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Extended Prevention Platform

Evaluation of drug prevention – from dogma to useful tool

Abstracts of presentations

Prague, Czech Republic, 30-31 March 2010

Organised by the Council of Europe's Pompidou Group (Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs) in collaboration with the Government Council for Drug Policy Coordination, Czech Republic

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The opinions expressed in this publication are those of the author(s) and do not necessarily reflect the official policy of the Council of Europe/Pompidou Group.

THE POMPIDOU GROUP

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an inter-governmental body formed in 1971 at the suggestion of the late French President Georges Pompidou. The Pompidou Group's core mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states. It seeks to link Policy, Practice and Science and focuses especially on the realities of local implementation of drug programmes.

At present the Pompidou Group comprises 35 member states. In 1980 the Group was incorporated into the institutional framework of the Council of Europe. Since 1990, co-operation has been extended to countries of central and eastern Europe which are not members. Furthermore, non-European countries, like Canada and the USA, have also been invited to take part in past activities. Since 2006, the Group has also developed co-operation activities for and with non member States from the Mediterranean Basin.

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THE OBJECTIVE OF THE MEETING

Dr Uhl, 2000 created the word “evaluopathy” as a “disease” affecting drug prevention. He pointed to the inappropriateness of much evaluation activity. This conference will explore the limitations for evaluation and address the ways that evaluation can be made more effective, to the benefit of policymakers, practitioners and to the targets of prevention activity.

Aims

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

Target Audience

- Policy makers and practitioners in drug prevention

Expected numbers

- 60 international experts and 40 experts from Czech Republic (maximum 100)

Date and timing

- From 09:30 on 30 March to 12:30 on 31 March 2010- Extended Prevention Platform meeting with participation of international and local experts
- From 14:30 to 16:30 on 31 March 2010 - Prevention Platform meeting attended by platform members only

Location

- Lichtenstein palace, U Sovovych mlynu 4/506, Prague, Czech Republic

Lifeskills project in Russia and Ukraine

Richard IVES, Educari, United Kingdom

In the late 1990s, the Council of Europe Pompidou Group developed a lifeskills programme and manual for use by teachers and other educators. This was created by a group of teachers, other educators and drug Developing the s experts in the Sverdlovsk region of Russia working with a Pompidou Group consultant. The programme was later adapted and developed for use in the juvenile justice system. Local experts were nurtured by the Pompidou Group and made increasing contributions to the programme. Later, when there was an opportunity to introduce the programme in Eastern Ukraine, these Russian experts worked alongside the main Pompidou Group trainer, developing the schools programme there.

Some key aspects of the programme were:

1. Training for professionals (teachers and others)
2. Participation of young people –
 - in the training
 - in the classroom
3. Work with parents and families
4. A 'whole-school' approach
5. Local adaptation
6. Sustainability –
 - Skilling local trainers
 - Engaging local decision-makers
 - Demonstrating national value through local activity
7. An experimental approach

1. Training for professionals

Extensive training was required. This include training in teaching about substance misuse issues (many teachers were ignorant about drugs, and frightened to tackle the topic), and training in the lifeskills approach – in particular, the necessary interactive aspects which research demonstrates is crucial for effectiveness. After a one-week training programme, follow-up training was increasingly developed.

2. Participation of young people

The engagement of young people is a key aspect of the PG approach. Young people were involved in the training as both participants and trainers, and their role in the classroom was emphasised throughout.

3. Work with parents and families

Although work with parents was not a significant part of the early versions of the programme, it came to be a much more significant element, and innovative methods of involving families were developed.

4. A 'whole-school' approach

Beyond the curriculum, the importance of embedding the lifeskills approach across the school was increasingly emphasised.

5. Local adaptation

We would have liked to have devoted more time to essential local adaptations; as it was, language, the law and certain cultural features (such as the stories included in the programme) were adapted.

6. Sustainability

For sustainability to be a reality it is essential to engage local decision-makers. Our approach has been to demonstrate national value through showcasing local activity.

