



City of Richmond

Report to Committee

To GP-Inv. 7 2013

To: General Purposes Committee
From: Cathryn Volkering Carlile
General Manager, Community Services
Re: Richmond Addiction Services Status Update

Date: November 19, 2012

File:

Staff Recommendation

That Richmond Addiction Services' Centre of Excellence for the Prevention of Problem Gambling and Substance Misuse reports, "Special Report, October 17, 2012" and "Entire Prevention Program Results, January 1st – June 30th, 2012", be received for information.

Cathryn Volkering Carlile
General Manager, Community Services

Att. 2

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER 	
REVIEWED BY SMT SUBCOMMITTEE	INITIALS:
REVIEWED BY CAO	INITIALS:

Staff Report

Origin

Since 2005, Richmond Addiction Services Society (RASS) has received a significant City Grant, which in 2012 totaled \$194,487. Approximately half of the total is for problem gambling prevention services, while the other half is targeted to substance abuse and other addictions prevention.

The problem gambling prevention funding was initially provided to support the five-year Richmond Problem Gambling Prevention & Treatment Strategy. As this strategy had expired, on April 23, 2012 Council received RASS' "Proposal to Renew a Five-Year Problem Gambling Prevention and Education Plan" that outlines a prevention strategy for Richmond. Recognizing that RASS was no longer in receipt of the BC Responsible and Problem Gambling Program (BC R&PGP) prevention and counselling contracts, Council expressed interest in knowing the impact on RASS of their cessation, as well as an update on RASS' proposed Plan. As Council wished to receive the information prior to reviewing 2013 City Grant recommendations, Council resolved on April 23, 2012 that:

Staff review the situation and report back by the end of November, 2012.

This report supports the following 2011 – 2014 Council Term Goal:

2.5 Development of clear policies around the City's role in social services and the grant processes, and corresponding clear communications with the public on these roles and policies.

Findings of Fact

To best inform Council about RASS' problem gambling and other addiction prevention efforts, particularly given the cessation of their BCR&PGP prevention and counselling contracts in 2012, staff requested an update from RASS regarding their organizational and program status (**Attachment A**).

As many of RASS' problem gambling activities are combined with substance abuse and other prevention initiatives, e.g., the Peer 2 Peer Program in Richmond high schools, RASS' 2013 progress/evaluation report, submitted as part of their 2013 City Grant application, is also attached (**Attachment B**). This report will be considered as part of the RASS application for a 2013 Health, Social & Safety City Grant, anticipated for review by General Purposes Committee in February 2013.

Analysis

1. RASS' BCR&PGP Contract Cessation: Organizational and Community Impact

In February 2012, RASS requested Council's support in urging the Province to appropriately fund the BCR&PGP prevention and counselling contracts that RASS had received since 1997. On February 27, 2012, Council resolved:

That a letter be sent to the provincial government, asking that they support the full funding formula and full access to clientele as sought by Richmond Addiction Services Society (RASS).

A reply was received from the Province outlining the rationale for accreditation requirements and the funding formula for these contracts. As these terms were not realistic from RASS' perspective, RASS did not pursue their renewal.

While terminating the Provincial contracts resulted in a loss of approximately \$115,000 per year to RASS, the organization has received new funding of an equivalent amount for other programs (**Attachment A**). RASS also reports that opting out of the Provincial contracts has strengthened its financial position, given that the contract totals were insufficient to cover RASS staff salaries and related administrative costs.

While no longer offered through RASS, the BCR&PGP prevention and counselling services are still available to Richmond residents. In April 2012, provincial contracts were awarded to private practitioners to provide these services.

As indicated in **Attachment A**, RASS and the BCR&PGP Prevention Specialist have divided responsibility for school prevention work to clarify roles and avoid duplication. Prevention in the elementary schools is now done by the provincial specialist. RASS is continuing to work in the Secondary Schools, specifically through the Peer 2 Peer Program, covering substance use, gambling and other addictive behaviours, offered to Grade 10 students.

