware of <u>Protective Factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>Warning Signs</u> of drug use.	1	2	3	4	
Statement	Disagree			Agree	
<u>Overall</u> , I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Youth Post-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please identify the 5 correct **Warning Signs** of youth drug abuse:
 - Sudden weight loss
 - Becoming highly secretive
 - Start skipping school or receiving failing grades
 - Loss of interest in activities the person used to enjoy
 - Wanting to hang out with friends who do not use drugs or alcohol
 - Sudden changes in personality

2. Please identify the 3 correct **Risk Factors** for youth drug abuse:
 - Having parents who set limits
 - Experiencing mental health problems
 - One of both parents abuses drugs and/or alcohol
 - Friends use drugs and encourage drug use

3. Please list the 3 correct **Positive Strategies** that youth can use to prevent drug abuse:
 - Stay connected to your family, school, and community
 - Take advantage of employment and skills training opportunities
 - Dropping out of school
 - Having strong self-esteem and good social skills

4. Overall, I found the presentation to be: (check one)

Poor Fair Good Very Good

5. Please rate your agreement with the statements below by circling the number that best describes how you feel.

Statement	Disagree ☹️			Agree 😊
5.1 I learned a lot about youth and drugs	1	2	3	4
5.2 I plan to use some of what I learned	1	2	3	4
5.3 I plan to use some of what I learned with my friends	1	2	3	4
5.4 I would recommend this presentation to others	1	2	3	4
5.5 Overall, I believe I am knowledgeable about youth and drugs and drug use prevention	1	2	3	4
5.6 As a result of this presentation, I believe I have now more to learn	1	2	3	4

6. Which of the following presentations would you attend at a future date? Please, choose:

- | | | | |
|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| Alcohol, Drugs & Peer Pressure | <input type="checkbox"/> | Alcohol, Drugs & Emotional Health | <input type="checkbox"/> |
| Alcohol, Drugs & Family Life | <input type="checkbox"/> | Alcohol, Drugs & Mental Health | <input type="checkbox"/> |
| Alcohol, Drugs & Abuse | <input type="checkbox"/> | Alcohol, Drugs & the Law | <input type="checkbox"/> |

7. In three months or so, we would like to contact you again to ask you a few questions about the presentation. If you are interested in participating, please make sure you sign the attendance sheet provided in the room.

8. Any other comments?

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Youth Three Month Follow-Up

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware		Very aware	
I am aware of <u>Risk Factors</u> that may lead to youth using drugs.	1	2	3	4
I am aware of <u>Protective Factors</u> that may prevent youth from using drugs.	1	2	3	4
I am aware of the <u>Warning Signs</u> of drug use in youth.	1	2	3	4
Statement	Disagree		Agree	
<u>Overall</u> , I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4

2. Since the presentation, I have:

Used some of what I learned with my friends Yes No

I have told friends about what I learned Yes No

3. Do you have any other comments?

Thank you very much for completing this form.



Questionnaire for Parent Pre-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware			
I am aware of <u>Risk Factors</u> that may lead to using drugs.	1	2	3	4				
I am aware of <u>Protective Factors</u> that may prevent youth from using drugs.	1	2	3	4				
I am aware of the <u>Warning Signs</u> of drug use.	1	2	3	4				
Statement	Disagree				Agree			
Overall , I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4				

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Parent Post-presentation

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please identify the 5 correct **Warning Signs** of youth drug abuse:
 - Sudden weight loss
 - Start skipping school or receiving failing grades
 - Becoming highly secretive
 - Good grades in school
 - Teacher reports a lack of motivation and poor behavior
 - Getting involved in criminal activities

2. Please identify the 3 correct **Risk Factors** for youth drug abuse:
 - One or both parents abuses drugs and/or alcohol
 - Friends use drugs and encourage drug use
 - Attend a school where drug policy is enforced
 - Lack of cultural traditions and history

3. Please list the 3 correct **Positive Strategies** families can use to prevent youth drug abuse:
 - Spend quality time with family every week
 - Have a parent who is involved in school functions
 - Stop spending time with family and friends
 - Have a parent who accepts their children's abilities

4. Overall, I found the presentation to be: (check one)

Poor Fair Good Very Good

5. Please rate your agreement with the statements below by circling the number that best describes how you feel.

Statement	Disagree ☹️			Agree 😊
5.1 I learned a lot about youth and drugs	1	2	3	4
5.2 I plan to use some of what I learned	1	2	3	4
5.3 I plan to use some of what I learned with my friends	1	2	3	4
5.4 I would recommend this presentation to others	1	2	3	4
5.5 Overall, I believe I am knowledgeable about youth and drugs and drug use prevention	1	2	3	4
5.6 As a result of this presentation, I believe I have now more to learn	1	2	3	4