7. Experimentation

As pioneers of this approach, and with very limited funds it has not been possible to undertake full evaluations. But the programme is soundly theoretically based, and, throughout, the team has reflected on the processes and outcomes, adopting a strategy of continuous improvement.

EU-DAP: pan European study.

Fabrizio FAGGIANO, Dept of Clinical and Experimental Medicine – Avogadro University – Novara Italy and Piedmont Centre for Drug Addiction Epidemiology – Grugliasco (TO) Italy

Prevention programs and interventions in the field of drug abuse are designed to reduce the incidence of onset of substance use, but they can also produce harms. This is the reason why rigorous evaluations are absolutely needed. In Europe, in spite of the large spread of such interventions, they are rarely evaluated with rigorous study designs.

For these reasons it is important to promote the evaluation of every program that can be considered of relevance. This would allow the other practitioners to choose the interventions on the base of evidence of effectiveness.

But which kind of evaluation prevention programs needed? There is a substantial agreement on the role of the randomized evaluation. Randomization is the only effective way to control for numerous factors that can bias the results. The typical evaluation design associated to most part of intervention programs, the pre-post assessment, cannot produce unbiased estimations.

There are however many interventions that cannot be randomised, because they cannot be provided at the individual level (e.g. like the price policies for cigarettes). These programs require an observational approach for evaluation, like a cohort or an Interrupted Time Series design. Even if these study designs have a complex methodology, the evaluation is of high relevance in order to allow the development of prevention strategies based on evidence.

Family-based prevention in the UK – the example of Families First.

Dr Harry SUMNALL, Centre for Public Health, Liverpool John Moores University, United Kingdom

Hidden Harm, published in 2003, was a major UK guidance document containing a number of recommendations to improve the coordination of responses to the needs of children living in families with substance use problems. A key recommendation was the establishment of a programme of research to examine the impact of parental substance use on children, and to evaluate interventions aimed at improving children's health and well being. However, in comparison to the USA, at the time of *Hidden Harm* the UK had only few structured family based prevention programmes, and no intensive family interventions that aimed to prevent care entry. The Department of Health therefore commissioned an evaluation of Families First (FF); a unique pilot project delivering an intensive joint child and adult service. The research additionally served to pilot evaluation techniques that were relevant to the small scale, client-led intervention models that predominate in the UK, and would also allow monitoring of client progress towards key government targets.

The research employed a mixed-methods longitudinal cohort design, and took place over 12 months. Participants were project staff (n = 15), stakeholders (n = 5) and a cohort of parents (n = 11) from eight families. As this was a pilot project with a highly vulnerable population there was a lack of control group. Key outcomes included substance use, physical and mental health, school and emotional functioning, housing and access to service. A brief costing exercise was also undertaken.

Participation in FF was associated with reduction/cessation of substance use, and a reduction in methadone dose. Only one parent continued to take heroin/crack cocaine. There was an increase in family functioning and FF prevented the majority of children being taken into care, particularly through the strengthening of kinship care arrangements. Although participation was associated with an increase in self image, there was no change in adult psychopathology, although proxy measures of child anxiety improved. Additional specialist service use also decreased, suggesting a reduction in needs for support.

This was a challenging evaluation, but it led to a greater understanding of the intervention model and its likely successes. Particular methodologies were developed which will improve the evaluation of larger projects.

ECAT Project in Austria

Alfred UHL, Evaluation Research and Documentation Unit (SucFoDok) of the Anton-Proksch-Institute, Vienna, Austria

Information campaigns : presentation of recent examples in France, evaluation.