RASS has facilitated the integration of the private contract holders into the Richmond community service milieu. At RASS' invitation, the BCR&PGP Prevention Specialist attends Richmond Community Services Advisory Committee (RCSAC) meetings and has been invited to RASS' Problem Gambling Strategy Steering Committee meetings. RASS has also connected the Prevention Specialist with opportunities for community-based prevention (e.g., monthly booth at the Richmond Food Bank).

2. Other Organizational Factors

Since losing the Vancouver Coastal Health contracts for specific clinical addiction services in 2009, resulting in a loss of staff and the need for smaller premises, RASS has achieved organizational stability. Staff and Board turnover is minimal, the budget is balanced, and the premises are more secure than in the past. Also, RASS has received and is actively pursuing other grant opportunities. RASS continues to partner with a number of other Richmond agencies and provides leadership to the RCSAC as well as other community-based committees.

3. Extent and Benefit of RASS Prevention Work

As RASS receives a significant City Grant to provide gambling and substance addiction prevention to the community, a key concern with respect to the loss of BCR&PGP contracts is the degree to which community benefit from RASS prevention work has been impacted.

In their interim funding report, submitted as part of their 2013 Health, Social & Safety Grant application, RASS identifies participation rates in all prevention programs and services and provides evaluation results of the Peer 2 Peer Program. Results indicate that students' and teachers' knowledge increased significantly, as did peer support, encouragement and discussion of addiction matters. As this program is funded through the City Grant, RASS service levels to secondary schools have not been reduced.

RASS reports connecting with 15.5% more community members in 2012 than in 2011, and plans to further increase outreach in 2013. In addition to the Peer 2 Peer program, in 2013 RASS will offer problem gambling and other addictions prevention initiatives during a number of community events (e.g., National Addiction Awareness Week, BC Family Day, Annual Hockey Day) and will continue to provide its ongoing Education Series.

As part of its 2012 City Grant funding, RASS also committed to conducting a survey of Richmond residents regarding gambling and problem gambling behaviour. RASS has arranged with the Richmond School District and the McCreary Centre Society (MCC) to distribute a survey to students in conjunction with MCC's 2013 BC Adolescent Health Survey.

RASS reports indicate that, to date, an enrichment of prevention services available to Richmond residents has emerged by the combination of BCR&PGP contracts with private specialists and the City grant to RASS. While both offer valuable services, staff consider it beneficial to continue to support the non-profit role in prevention through the City Grant Program, given that an accredited non-profit service provider such as RASS has a higher profile, wider reach and deeper integration with other community service organisations than might be achieved by private service provision only.

Financial Impact

There is no financial impact. RASS' City Grant request will be reviewed by Council in February 2013.

Conclusion

RASS has responded well to the challenges presented by funding changes over the years; it has stabilized operations, received new sources of funding, developed innovative programs, avoided duplication of services and increased outreach. This non-profit organization continues to play a valuable role in providing prevention services to the community.



Lesley Sherlock
Social Planner
(604-276-4220)

LS:ls

Attachment A	The Centre of Excellence for the Prevention of Problem Gambling and Substance Misuse – Oct 17, 2012 Special Report	REDMS 3714388
Attachment B	The Centre of Excellence for the Prevention of Problem Gambling and Substance Misuse – Entire Prevention Program Results Jan 1 – June 30, 2012	REDMS 3714390



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richmond addiction services

We are dedicated to providing expertise in preventing and treating addictions in our community

**The Centre of Excellence for the Prevention of Problem Gambling and Substance
Misuse**

SPECIAL REPORT

October 17, 2012

Completed by:

Richard Dubras, M.Sc., M.Ed., R.C.C.,

Executive Director

**The Centre of Excellence for the Prevention of Problem Gambling and Substance
Misuse**

SPECIAL REPORT

October 17, 2012

Current Situation at Richmond Addiction Services Society

At the request of Lesley Sherlock and in response to changes that have occurred as of April 1, 2012, we are submitting this Special Report to outline the current stability and state of affairs at Richmond Addiction Services Society (RASS). I am pleased to report that even though we did not renew our contract with the BC Responsible and Problem Gambling Program Richmond Addiction Services' financial situation is much improved. In fact, the current financial situation is that the society will meet the zero deficit budget target forecast. It is also important to add that despite the loss of an average \$115 000 per year from not renewing the BC Responsible and Problem Gambling contract, we have replaced that amount of funding from alternative sources to support other collaborative programs in Richmond along with some operating revenue for RASS services and programs. For example, RASS was successful in receiving a \$100 000 BC Gaming grant to help fund the Supporting Families Affected with Parental Illness and Addictions initiative that we partner with the Ministry for Children and Family Development (MCFD) and Vancouver Coastal Health (VCH) and other community agencies. \$25 000 from the Civil Forfeiture fund from the Ministry of the Solicitor General to fund an ecstasy awareness program called X-Press and \$28 000 from the VCH-SMART fund to support the Richmond Youth Media Lab. Significantly, our partnership and collaboration and two of the above grants will be supporting the City of Richmond Youth Media Lab facilitator to the sum of \$35 200 for 2012-2013.

Operationally, we have a full contingent of active Board of Directors who completely overhauled the Governance Policy and Procedure manual this year. Along with the new strategic plan, modification of our Vision, Mission and Value statements Richmond Addiction Services has met its 2012 requirements for continued accreditation with Accreditation Canada. I am also pleased at the level of commitment and engagement our current Board of Directors has demonstrated this year within the community of Richmond as this has increased significantly since 2010. During our AGM in October we will be losing one Board member but will be replacing that member with a new member which is very positive.

We are also pleased at the imminent signing of a 2-year lease extension with our current landlords which is a huge improvement over the last year as we have been working with a month to month contract with one a 30 day notice of eviction. This adds more stability to

our current situation financially, strategically as well as psychologically within the community and our employees and funders. We have also been making plans for a re-location as of 2015 - 2016 as we have begun talks with Turning Point Recovery Society in leasing office space in the new premises being considered for City Centre.

Funding Changes

I have already noted the about the funding changes that have occurred and our direct response to offset the potential loss of revenue and perceived fragility of the programs due to such a loss. Despite the loss of the BC Responsible and Problem Gambling contract RASS is in much healthier financial condition because our programs are no longer in deficit funding situations.

The Richmond Addiction Services Gambling Program

As noted in our City Grant application, as of April 1, 2012 RASS is no longer the contract holder for Richmond to offer the BC Responsible and Problem Gambling Program for prevention and treatment services. Private contractors are now responsible for these activities. However, RASS continues to be funded through the City of Richmond City Grant program funding needed substance use and gambling prevention programs across the community.

Importantly, Richmond Addiction Services has created an agreement with the BC Responsible and Problem Gambling Program to separate the community into age groups to reduce duplication of services and to reduce the potential for community confusion as there will be more service delivery mechanisms in Richmond due to this change as of April 1, 2012. We endeavor to incorporate the BC Responsible and Problem Gambling program whenever possible to ensure a continuum of services to the community and ready access to prevention and treatment options. To this date, we have a positive relationship with the BC Responsible and Problem Gambling program and are hoping to engage them further in being incorporated into their vision of an important partner in Richmond and necessary in the mutual aim to create a continuum of services for the community of Richmond.

RASS Problem Gambling Strategy

As presented in Richmond Addiction Services' proposal to renew a five-year problem gambling prevention and education plan on April 23, 2012 at Council Chambers RASS continues to complete a research study in concert with the Richmond School District and the McCreery Centre Society who will be completing the Youth Survey across BC in early 2013. We have 'in principal agreements' with both the Richmond School District and McCreery Centre Society to collaborate together to make sure we can efficiently and cost effectively sample the majority of school aged students in Richmond. We also understand

the BC Responsible and Problem Gambling Program will be completing a new prevalence study in the New Year but this will most likely not have a Richmond focus. Focusing on Richmond is what City Council and the Gambling Steering Committee wants to understand more fully and that is why we are putting resources into such a study which will sample youth and parents living in Richmond.