6. Which of the following presentations would you attend at a future date? Please, choose:

- | | | | |
|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| Alcohol, Drugs & Peer Pressure | <input type="checkbox"/> | Alcohol, Drugs & Emotional Health | <input type="checkbox"/> |
| Alcohol, Drugs & Family Life | <input type="checkbox"/> | Alcohol, Drugs & Mental Health | <input type="checkbox"/> |
| Alcohol, Drugs & Abuse | <input type="checkbox"/> | Alcohol, Drugs & the Law | <input type="checkbox"/> |

7. In three months or so, we would like to contact you again to ask you a few questions about the presentation. If you are interested in participating, please make sure you sign the attendance sheet provided in the room.

8. Any other comments?

Location: _____

Date: _____

Thank you very much for completing this form.



Questionnaire for Parent Three Month Follow-Up

Any information or feedback that we receive from participants will be very helpful and may be used for a project evaluation report that will be distributed. Any feedback that you provide will be anonymous - it will be combined with feedback from others and cannot be linked to you. Note that we do not need your name on any feedback form. Please feel free to only provide information that you feel comfortable sharing, and know that you are not obligated to provide information or feedback in order to participate in this educational session.

1. Please rate the following statements about youth and drug use by the number that best describes how you feel.

Statement	Not aware				Very aware
I am aware of <u>Risk Factors</u> that may lead to youth using drugs.	1	2	3	4	
I am aware of <u>Protective Factors</u> that may prevent youth from using drugs.	1	2	3	4	
I am aware of the <u>Warning Signs</u> of drug use in youth.	1	2	3	4	
Statement	Disagree			Agree	
Overall , I believe that I am <u>knowledgeable</u> about youth and drugs and drug use prevention.	1	2	3	4	

2. Since the presentation, I have:

Used some of what I learned with my children Yes No

I have told friends/other parents about what I learned Yes No

3. Do you have any other comments?

Thank you very much for completing this form.



Substance Abuse Training II Session Feedback Form

October 20, 2011 ~ Heron Community Centre

What word best describes this session? _____

Did we meet these learning objectives?	Strongly Disagree	Disagree	Agree	Strongly Agree
My knowledge of Substance Abuse and Addiction has increased.				
My awareness of addiction resources at Rideauwood and in the community has increased.				
My awareness of the challenges that the Somali community is facing with regards to substance abuse, addiction and mental health has increased.				
My understanding of substance abuse and its prevention has increased				
My capacity to engage Somali youth and families in substance abuse prevention efforts has increased.				
I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill.				
The method of presentation was appropriate and helpful.				
The facilitator was knowledgeable about the subject matter.				
I would recommend this session to others.				
Comments (optional):				
Tell us what you would like to learn in a future session:				
Any other suggestions for a future session?				

Thank you for your feedback!



**Somali Community Awareness
Session Feedback Form
May 16, 2011**

What word best describes this session? _____

Did we meet these learning objectives?	Strongly Disagree	Disagree	Agree	Strongly Agree
My knowledge of the Ottawa Somali community's history and culture has increased.				
My awareness of the Somali community's strengths has increased.				
My awareness of the challenges that the Somali community is facing has increased.				
My capacity to engage Somali youth and families in substance abuse prevention efforts has increased.				
I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill.				
The method of presentation was appropriate and helpful.				
The facilitator was knowledgeable about the subject matter.				
I would recommend this session to others.				
Comments (optional):				
Tell us what you would like to learn in a future session:				
Any other suggestions for a future session?				

Thank you for your feedback!



**Somali Community Awareness
Session Feedback Form
January 31, 2011**

What word best describes this session? _____

Did we meet these learning objectives?	Strongly Disagree	Disagree	Agree	Strongly Agree
My knowledge of the Ottawa Somali community's history and culture has increased.				
My awareness of the Somali community's strengths has increased.				
My awareness of the challenges that the Somali community is facing has increased.				
I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill.				
The method of presentation was appropriate and helpful.				
The facilitator was knowledgeable about the subject matter.				
I would recommend this session to others.				
Comments (optional):				
Tell us what you would like to learn in a future session:				
Any other suggestions for a future session?				