Christiane MOREL BARNICHON, Coordinator of the Prevention Centre, Inter-departmental Mission in the fight against Drugs and Drug Addiction (MILDT)

Nathalie BOBICHON, Head of the Documentation Centre, Inter-departmental Mission in the fight against Drugs and Drug Addiction (MILDT)

- 1) **Introduction:** Prevention and campaigns, the French context
Christiane Morel-Barnichon
- 2) **Examples of information campaigns led in France and their evaluation:** Presentation and analysis
Nathalie Bobichon
 - **campaign “cannabis is a reality” - February 2005**
 - Institutional context, objectives, contents
 - Targeting youth in priority , this campaign aimed at informing on health and social consequences of the consumption of cannabis by confronting the image of cannabis and its reality, by using real testimonies. It included a television campaign, a radio campaign specifically targeting young people, as well as advertisements published in the press addressing the parents. A specific telephone line “Listen cannabis” was put in place and three brochures for the general public were distributed.
 - Evaluation
 - **Campaign “Drugs: let’s not close our eyes” - October 2009**
 - Institutional context, objectives, methods and media spots
 - “Drugs: let’s not close our eyes”, was the slogan of the campaign on the danger of illegal drugs, launched 5 October 2009.
 - The authorities wanted to fight the leniency facing drugs and fight against the ignorance of risks by giving information about the products. The campaign included a TV-radio section to notify the whole of society and a web section for young people. The whole action plan can be found on the website www.droques.gouv.fr or by dialling a telephone number.
 - Evaluation
 - **“Drugs, if they are illegal, it’s not by chance” - November 2009**
 - Institutional context, objectives, methods and TV and web clips, and other parts excluding media
 - The first information campaign reminding of the legal framework on illegal drugs and the sale of alcohol to minors, fell within the continuity of the campaign on the danger of illegal drugs of October 2009. It stressed the protective nature of the law against health and social dangers of drugs by recalling the prohibition. It was especially targeting adults. The campaign included a TV, press and web section on illegal drugs and a section on alcohol with posters, text messages and I Phone applications.
 - First assessment

3) Media campaigns, are they efficient ? C Morel-Barnichon

Can the impact of information campaigns be evaluated?

What do we know about the efficiency of media campaigns in drug prevention?

When developing the concept and carrying out campaigns, what conditions and what criteria should be retained to get the best results?

We will attempt to answer these three questions starting from an analysis of a few reports and international literature reviews.

Evaluation : from dogma to useful tool

Alfred UHL, Research and Documentation Unit (SucFoDok) of the Anton-Proksch-Institute, Vienna, Austria

The term “evaluation” is associated with a broad range of very different meanings. The implicit “everyday interpretation” is very specific and synonymous to “final scientific proof that a certain approach ¹ is ineffective or effective”. Due to severe epistemological, technical, and financial limitations such a proof is hardly ever feasible in regards to specific implementations of preventive approaches.

The term “evaluation” has a totally different meaning in the professional world. Here “evaluation” is understood in a much broader sense as any systematic investigation into aspects related to an evaluand's worth or merits. Professional evaluation includes first steps in a planning phase before developing an evaluand (preformative evaluation), systematic stepwise endeavours to improve the first draft or prototype of an evaluand in the development phase (formative evaluation), approaches focusing on finalised evaluands (summative evaluation - type 1), or approaches to secure the correct use of an evaluand in routine situations (quality control = summative evaluation – type 2). Evaluation may aim at explaining which elements of an approach play which role in achieving certain goals (process evaluation) and evaluation may aim at a final, overall judgment if certain goals can actually be reached (outcome evaluation). Evaluation can be carried out by those who develop or apply an approach (internal evaluation) or by external persons (external evaluation). Evaluation in the professional sense is always possible and mostly sensible – but what is required is a realistic conception what is sensible in a specific context and what is possible within the existing constraints (Uhl, 1998, 2000a).

We are presently confronted with an irrational evaluation boom. The situation is characterised by strong pressure to evaluate all policies and programmes, particularly if public money was invested, and unrealistic expectations what evaluations can achieve. Most persons are satisfied to hear that something has been evaluated and don't even ask about the results. The situation is characterised by decision makers who need to justify their expenditures and who have restricted budgets to do so. For them any cheap pseudo-evaluation study producing positive outcomes is sufficient – as long as nobody publicly questions the adequacy of procedures and conclusions. The situation is characterised by evaluators who are ready to take over any impossible evaluation contract, knowing that they will get away with extremely low standards concerning methodology and conclusions provided they are able to produce any evaluation report. The situation is characterised by preventionists whose performance in their core tasks is severely jeopardised due to drowning in documentation paperwork, imposed on them as indispensable prerequisite for important evaluation purposes. They are reluctant to counteract since opposing cooperation when being evaluated endangers their vocational existence due to what Liessmann (2009) named “preformative self-immunisation”².