RASS will also be completing the Peer 2 Peer program in the Richmond School District this year as per our school based community prevention activities and are working with the school district to have even more students participating. Since 2010 we have seen increases in participation in this program which covers substance use, gambling and other addictive behaviours as part of the curriculum that is taught to Planning 10 students. In the City Grant proposal we are connecting with 15.5% more community members than 2011 and have set a goal for a 30% increase by the end of 2013.

We are also focusing on Gambling Prevention in our National Addiction Awareness Week: About Face event at Ralph Fisher auditorium on November 21, 2012 where we will be screening Owing Mahoney and having a panel to answer questions. In addition, we are also preparing for another problem gambling awareness raising initiative in early 2013, perhaps combined with the new BC Family Day.

In addition, we have invited the BC Responsible and Problem Gambling program to join the Gambling Steering Committee, the Richmond Community Services Advisory Committee, and participate in our Annual Hockey Day in Richmond event which they have. Furthermore, we incorporated them in our communications to the school district in September to make sure that elementary students would be offered the prevention programming at the levels of previous years.

In conclusion, it is my opinion that RASS is fulfilling its outcomes and continuing to collaborate and build capacity in Richmond and overcoming various situations. Together with our Board of Directors, I feel that we have made prudent though difficult decisions and have returned to budgeting process which is affordable and sustainable. Beyond the financial situation, RASS continues to meet its prevention and clinical outcomes and develop programs that are helping change people's lives for the better.

Current List of Programs / Committees

1. Youth and Family Program
 - a. Substance Use, Gaming Use/Misuse Counselling Program (Under 25 years old)
 - b. Constructive Alternative to Teen Suspension Program (CATS) (School aged children – Education and Counselling program)

- c. Supporting Families Affected with Parental Mental Illness and Addictions – Resilient Kids groups
 - d. My Tween and Me Parenting Group
- 2. Aging Well Program
 - a. Substance Use, Gaming Use/Misuse Counselling Program (over 55 years old)
 - b. Support Group
 - c. Prevention and Education Services
 - d. Community Agency workshops and Presentations
- 3. Prevention Program
 - a. Peer 2 Peer Program (Substance use, Gambling and Gaming Misuse – School District)
 - b. X-Press (Ecstasy Awareness)
 - c. BoozeBrain Project
 - d. National Addiction Awareness Week
 - e. Salmon Fest
 - f. Depression Screening Day
 - g. Supporting Families Affected with Parental Mental Illness and Addictions – Life Lessons/Resilient Youth Program and Community Education nights
 - h. Richmond Youth Media Program
 - i. Quarterly Community Education Series
 - j. Community Agency workshops and Presentations
- 4. Committee Involvement & External Committees
 - a. Richmond Collaborative Committee for Children and Youth (RCCCY) (Community)
 - b. Richmond Community Services Advisory Committee (RCSAC) (City of Richmond)
 - i. 2nd year of Co-Chair appointment
 - ii. Addiction and Mental Health Sub-committee action group have completed the Gap Analysis of services in Richmond
 - c. Mental Health and Addictions Coordinating Committee (VCH)
 - d. Youth Alcohol and Drug Association (Non-Profit, VCH)
 - e. Richmond Children's First (City of Richmond)
 - i. Steering Committee met at start of October
 - ii. Sitting on Collaborative Framework Evaluation Action group
 - f. Supporting Families Affected with Mental Illness and Addictions (MCFD, VCH)
 - g. Community Action and Assessment Network (TFA)
 - h. Youth Concurrent Disorders Network (VCH, PHSA, VIHA, IHA)
 - i. Acquired Brain Injury Committee (VCH)