Thank you for your feedback!

Substance Abuse Prevention for Somali Youth Project Advisory Committee Survey

For each of the following statements, please check the number on the scale that most accurately reflects your feelings.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel good about being a member of the SAPSY advisory committee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I have a good understanding of the SAPSY project goals and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that as a SAPSY advisory committee member, I had an impact on project development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are things about the SAPSY project that I would have changed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with my degree of involvement in the SAPSY project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general I feel good about the SAPSY project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on your above ratings if you wish:

What recommendations do you have for future projects?

I attended the youth drug abuse prevention training offered by Rideauwood.

- Yes
- No

Other comments:

<http://app.fluidsurveys.com/surveys/eastern-ontario-area/sapsy-project-advisory-committee-survey/>

SAPSY Project Partners and Staff Survey

Canadian Friends of Somalia and Rideauwood Addiction and Family Services employed an effective working partnership to implement substance abuse prevention strategies in the community

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- I don't know

Comments:

Which strategies work best?

What could be improved?

Recommendations for the future?

Is there anything else you would like to add?

Thank You!

<http://app.fluidsurveys.com/surveys/eastern-ontario-area/sapsy-project-partners-and-staff-survey/>

*Substance Abuse Prevention for Somali Youth Project***Advisory Committee Terms of Reference**

Mission Statement:

The purpose of this advisory committee is to bring together Somali community service providers, and parent and youth representatives, to advise the project partners in their efforts to implement culturally appropriate substance abuse prevention service for Somali youth, parents and the community over a 3-year period. The project partners are Canadian Friends of Somalia, the Centre for Addiction and Mental Health and Rideauwood Addiction and Family Services.

Principles Guiding the Project and the Advisory Committee

We value...

1. Diversity,
2. Shared leadership
3. Equitable Partnerships
4. Open communication
5. Community involvement and consultation
6. Respect for all members
7. Building on the strengths of the community and community services
8. Sharing what we learn with others
9. Compassion, courage and creativity in working with youth, adults, families and communities who suffer from substance abuse

Project Objectives:

- a) Develop and implement a series of culturally appropriate substance abuse prevention strategies geared to Somali parents, youth and families
- b) Develop and implement an effective cross-training strategy where Somali youth workers from several organizations will learn how to utilize substance abuse prevention education strategies in the community, and Rideauwood staff will learn how to effectively engage Somali youth and families
- c) Establish an equitable partnership between Somali youth workers and Rideauwood staff to provide substance abuse prevention education activities for Somali youth and families
- d) Increase the number of requests for substance abuse prevention information and resources by Somali youth and families
- e) Share project successes and lessons learned through communication with other ethno-cultural groups, service providers and stakeholders

Substance Abuse Prevention for Somali Youth Project

Membership:

The advisory committee membership will include:

2 youth

2 parents

6 – 8 representatives from organizations or groups that serve the Somali community

Representatives from Canadian Friends of Somalia

Representatives from Rideauwood

Representatives from CAMH

Project staff

The total number of members will not exceed 18. The membership will be responsible for advising the project partners as they implement the work plan. They will be invited to relay information to the community and bring forward issues to the committee.

To ensure balanced representation, there will not be more than one member representing a single organization. The exception will be the project partners.

See Appendix A for Membership as of June 25, 2009. The Project Partners understand that the membership may change over the course of the project.

Meetings

1. The Advisory Committee will meet 8 times per year or at the call of the Co-Chairs. A meeting schedule will be made available to all committee members.
2. Should additional or special meetings be required, they will be at the call of the Co-Chairs, and will be communicated by email, in person or by telephone at least 48 hours prior to the meeting.
3. The Co-Chairs will develop the meeting agenda. This development will be based on the project work plan and any additional issues brought forward by individual members. Agenda items should be sent to the Co-Chairs one week prior to the meeting date to ensure they are included; otherwise, they may need to be deferred to the next meeting.
4. The minutes of the meeting will be prepared by the recording secretary and distributed to all members within two (2) weeks.
5. The committee will hold a summary meeting in June to review the progress of the project work plan, the Terms of Reference, and next steps.

Co-Chairs:

1. A representative from Canadian Friends of Somalia and Rideauwood will co-chair the meetings. They may chair together or separately.
2. Duties of the Co-Chairs:
 - a. To preside at all meetings of the committee
 - b. To appoint various working groups if necessary.

