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**Extended meeting of the Prevention Platform  
“Evaluation of drug prevention: from dogma to useful tool”**

**Prague, Czech Republic  
30-31 March 2010**

**REPORT**

## EXECUTIVE SUMMARY

At the invitation of the Czech Republic's Government Council for Drug Policy Co-ordination the extended meeting of the Prevention Platform took place in Lichtenstein Palace, Prague on 30-31 March 2010. The meeting was attended by over 70 participants from 17 member States of the Pompidou Group as well as from the EMCDDA and Mentor Foundation International.

In a combination of plenary sessions and workshop groups the participants discussed limitations and possibilities of the evaluation of drug prevention, as well as shared their experiences and established professional contacts.

The findings of the meeting are the following:

- *Evaluation is essential, but is often difficult to undertake effectively*
- *Policy-makers often need quick answers; but evaluation often needs to take a long-term perspective; and in most cases this is not possible because of the constraints of short-term funding*
- *The evaluation of drug prevention should focus on:*
  - *defining and promulgating quality standards for project and programmes and their implementation, and*
  - *eliminating the programmes and practices that clearly do not work or make things worse*

The signals and recommendations of the meeting:

- *Different approaches to prevention require different approaches to the evaluation of prevention*
- *Drug prevention requires a comprehensive and long-term view. Evaluation of drug prevention therefore needs also to take this perspective*
- *More synergy should be looked for in implementing and evaluating prevention – for example, with other social problems and risky behaviour*
- *Communicating the complex and multifaceted picture of drug prevention to politicians, policy-makers and citizens is a necessary and urgent task*
- *The international transferability of prevention activities is feasible and can be useful*

It was noted that:

- The EMCDDA 'Best Practice Portal' is a source of sound examples of good practice
- The EU-funded 'European Drug Prevention Quality Standards' project will shortly be reporting

## Description of the Event

This meeting, held in Prague on 30<sup>th</sup> and 31<sup>st</sup> March 2010 at the invitation of the Czech Republic's Government Council for Drug Policy Co-ordination, was attended by over 70 people from 17 Member States. See Appendix 1 for the Programme and Appendix 2 for the list of participants.

The aims of the meeting were to:

- explore the limitations and possibilities of the evaluation of drug prevention
- share experiences of drug prevention evaluation and enable networking.

The methods included illustrated presentations and plenary and group discussions.

Raphael BAYER, chair of the Prevention Platform, welcomed participants, as did Patrick PENNINCKX, Executive Secretary of the Pompidou Group, and Pavla DOLEŽALOVA from the Czech Ministry of Education. The following speakers addressed a range of topics related to the evaluation of prevention:

- Richard IVES 'The Pompidou Group Lifeskills Project in Russia and Ukraine'
- Harry SUMNALL 'Evaluation of a UK family-based prevention approach'
- Alfred UHL 'Community/locality-based prevention evaluation'
- Christiane MOREL-BARNICHON and Natalie BOBICHON 'Media Campaigns in France'
- Alfred UHL 'Evaluation: from dogma to useful tool'
- Marcia FERRI 'Evaluation of Drug prevention in Europe: an overview'
- Hilde PAPE 'Too good to be true? Evidence-based substance misuse prevention in schools: bias in publication and research'
- Michal MIOVSKY and colleagues 'Czech evaluation study of the *Unplugged* programme : preliminary results'
- Angelina KURTUV 'European Drug Prevention Quality Standards'
- Michal MIOVSKY and colleagues 'Integrated system of evaluation of drug prevention quality in the Czech Republic: quality standards at the national level'

## Summary of discussions

The topic of evaluation is a complex one; there are many different perspectives on evaluation. Defining what is meant by 'evaluation' in different contexts is crucial. Responsible practitioners must point out where evaluation has become 'a dogma', and help to ensure that evaluation is 'a useful tool'. Prevention is also defined in different ways: the first task is to ensure that everyone is clear about definitions.

Evaluation can contribute to the development and refining of a project by basing the project design on appropriate theory (such as a theory of change) and enabling learning from evaluations of previous, similar work. Evaluation can help practitioners usefully to reflect on their practice – but to do so, the practitioners must be involved in the evaluative process, and not see themselves as passive in the process.

Evaluation is essential, but is often difficult to undertake effectively. While an outcome-based approach to evaluation is often desirable, it is not always possible to measure desired outcomes in drug prevention (because, for example, the effects are too small to measure without unfeasibly large samples; lie too far in the future; or are not person-specific).

The desire of policy-makers for evaluation to 'prove that it works' is understandable, but often unfeasible. Policy-makers often need quick answers; but evaluation often needs to take a long-term perspective; and in most cases this is not possible because of the constraints of short-term funding. In many social interventions, 'experiments' are unethical, and randomised controlled trials (RCTs) are difficult and expensive.