- j. Richmond Violence Prevention Network (City of Richmond)
- k. Community Health Services Integration Council (VCH)
- l. Richmond Advisory Council on Perinatal Issues (RACPI) (VCH)



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The Centre of Excellence for the Prevention of Problem Gambling and Substance Misuse

Entire Prevention Program Results

January 1st – June 30th, 2012

The following two attached reports highlight the entirety of the Prevention programming completed by Richmond Addiction Services for the first half of 2012 and acts as our semi-annual report. Final report can be expected at the end of January 2013 to allow for final statistical data collection and reporting.

Since May 2010, the goal of semi and annual reporting by Richmond Addiction Services has been to become increasingly accurate in recording the work completed to our specific funders. To this end, the first attachment reflects all prevention initiatives that have been completed by Richmond Addiction Services. In order, to separate BC Responsible and Problem Gambling funding from the City of Richmond funding I have noted this on the titles in the two charts on the second attachment.

As can be seen on the first attachment titled The Overall Activity Statistics documents a total of 3187 prevention contacts. The City of Richmond is responsible for funding 3136 prevention contacts through the various prevention programs and services including gambling, substance use and internet and gaming. Also incorporated in these numbers, are the data of the Peer 2 Peer (P2P) prevention programming, listed as Prevention –Youth School Based, which is reported in more detail on attachment 3.

On the second page of the attached reports the second chart communicates further Gambling related prevention that is funded by the City of Richmond which is mostly made up of chairing the Steering Committee.

On the first chart of the second attachment, the number of gambling related activities that were funded by the BC Responsible and Problem Gambling Program for both treatment and prevention.

It is important to note this funding and activities will no longer be reported to the City by Richmond Addiction Services as it is no longer the contract holder of the BC Responsible

and Problem Gambling Prevention and Treatment contracts. This arrangement commenced on April 1, 2012.

Importantly Richmond Addiction Services has created an agreement with the BC Responsible and Problem Gambling Program to separate the community into age groups to reduce the duplication of services and the creation of community confusion. We endeavor to incorporate the BC Responsible and Problem Gambling program whenever possible to ensure continuum of services to the community and ready access to prevention and treatment. To this date, we have a positive relationship with the BC Responsible and Problem Gambling program and are hoping to engage them further in being seen as an important partner in Richmond and necessary in our mutual aim to create a continuum of services for the community of Richmond.

Attachment 1 & 2

Overall Activity Statistics
Activity Dates: January-01- 2012 to June-30-2012

Event Category	Activity Type	Total Activities	Staff Attended	Anon. Attended	Total Duration (Hours)
Group Session	Life Lessons Youth Non school bas	34	34	22	93
	Cambie High School Girls Group	1	1	3	3.5
	Chinese Parenting Group	3	43	76	153.3
	My Tween & Me	6	6	18	17.5
	Building Resiliency Kids Group	14	24	38	24.5
	Prevention-Internet Gaming	2	2	52	7.0
	Prevention/Teachers	289	289	103	364.0
	Prevention-Agency/Community	26	25	100	52.4
	Prevention Children-School based	6	6	150	7.8
	Prevention – Youth School based	295	292	2139	383.4
	Prevention-General Public	18	18	178	33.8
	Prevention-Youth (non-school based)	10	9	27	21.0
	Family Fun Nights	1	1	7	2.5
	RAS Education Series	15	14	52	30.5
	South Asian Ambassadors Prevention	12	12	120	13.5
	Prevention Aging Well Program Training	5	5	33	8.5
	Supporting Families	3	6	69	6.0
Totals		740	787	3187	1222.2
Staff Activity	Admin-Prevention	76	76		399.7
	All Prevention Coordination	153	153	164	202.1
Staff Totals:		229	229	164	601.8
Complete Totals		969	1016	3351	1824