*Substance Abuse Prevention for Somali Youth Project***Decision Process:**

1. The advisory committee will operate in a non-judgmental manner, respecting individual rights and confidentiality, and differences of opinion.
2. **The committee will not implement formal voting procedures. The goal will be to build consensus** (which does not always require total agreement) and implement the work plan according to best advice from the committee members. In the absence of consensus, the project partners will use their best judgment.
3. The Co-Chairs shall allow for, and control participation in, discussion by all members in attendance.
4. If the Co-Chairs decide on a vote, rather than consensus, all members of the committee may vote.
5. Where individual members identify issues for committee agendas, the expectation is that relevant background material will be provided at least one week prior to the meeting.

Conflict of Interest:

A Conflict of Interest, in this situation, is defined as a circumstance where the interests of an individual member, or that member's organization, are in conflict with the best interests of the project. A Conflict of Interest may occur when a member receives a direct or indirect gain for the organization they work for. Members are asked to declare any conflict of interest they may have surrounding a particular issue. These members can still participate in the discussion but should not vote.

Term:

These Terms of Reference will be reviewed on an annual basis, at the June meeting.

Approved: June 25, 2009

*Substance Abuse Prevention for Somali Youth Project***Substance Abuse Prevention for Somali Youth
Advisory Committee Members**

Members	Organization	Email	Phone
Farah Aw Osman	Canadian Friends of Somalia Project Staff	awosman@gmail.com	613-878-1960
Paul Welsh	Rideauwood Addiction and Family Services	Paulwelsh@rideauwood.org	613-724-4881 Ext: 201
Marcia Gibson	Centre for Addiction and Mental Health	Marcia_Gibson@camh.net	613-569-6024
Joan Leadbeater – Graham	Rideauwood	joanleadbeatergraham@rideauwood.org	613-724-4881 Ext: 209
Sahra Said	Rideauwood Addiction and Family Services Project Staff	Zahrasara2002@yahoo.com	613-724-4881 Ext: 318
Saadia Nuh	OCISO	Saadia.Nuh@ocdsb.ca	
Farhia Abdi	City of Ottawa	Farhia.abdi@ottawa.ca	
Sharmaarke Abdullahi	PQ CHC	S.abdullahi@pqchc.com	613-820-4922 Ext: 373
Khadra Abdi	Centretown CHC	Kabdi@centretownchc.org	
Abdi Hilowle	OCDSB	Abdirahman.hilowle@ocdsb.ca	
Ismail Mohamed		Ismail.mohamed@huntclubriversid	613-247-1600 Ext: 224

Substance Abuse Prevention for Somali Youth Project

	Huntclub/ Riverside CRC	e.ca	
Abdul Abdi	Ottawa Police	abdia@ottawapolice.ca	613-236-1222 Ext: 2243
Mohamed Islam	Somali Centre for Family Services	Mohamed.Islam@live.ca	

Substance Abuse Prevention for Somali Youth
Service Provider Consultation
Jim Durrell Recreation Complex

October 20, 2009

In Attendance: See sign in sheet

1.0 Welcome/Introductions/Agenda

Farah introduced the three partner agency representatives for the Substance Abuse Prevention for Somali Youth project.

Farah provided a brief historical perspective on the civil war in Somalia and the process that brought Somali immigrants to Canada and their struggles (including social and cultural barriers). He shared a brief account of his own personal struggles which occurred when he immigrated to Canada.

2.0 Power Point Presentation

The three agency representatives (Farah, Marcia and Paul) shared a power point presentation with the group about the Substance Abuse Prevention for Somali Youth project.

3.0 Questions and Answers

Attendees were invited to ask the organizers any questions they may have about the project. The feedback from participants includes:

Louise Logue expressed concern that alcohol is not included in the project since alcohol is considered a mind altering drug. She also pointed out that there is more concern (within the police community) with the business aspect of drugs (i.e. trafficking, guns, gangs, etc) which are considered larger crimes than using and do not qualify for diversion in the justice system. Paul mentioned that the program is using the term substance abuse rather than drug abuse to be inclusive.

Tammy Corner (Pinecrest Queensway) mentioned that there should be a prevention piece to the project. It is very important to help parents with the information they need to gain employment. Poverty is often an expresser of use. People turn to alcohol and drugs when they live in poverty (in this case poverty in the Somali community). She was interested in knowing how this project will address this issue.

Joan Leadbeater-Graham mentioned that substance abuse has traditionally been a shame-based issue for everyone. This issue needs to be addressed in all communities - not just in the Somali community with this group leading the way.