The way our society presently deals with evaluation is highly irrational and largely counter-productive. The desirable notion of developing well planned and methodologically adequate evaluation thus often deteriorates into a ridiculous ritual of pseudo-evaluation. One could speak of “evalopathy” as a new form of mental disease spreading through the scientific community. A development producing evaluation output which is not good enough to learn anything from, but nevertheless drawing on scarce resources needed for more sensible work (Uhl, 2000b).

¹ The subject to be evaluated is called “evaluand” in professional evaluation terminology. Evaluands include programmes, studies, products, schemes, services, organisations, policies, technologies, and research projects. (Beywl, 2003) In relationship to prevention relevant evaluands are primarily techniques, programmes, and policies.

² Liessmann (2009) argues that certain “magic terms” like “evaluation”, “quality assurance” etc. do not mean what they seem to suggest and camouflage what they actually indicate. According to Liessmann this deception manoeuvre is usually successful due to the process of “preformative self-immunisation”. Anybody using these terms has practically won, since nobody can reject them without damaging his own reputation. Who can argue against judging if performances are adequate or against trying to secure good quality?

In analogy with the Fairytale “The Emperor’s New Clothes” it is overdue to uncover current pseudo-evaluation practises as irrational and unacceptable. It is my conviction that researchers, preventionists and evaluators have the means to improve the state of evaluation if they are supplied with sufficient funds to do so and if the public does not expect miracles. Progress is possible if we decide to be more precise in our terminology and conceptions, if we are ready to accept basic methodological limitations rather than ignore them, if we are ready to admit inevitable uncertainties and if we accept that some things just cannot be accomplished at the present stage. We should stand up against public pressure to accomplish impossible tasks and we should consequently criticise colleagues who nourish unrealistic expectations because of calculated insincerity or ignorance.

Sources:

Beywl, W. (ed.) (2003): Selected Comments to the Standards for Evaluation of the German Evaluation Society (English Edition). German Evaluation Society, Cologne

Liessmann, K.P. (2009): Theorie der Unbildung Die Irrtümer der Wissensgesellschaft (2. Auflage). Piper, München

Uhl, A. (1998): Evaluation of Primary Prevention in the Field of Illicit Drugs: Definitions - Concepts - Problems. In: Springer, A.; Uhl, A. (eds.): Evaluation Research in Regard to Primary Prevention of Drug Abuse. A COST-A6 Publication. European Commission Social Sciences, Brussels

Uhl, A. (2000a): The Limits of Evaluation. In: Neaman, R.; Nilson, M.; Solberg, U.: Evaluation - A Key Tool for Improving Drug Prevention. EMCDDA Scientific Monograph Series, No 5, Lisbon

Uhl, A. (2000b): Evaluation vs. Evalopathy: Support for Practical Improvement vs. Irrational Nuisance. In: University of Tampere, School for Public Health: Outcomes in Health Promotion, Key Questions for research and policy, Abstracts and Programme of the 3rd Nordic Health Promotion Research Conference, Tampere, 6-9 September, 2000. STAKES, Tampere

Evaluation of Drug Prevention in Europe: An Overview

Marica FERRI, Scientific Analyst, EMCDDA, Portugal

Gregor BURKHART, EMCDDA, Portugal

The EU-action plan has among its main priorities the reduction of demand for drugs, and the health and social consequences of drug use by improving the coverage, quality and effectiveness of services of prevention, treatment and harm reduction. The EMCDDA is involved in the process of developing, implementing and exchange good practice guidelines/quality standards for prevention, treatment, harm reduction and rehabilitation interventions and services (action 17); and developing an EU consensus on minimum quality, standards and bench-marks for prevention, treatment, harm reduction and rehabilitation interventions and services taking into account needs of specific groups and the work done at national and international level (action 19).