Gambling Clinical and Prevention Statistics January-June 2012

Funded through BC Responsible and Problem Gambling Program

Please Note: Funding ended as of April 1, 2012

Outcomes	Total for Q1 (Jan - Mar)	Total for Q2 (Apr - Jun)	Total
Prevention Stats			
Number of Participants	2689	0	2689
Service requests	7	0	7
Treatment Stats			
Referrals	11	5	16
Intakes	7	0	7
Admitted	7	0	7
Closed	54	0	54
Consultations	0	2	2
No show for first appointment/planning session	0	0	0
Clinical outreach	3	0	3
Direct client service	31	0	31
Family counselling	10	0	10
No show/cancellation	13	0	13
Phone call counselling	0	0	0

Activities Funded by City of Richmond

Outcomes	Total for Q1 (Jan - Mar)	Total for Q2 (Apr - Jun)	Total
Meetings		3	3
Strategy Committee Meetings		1	1
Connecting with Community Professionals	2	11	13

Peer 2 Peer Program

Results

A total of 627 student participants completed the baseline measure prior to the program (pretest) and a total of 684 students completed the evaluation survey after completing the Peer 2 Peer program (posttest). The gender breakdown for the baseline surveys was 299 (48.5%) males and 317 females (51.5%) with 6 individuals describing as other gender. For the posttest 338 (50.1%) males and 339 (50.2%) were females and the remaining 6 individuals identified as other gender. For the pretest surveys 48% were from the 10th Grade, 37.3% were from the 11th grade and 14.7% were from the 12th grade. For the posttest surveys 45.7% were from the 10th Grade, 40.7% were from the 11th grade and 13.6% were from the 12th grade. The Peer 2 Peer (P2P) data was collected from Hugh Boyd, Burnett, Cambie, MacNeill, McMath, Palmer, Richmond, Horizons and Steveston-London High Schools.

It is important to note that when devising this survey for youth, we felt it important to create a Likert scale that would be youth friendly. (1 is "Not at all", 2 is "a little", 3 is "Some", 4 is "Quite a bit" and 5 is "A whole bunch").

On the item 'How knowledgeable do you think YOU are about Substance(s) Use, Gambling &/or Other Addictive Behavior(s) [SUGOAB]?', data showed a large increase between baseline measure of self-report on knowledge from "Some" (40.6%) to a higher level of self-perceived knowledge about SUGOAB after the program had ended at "Quite a bit" (48.1%) or "A whole bunch" (25.8%).

In regards to student's perception on teachers knowledge about SUGOAB, The significant difference between the two groups (baseline and Posttest) on this item, was a shift in student's perception on how knowledgeable teachers were from "A whole bunch" (17.2%) at baseline to "A whole bunch" (32.6%) after the program had ended. Student's perception on teachers understanding of the difference between substance use and misuse also increased from "Quite a bit" (47.8%) to "Quite a bit" (48.7%) after the end of P2P. However, the biggest difference was the number of students who felt that teachers knowledge went from "A whole bunch" 24.9% at baseline to 34.6% at posttest.

On the item, 'How much do YOU support and encourage other students in preventing substance(s), gambling &/or other addictive behavior(s)?', from the baseline

group, the majority indicated "Quite a bit" (30.3%) support was offered, while after the P2P program the student sample showed an increase in support and encouragement to "Quite a bit" (48.1%). Student's evaluation of their fellow Classmates level of support and encouragement offered to each other in SUGOAB prevention, increased from "Some" (39.5%) to "Quite a bit" (40.9%) or "A whole bunch" (13.2%) . Also, the item rating of "A whole bunch" more than doubled from 5.2% at baseline and at 13.2% at the posttest.