Marcia indicated that this is an opportunity to address the risk factors – employment and adequate income (youth need hope) and for parents education (poverty) is a risk factor.

Farah discussed the Mayor's Task Force on Somali Youth initiative which identified youth justice and economic opportunities as recommendations of the report. The Somali population has barriers in Canada. For example, Muslim community members cannot take out loans from the bank based on religious rules. In other countries, Somalis have made tremendous progress economically. Somalis are true refugees because they left everything behind and came to Canada with just the clothes on their backs. They left behind all their wealth and belongings to flee for their lives. Leaving Somalia was not a choice.

Florence Brake also commented on the barriers to services for Somali youth. She indicated that it would be appropriate to target the youth for consultation (include them in the consultation process). If you wait until the implementation stage it will be too late. She also asked the question - Where are the fathers? The people who are going to be involved in this initiative need to be involved in the whole process. These are the people who will go out into the community and influence the population. Florence also mentioned that peer pressure helps to disseminate information. It is important to include young people in focus groups.

Caroline Houddin mentioned that language is a barrier. Youth who have grown up in Canada are fluent in English while their parents are not. The parents are relying on their children to relay information however, the youth only deliver the information they want their parents to know.

Mohamud Hassan added that there needs to be a correlation between mental health and addiction. People don't start using drugs and alcohol without a reason. Mental health education and awareness needs to be part of the equation. Testing for learning disabilities has a 2 to 3 year waiting list. Wait lists are longest in areas that have high immigrant populations and those areas that have a high social housing population in the immediate area around the school.

Dave Smith mentioned that he has been trying to work with the Somali community for some time. He believes it is important for the youth to learn a trade because not all youth are going to become doctors and lawyers. There needs to be a training centre to train the youth. This would turn their lives around.

Shoon Omar noted that drug use and drug trade is a global issue that usually affects poor people. Resources are available; however there is a need for collaboration and coordination (which is currently lacking). It is time for the community to come together and do something about the problem and stop talking. This project needs to be taken around to all other minority groups (regardless of race and religion) because this is not an isolated issue.

Some background information on the use of a traditional substance used in Somali was provided. Khat is not considered a drug in Somalia. It doesn't grow in Somalia but in neighbouring countries. It contains a substance that aids in keeping people awake – related to spirituality. A traditional day for individuals (mainly men) would be to go to work, come home and have lunch, have a nap, chew Khat, then go to prayers and go home. These were successful business people and there was no stigma associated with using Khat. During the civil war there was nothing for people to do so they chewed Khat all day. When people moved to Canada they found they had no job and their education was not valid which resulted in not being able to take care of their family. Men would go and spend time with other men chewing Khat which led to an addiction.

There is no privacy in the Somali community – everyone's business is everyone's business. People know what is going on in each other's families.

Somali youth are using shisha because they watched their parents and grandparents using it. The reason they use it now is to make a business – as a result of poverty. They are targeted by businesses. This is an important piece of information because it is necessary to understand the reasons for youth using substances before you can understand how to prevent use.

Three pieces of information that were provided are: Are you reaching out to fathers? Is it harmful? What are the reasons for use?

4.0 Introduction of Small Groups – Presentation of 3 Questions

Marcia introduced the 3 questions:

1. Who else is doing something in this area?
2. What do we need to build into the project work plan in order to make it successful in the community?
3. We plan to offer our educational sessions in different locations in the community. Do you have meeting space, existing programs or linkages that you could share with us?

5.0 Small Group Consultations

Community members divided into 5 groups to discuss the 3 questions.

6.0 Presentation of Small Group Findings

The groups shared their findings with the larger consultation group. The results are as follows:

Question #1

1. Caldwell – Stronghold, youth engagement groups
2. Carlington CHC – Serves a large Somali community. Greg Killough (bring together fathers). There is also a worker named Zam Zam Tani.