Variations inherent in complex social interactions (for example, a drug education programme taught (in a non-uniform way) by many different teachers in a range of schools with different student experiences of drugs) will be hard, if not impossible, to conceptualise adequately – it will be a 'black box'. When 'programmes' are implemented professionals seldom do exactly what the programmes prescribe.

Even where published findings reported positive results of evaluations, these should be questioned; some of the reasons for scepticism were:

- some programmes were evaluated by their creators, with an obvious risk of (maybe unintentional) bias
- testing often took place under 'ideal' conditions which were not replicated when the programme was rolled out
- 'publication bias' meant that negative results were less often reported than positive ones
- small effects were often over-estimated
- questionable analytic and statistical tests were sometimes used
- meta-analyses were not always correctly carried out.

The following aims of evaluation are more modest and more practical and as such they would save a great deal of time and money:

- identifying best practice in drug prevention,
- defining and promulgating quality standards for project and programmes and their implementation, and
- eliminating the programmes and practices that clearly do not work – or which are iatrogenic (they make things worse).

What did politicians and policy-makers want from evaluation? There was a tendency for politicians to want confirmation of their beliefs and positions – rather than to have their ideas challenged. However, policy-makers such as civil servants were more likely to be convinced by ‘objective’ evidence.

Using the evidence provided by evaluation of appropriate programmes and projects, policy-makers could lay the groundwork for policy change, which could then be introduced at an opportune political time. For example, the evidence of the positive preventive effect of a ban on tobacco use in enclosed public spaces had become increasingly strong (evidence on the deleterious effects of passive smoking, for example), but it was some time before the political conditions became favourable to the introduction of bans. Policy-makers are concerned with weighing the costs and the benefits of an intervention or programme – yet economic evaluations are extremely rare.

What did practitioners want from evaluation? How could evaluation take account of the practitioner’s perspective, and how could evaluation capture multiple, unanticipated and long-term outcomes? Evaluation could sometimes get in the way of implementation; how could the right balance be struck between project implementation and project evaluation? How could evaluation be sensitive to the socio-cultural context?

Practitioners understood that change was difficult, and difficult to sustain. They were aware that short-term changes (for example, in drug consumption) were mostly meaningless – and that long-term changes were extremely hard to measure. They saw the need for the provision of information to all, but for the focus of prevention efforts to be on problematic subgroups; often those with multiple difficulties of which drug misuse was only one – their needs therefore needed to be addressed holistically. This meant that drug prevention might ‘take a back seat’ while these other problems were addressed (but interventions to deal with other problems might nevertheless produce positive drug-related outcomes).

Routine project implementation did not necessarily need evaluation; a quality standards approach would often be more appropriate, especially for assessing the value of the implementation of recognised and well-tested approaches to drug prevention. Setting minimum standards would help to drive up quality. Internal monitoring and process evaluation could help to ensure project implementation fidelity, or identify departures from standard practice and assess their merits or demerits.

Where projects or programmes were being implemented in different social-cultural contexts, different evaluation approaches might be required. How could evaluation help to support the transferability of projects to other social contexts and other cultures and countries?

## Signals and Recommendations

1. ***Different approaches to prevention require different approaches to the evaluation of prevention.*** Drug prevention takes place in an environment of multiple and interlinked factors which influence outcomes in various ways. It takes place in many different settings and addresses a range of need. The complexity and diversity of drug prevention defies simplistic summary. Different and varied prevention approaches are therefore appropriate.

2. ***Drug prevention requires a comprehensive and long-term view. Evaluation of drug prevention therefore also needs also to take this perspective.*** Drug prevention is a long term investment. The 'project-based' approach to drug prevention has merit – for example, when novel approaches are being piloted or where transferability is being tested; or where resources are very limited or only available short-term. But the project-based approach has serious limitations.

3. ***More synergy should be looked for in implementing and evaluating prevention*** – for example, with other social problems and risky behaviour. Drug prevention – and its evaluation – is best approached in partnership with practitioners, with 'stakeholders' and with communities.

4. ***Communicating this complex and multifaceted picture to politicians, policy-makers and citizens is a necessary and urgent task.***

5. ***The international transferability of prevention activities is feasible and can be useful.*** However, there are issues in adoption and adaptation. Evaluation can assist in identifying the essential elements of prevention work that should be retained in any context, and those elements that can be adjusted to suit particular national, regional, local and sub-cultural experiences, traditions and contexts.

It was noted that:

(i) The EMCDDA 'Best Practice Portal' is a source of sound examples of good practice and an opportunity to communicate and disseminate evaluated approaches.

(ii) The EU-funded 'European Drug Prevention Quality Standards' project will shortly be reporting; it presents an opportunity to define and refine standards in drug prevention which will assist in the future design of projects and programmes. But, given the variation in project type, only a few of the standards can become mandatory.

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