In regards to SUGOAB related conversations happening at the school, the trends are as follows. Between other students, ratings showed a shift from "Some" (34%) to "Some" (40%) conversations after the P2P program. Conversations between student's and caregivers showed an increase from "Not at all" (41.3%) at baseline and ratings increased to "Some" (38.1%) for students once the P2P program was completed. Student's rating of SUGOAB conversations happening between students and teachers increased from "A little" (40.3%) to reports of "Some" (38.1%) or "A quite a bit" (16%) of conversation occurring at the end of the program. Regarding students conversing with administrators, baseline scores indicate low level of conversation from "Not at all" (32.5%) to "Some (30.5%), which is an important change by the end of the P2P program.

The final item on the survey, "To what degree do you feel you have the ability to make healthy choices in your life?" showed little change between baseline and the posttest evaluation. At the baseline measure, the student participants reported having "A quite a lot" of ability (28.9%) or "A whole bunch" of ability (55.1%) to make healthy choices. The posttest evaluation showed students' responses of ability at "Quite a bit" (31.9%) and "A whole bunch" (56.6%).

The data clearly demonstrates important changes in the knowledge of the participants surrounding the issues in substance use, gambling and other addictive behaviours with the completion of the P2P program. In addition, an increase in knowledge that the teachers learn through this process is also crucial to point out. Youth reach out to those important others or anchors in their lives and teachers are significant individuals for students to lean on and ask difficult questions of. True prevention occurs when individuals and groups of people are talking about the issues and clearly these data show this is happening because of the P2P program. One final note, these data provide the evidence that Richmond Addiction Services continues to improve in its evaluation of programs as we have almost doubled the amount of respondents completing the baseline and posttest evaluations for the 2011-2012 school year.

Table 1

How knowledgeable do you think YOU are about Substance(s) Use, Gambling &/or Other Addictive Behavior(s) [SUGOAB]?

Group			Frequency	Percent
Baseline	Valid	Not at all	39	6.2
		A little	121	19.3
		Some	254	40.6
		Quite a bit	170	27.2
		A whole bunch	42	6.7
		Total	626	99.8
	Missing	System	1	0.2
	Total		627	100.0
Posttest	Valid	Not at all	23	3.4
		A little	35	5.2
		Some	127	18.7
		Quite a bit	326	48.1
		A whole bunch	175	25.8
		Total	678	99.1
	Missing	System	6	0.9
	Total		684	100.0

Table 2

How knowledgeable do you think your teachers are about SUGOAB?

Group			Frequency	Percent
Baseline	Valid	Not at all	22	3.5
		A little	44	7.1
		Some	163	26.2
		Quite a bit	286	46.0
		A whole bunch	107	17.2
		Total	622	99.2
	Missing	System	5	0.8
	Total		627	100.0
Posttest	Valid	Not at all	6	0.9
		A little	19	2.8
		Some	141	20.8
		Quite a bit	296	43.7
		A whole bunch	221	32.6
		Total	678	99.1
	Missing	System	6	0.9
	Total		684	100.0

Table 3

How much do you think your TEACHERS understand the similarities and differences between substance use and misuse?

Group			Frequency	Percent
Baseline	Valid	Not at all	7	1.1
		A little	37	5.9
		Some	126	20.2
		Quite a bit	298	47.8
		A whole bunch	155	24.9
		Total	623	99.3
	Missing	System	4	0.7
	Total		627	100.0
Posttest	Valid	Not at all	4	0.6
		A little	16	2.4
		Some	99	14.6
		Quite a bit	331	48.7
		A whole bunch	235	34.6
		Total	679	99.2
	Missing	System	5	0.8
	Total		684	100.0

Table 4

How much do YOU support and encourage other students in preventing substance(s), gambling &/or other addictive behavior(s)?

Group			Frequency	Percent
Baseline	Valid	Not at all	42	6.8
		A little	87	14.0
		Some	164	26.5
		Quite a bit	188	30.3
		A whole bunch	139	22.4
		Total	620	98.8
	Missing	System	7	1.2
	Total		627	100.0
Posttest	Valid	Not at all	26	3.8
		A little	39	5.8
		Some	161	23.8
		Quite a bit	279	41.3
		A whole bunch	179	26.5
		Total	676	98.8
	Missing	System	8	1.2
	Total		684	100.0

Table 5

How much do your CLASSMATES support and encourage each other in SUGOAB prevention?