3. YSB – Harm Reduction 1 and 2, Sexuality, Drugs/Substance Use, Peer Pressure
4. South East Ottawa CHC – “So you think you have talent”. Offers talent to present to youth by youth. Also “No Youth Left Behind”
5. CHIP Program (Debra Dynes) – Brings service providers together to address youth issues in that area
6. Sandy Hill CHC/Youth Services Bureau – Youth Health Clinic
7. Sandy Hill CHC – Addictions and Mental Health
8. Evelyn Horne – Young Men’s Emergency Shelter
9. Somali Family Centre – provide resources
10. RCMP – Drug Awareness Course , Parents Information Session (How to know signs)
11. Pinecrest Queensway CHC – prevention workshops with Somali youth, life skills, Somali Youth Support Project, forums for parents, fathers association, United Neighbours Project
12. Multicultural Outreach Workers
13. Public Health – Why Drive High?
14. Ottawa Police – Drug information
15. City of Ottawa – Addiction Services Initiative
16. Rideauwood Counsellors in schools
17. City of Ottawa – Youth Employment Services
18. Service Providers in the Communities (Rideauwood, Dave Smith, Maison Fraternelite)
19. Substance Abuse and Youth in Schools Coalition
20. City of Ottawa – advocacy, referrals, support
21. CAS – advisory group (looking at gaps, relationship with agencies, staff training)
22. Lowertown (advocacy, referrals, support)
23. ROH/other hospitals
24. Community Health Centres (information sharing, advocacy)
25. Youth Safe Communities (6 – 12 year olds) – providing information
26. Settlement Agencies (Catholic, Jewish, Somali etc.) - outreach, referrals
27. MOST – Making Ottawa Safe Together (advocacy, network)
28. Options Bytown – Young adults with addiction and some mental health
29. Somali Youth Project – leadership program for youth 12 – 18, advocacy group for youth 17-18, mentorship, forums for parents
30. Somali Fathers Association
31. United Neighbours Project
32. Safe People – leadership training, peer mentors

Question #2

1. Spiritual Component
2. Youth leaders should be identified by the community (specifically Somali youth) to be trained, participate and facilitate reaching out to youth
3. Using theatre/arts to engage youth
4. Need a communications plan built in (i.e. word of mouth/communication newsletter)
5. Employment Programs – awareness of what they are
6. Healthy Living – Somali Basketball League, recreation centres to be more involved
7. Parent Groups – community centres, schools, police, awareness of services

8. Somali parents are ready for this – want information, want help
9. Get the facts on drug use to Somali youth
10. Police are not drug educators
11. Build links in the community to other opportunities (i.e. bring to the people, school, trades etc)
12. Information Sharing
13. Engaging with parents more (increased consultation, linking resources to parents)
14. Empowering messages
15. What is good for families?
16. Connect resources like McArthur H.S.
17. What motivates youth? Get youth input.
18. Educate parent on looking for their child's ability – where they will excel (realistic), educate parents on how to motivate their children
19. How to work with the system
20. Overlapping of services – doing the same work but need to share information rather than trying to hold back (reduce competition)
21. Focus on what works
22. Get input from youth
23. Educate parents on the signs of substance abuse – what should they look for
24. Including parents/youth – be a voice, involved in decision making
25. Identify where youth are/areas of concentration (schools)
26. Identify where they have their own groups (i.e. Algonquin College, Ottawa U and Carleton U)
27. Identify Social Clubs/teams/supports outside of school
28. Identify geographic areas of Ottawa where there are existing issues with youth
29. Identify risk factors that are particular to this youth group
30. Youth crime prevention – report
31. Review other reports (i.e. Mayor's Task Force) – look at lessons learned
32. Improve supports from police (report numbers to assist with assessing risks)
33. Statistics – need racial/cultural breakdown (to put prevention in place, need accurate numbers)
34. Encourage recruitment in agencies of culturally diverse staff
35. Parents want information
36. Should supports be both Somali and non-Somali?
37. Non-judgemental relationship is important
38. Foot in the door topics smooth the way into conversation (practical matters perhaps to build relationship first)
39. Remember the continuum of care – those youth who are not in school should not be forgotten
40. Education for addiction treatment service providers – cross-training (what does healing look like?)
41. Peer support initiatives (AA or NA)
42. It is key to find opportunities to reconnect with their culture and community
43. Religious leaders who will acknowledge substance use and encourage youth

Question #3

1. Target Somali agencies for spaces for meetings – Somali Family Services and Somali Youth Services
2. Ottawa Community Housing (OCH) – South District, Tenant Associations (meeting spaces, communication tool)
3. City of Ottawa, Ontario Works – Community Liaison Workers, 5 employment centres
4. School space (for youth, for parent information)
5. Mosques (Al-Salam), Ottawa
6. Churches, Synagogues etc.
7. City Counsellors
8. Libraries
9. Community Centres
10. SSC Offices/Employment Resource Areas
11. Adult High Schools
12. Alternative Schools
13. Somali media/radio
14. Internet (particularly for youth)
15. Nightclubs
16. United Sisters (Pinecrest Queensway)

7.0 Next Steps

Participants were asked to sign up or to contact Farah or Sahra if they are interested in volunteering further.

Marcia indicated that participants will be kept informed of progress being made on the project.

Youth and Drug Use Prevention

Information for Parents



While some of these changes could be a normal part of being a teenager or the result of a health problem, the following are possible **Warning Signs** of youth drug abuse:

- Loss of appetite and/or sudden weight loss
- Trouble sleeping, overtired
- Become highly secretive
- Personality changes
- Lower grades and attendance problems at school
- Teacher reports a lack of motivation and poor behavior
- Find items associated with drug use: rolling papers, syringes, needles, spoons

When it comes to risk factors for youth drug abuse and strategies that can prevent this from happening, **Everyone**, the individual, the family, friends, the school and the community have a role to play!

The following are some **Risk Factors** for youth drug abuse:

- High level of stress
- Experiencing mental health problems
- One or both parents abuses drugs or alcohol
- Friends use drugs and encourage drug use
- Friends are breaking the law
- Drugs are available at or near the school
- Doing poorly in school
- Lack of cultural traditions and history
- Living in a community with high crime rates

The following are **Positive Strategies** that families can use to prevent youth drug abuse:

- Having a family meeting once a week
- Have dinner together as a family
- Attending school functions together and supporting school work
- Celebrating family traditions
- Celebrating your culture, race, language, religion and heritage
- Recognize each family member's special talent or interest
- Let each other know where you are going and when you return

For more information, contact **Sahra Said** by telephone at (613) 724-4881 ext. 318, or by email at ssaid@rideauwood.org.

Developed by the **Substance Abuse Prevention for Somali Youth Project**, Ottawa, with funding from **Health Canada**.



Drug Use Prevention Information for Youth

While some of these changes could be a normal part of being a teenager or the result of a health problem, the following are possible **Warning Signs** of youth drug abuse:

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- Personality changes
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- Teacher reports a lack of motivation and poor behavior
- Find items associated with drug use: rolling papers, syringes, needles, spoons

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- Drugs are available at or near the school
- Doing poorly in school
- Lack of cultural traditions and history
- Living in a community with high crime rates

Helping Myself! The following are **Positive Strategies** that youth can use to prevent youth drug abuse:

- Stay connected to your family, school and community
- Participate in after school activities
- Take advantage of employment and skills training opportunities
- Have friends who don't use drugs or encourage drug use
- Celebrating your culture, race, language, religion and heritage.

For more information, contact **Farah Aw-Osman** by telephone at (613) 878-1960, or by email at farah@canadianfriendsofsomalia.org.

Developed by the **Substance Abuse Prevention for Somali Youth Project**, Ottawa, with funding from **Health Canada**.