Group			Frequency	Percent
Baseline	Valid	Not at all	58	9.4
		A little	131	21.1
		Some	245	39.5
		Quite a bit	154	24.8
		A whole bunch	32	5.2
		Total	620	98.8
	Missing	System	7	1.2
	Total		627	100.0
Posttest	Valid	Not at all	28	4.2
		A little	62	9.2
		Some	231	34.3
		Quite a bit	275	40.9
		A whole bunch	89	13.2
		Total	673	98.4
	Missing	System	11	1.6
	Total		684	100.0

Table 6

Are SUGOAB related conversations happening between other STUDENTS at your school?

Group			Frequency	Percent
Baseline	Valid	Not at all	120	19.3
		A little	191	30.8
		Some	211	34.0
		Quite a bit	71	11.4
		A whole bunch	28	4.5
		Total	621	99.0
	Missing	System	6	1.0
	Total		627	100.0
Posttest	Valid	Not at all	82	12.2
		A little	154	23.0
		Some	268	40.0
		Quite a bit	150	22.4
		A whole bunch	23	3.4
		Total	670	97.9
	Missing	System	14	2.1
	Total		684	100.0

Table 7

To what degree are conversations about SUGOAB issues happening between you and your parent(s)/caregiver(s)?

Group			Frequency	Percent
Baseline	Valid	Not at all	257	41.3
		A little	187	30.0
		Some	117	18.8
		Quite a bit	47	7.5
		A whole bunch	15	2.4
		Total	623	99.3
	Missing	System	4	0.7
	Total		627	100.0
Posttest	Valid	Not at all	172	25.8
		A little	179	26.9
		Some	220	33.0
		Quite a bit	90	13.5
		A whole bunch	15	2.3
		Total	666	97.3
	Missing	System	18	2.7
	Total		684	100.0

Table 8

Are SUGOAB related conversations happening between STUDENTS & TEACHERS?

Group			Frequency	Percent
Baseline	Valid	Not at all	174	28.0
		A little	250	40.3
		Some	147	23.7
		Quite a bit	41	6.6
		A whole bunch	9	1.4
		Total	621	99.0
	Missing	System	6	1.0
	Total		627	100.0
Posttest	Valid	Not at all	108	16.3
		A little	184	27.7
		Some	253	38.1
		Quite a bit	106	16.0
		A whole bunch	22	3.3
		Total	664	97.1
	Missing	System	20	2.9
	Total		684	100.0

Table 9

Are SUGOAB related conversations happening between STUDENTS & ADMINISTRATORS?

Group			Frequency	Percent
Baseline	Valid	Not at all	200	34.6
		A little	242	39.0
		Some	126	19.5
		Quite a bit	39	5.1
		A whole bunch	9	.7
		Total	616	99.0
	Missing	System	11	1.0
	Total		627	100.0
Posttest	Valid	Not at all	192	28.8
		A little	191	28.7
		Some	203	30.5
		Quite a bit	81	12.2
		A whole bunch	12	1.8
		Total	666	97.3
	Missing	System	18	2.7
	Total		684	100.0

Table 10

To what degree do you feel you have the ability to make healthy choices in your life?

Group			Frequency	Percent
Baseline	Valid	Not at all	11	1.8
		A little	26	4.2
		Some	62	10.0
		Quite a bit	180	28.9
		A whole bunch	343	55.1
		Total	622	99.0
	Missing	System	5	0.8
	Total		627	100.0
Posttest	Valid	Not at all	10	1.5
		A little	12	1.8
		Some	71	10.6
		Quite a bit	214	31.9
		A whole bunch	380	56.6
		Total	671	98.1
	Missing	System	13	1.9
	Total		684	100.0