Performance Measurements for the SAPSY Project

Total # of sessions for parents: 23 sessions

Total # of parents in attendance: 424

Appendix I

Total # of sessions for youth: 14 sessions

Total # of youth in attendance: 397

Evaluation Question	Data Source	Results from Pre-Test (Parents returned 151 surveys) (Youth returned 313 surveys)	Results from Post Test (2010 Surveys) (Parents returned 55 surveys) (Youth returned 147 surveys)	Results from Post Test (2011 Surveys) (Parents returned 66 surveys) (Youth returned 84 surveys)	Results from 3 Month Follow Up (Parents approached = 132, Surveys completed = 124) (Youth approached = 60, Surveys completed = 60)
1. Do the SAPSY advisory committee members believe that they had an impact on the project?	E-survey (I believe that as a SAPSY Advisory Committee member I had an impact on the project)	N/A	2 of 2 responses (100%)		N/A
2. Are the Somali parents and youth who attended the SAPSY education sessions satisfied with sessions and the information that they received?	Youth post-survey question (Overall, I found the presentation to be good or very good)	N/A	87 of 91 responses (96%)		N/A
	Parent post-survey question (Overall, I found the presentation to be good or very good)	N/A	49 of 50 responses (98%)		N/A
3. Are the Somali parents and youth who attended the SAPSY education sessions more aware of substance abuse and it's prevention?	Youth post-survey question (Identify the 5 correct Warning Signs of drug abuse)	239 of 298 responses indicated that they were aware or very aware of the warning signs of drug abuse (80%)	113 of 132 responses listed three examples of warning signs of drug use in youth (86%)	56 of 80 responses answered this question correctly (70%)	60 of 60 responders reported that they are very aware or aware of the risk factors that may lead to using drugs (100%)
	Youth post-survey question (Identify the 3 correct Risk Factors for youth drug abuse)	260 of 301 responses indicated that they were aware or very aware of the risk factors that may lead to drug use (86%).	141 of 144 responses listed three examples of risk factors that may lead to using drugs (98%)	46 of 79 responses answered this question correctly (58%) - low score explained below †	60 of 60 responders reported that they are very aware or aware of the protective factors that may prevent youth from using drugs (100%)
	Youth post-survey question (Identify the 3 correct Positive Strategies for youth drug abuse prevention)	241 of 299 responses indicated that they were aware or very aware of protective factors that may prevent drug abuse (80%).	119 of 141 responses listed three examples of protective factors that may prevent drug use (84%)	64 of 78 responses answered this question correctly (82%)	60 of 60 responders reported that they are very aware or aware of the warning signs of drug use (100%)
	Parent post-survey question (Identify the 5 correct Warning Signs of drug abuse)	34 of 125 responses indicated that they were aware or very aware of warning signs of drug abuse (27%)	19 of 21 responses listed three examples of warning signs of drug use in youth (90%).	48 of 60 responses answered this question correctly (80%) *	78 of 94 responders reported that they are very aware or aware of the risk factors that may lead to using drugs (82%)
	Parent post-survey question (Identify the 3 correct Risk Factors for youth drug abuse)	36 of 129 responses indicated that they were aware or very aware of the risk factors that may lead to drug use (28%).	21 of 25 responses listed three examples of risk factors that may lead to using drugs (84%).	27 of 51 responses answered this question correctly (53%) * - low score explained below ††	77 of 93 responders reported that they are very aware or aware of the protective factors that may prevent youth from using drugs (83%)
	Parent post-survey question (Identify the 3 correct Positive Strategies for youth drug abuse prevention)	40 of 128 responses indicated that they were aware or very aware of protective factors that may prevent drug abuse (31%).	19 of 24 responses listed three examples of protective factors that may prevent youth from using drugs (79%).	50 of 54 responses answered this question correctly (93%) *	77 of 93 responders reported that they are very aware or aware of the warning signs of drug use (83%)
4. Do the Somali service providers, who participated in cross-training, report an increased understanding of substance abuse and its prevention? - Feedback forms were only administered at one of the two training sessions.	Drug Abuse Prevention Awareness Session Feedback Form (My Understanding of Substance Abuse Training and its Prevention has increased)	N/A	12 of 12 responses (100%) - Data only collected from one of two sessions		N/A
5. Do the Rideauwood staff who participated in the cross-training, report an increased capacity to engage Somali youth and families in substance abuse prevention efforts? - The feedback form changed between the two presentations so the responses were separated into the following two categories.	Somali Community Awareness Session Feedback Form (I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill) question from the Jan 31 session.	N/A	23 of 23 responses (100%)		N/A
	Somali Community Awareness Session Feedback Form (My capacity to engage Somali youth and families in substance abuse prevention efforts has increased) question from the May 16 session.	N/A	16 of 16 responses (100%)		N/A
6. Did Somali service providers and Rideauwood staff, who are engaged in this project, report an effective working partnership in implementing effective strategies vis-a-vis substance abuse and it's prevention?	Somali Community Awareness Session Feedback Form (I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill) question from the Jan 31 session.	N/A	4 of 4 responses (100%)		N/A

* There was some confusion on the parent post-survey questions which asked responders to choose all the correct answers available. Instead some were told by the counsellor to select only the wrong or mismatching answer. Therefore the responder was assessed as having answered the question correctly if they either a) selected all the correct answers, or b) selected only the incorrect answer.

† The majority of mistakes in this question came from youth not realizing the connection between mental health and addiction. 14 of the 33 incorrect responses (42%) were due to youth choosing "having a parent who sets limits" instead of "experiencing mental health problems". More focus in the future should be put on strengthening the understanding the connection between mental health and addiction.

†† The majority of the mistakes in this question revolved around the answer "Lack of cultural traditions and history". 14 of 24 incorrect responses (58%) were due to responders either only selecting that answer (8 of 14) or they chose to select "Attending a school where drug policy is enforced" instead of "Lack of cultural traditions and history". It is not entirely clear why this option would have caused so much confusion, it is possible that this was due to miscommunication as most of the responders did not speak English as their first language. It is equally possible that the parents are not placing enough importance on the impact of culture, tradition and history on their children's well being.