Among the other initiatives to accomplish these achievements, a Best Practice Portal was created and it encloses some modules on Prevention, Treatment and Harm Reduction.

The module on treatment is now being restyled and reshaped in a process due for completion in June 2010. In practice, this will result in a shift in focus away from the substance and towards the type of drug user and how they are treated in Europe today (pharmacologically and psychologically). In so doing, the evidence on treatment effectiveness in Europe is contextualised, thereby fulfilling one of the main goals of the portal. Under this new format, treatments will also be ranked (i.e. as 'beneficial', 'likely to be beneficial', 'trade-off between beneficial and harm', and 'unproven effectiveness').

We will harmonise the methods underlying the scoring of evidences, looking for the best study design to answer the questions. The search for the best methods for assessing interventions in prevention and harm reduction areas will be challenging.

For instance, in order to answer the question whether mass media campaigns are effective in the prevention of illicit drug use among young people, a Cochrane systematic review has been initiated in collaboration of EMCDDA scientific staff members with external experts.

The starting point of the review is the observation that substance-specific mass media campaigns targeting cannabis use and, more recently, cocaine use have been developed in Europe, and only a few campaigns have been evaluated for outcomes by means of devoted studies. Where assessed, the effects on behaviour showed to be weak or counterproductive. A systematic review of all the studies assessing media campaign interventions aimed at preventing illicit drug use in young people is therefore needed in order to inform future strategies and to help designing campaigns that avoid harm. We will present the protocol for such a review and the process through which it will pass to become a complete review.

'Evidence'-based substance use prevention in schools : bias in publication and research

Hilde PAPE, Researcher (PhD), Norwegian Institute for Alcohol and Drug Research, Norway

Numerous studies indicate that school-based substance use prevention programmes rarely have the desired effects on behaviour. Even so, the research literature is probably biased in favour of studies with positive findings. Moreover, nearly all these studies have been carried out by programme developers, and it is well known that researchers with vested interests are more likely to report “good news” than independent researchers. Indeed, rather than approaching the field with critical reflection, some evaluators have intended to *prove* that substance use prevention works and conducted their research accordingly. Examples of questionable analytical approaches and selective reporting of positive findings are consequently not hard to find. Moreover, evaluation studies with favourable outcomes have almost exclusively assessed the effects of programmes that have been delivered under optimal rather than real-life conditions.

The conclusion is that one should regard the “success stories” of school-based substance use prevention programmes with great caution, and that solid evidence in favour of such programmes is missing. Hence, it seems to be timely to redefine the aim of this kind of primary prevention efforts.

European drug prevention quality standards.

Angelina KURTEV and Dr Harry SUMNALL, Centre for Public Health, Liverpool John Moores University, United Kingdom

While drug prevention quality standards are available in some Member States of the European Union, a common EU framework on how to plan and deliver effective evidence-based drug prevention practice is currently missing. This project aims to provide a comprehensive framework of quality standards, focussing on formal aspects of quality assurance in the planning, design, implementation and evaluation of drug prevention programmes.

The project proceeds in two phases. In the first phase from January to November 2009, available national and international drug prevention standards were collated and synthesised in a systematic and iterative manner through qualitative content analysis. In the second phase running from December 2009 to July 2010, the priority and cultural applicability to the wider European context of the standards is explored. Delphi surveys and expert focus groups are conducted in six European countries with drug professionals and policy makers. The findings from the empirical research will inform the development of a final list of standards.

The expected outcome of the project is a set of commonly agreed evidence-based drug prevention standards for use in the European Union. This framework will enable policy makers, researchers and practitioners to assess and evaluate current and future efforts in drug prevention against defined criteria highlighting evidence base, theoretical coherence, practical feasibility, and participant orientation.

The presentation will provide an overview of the draft standards, present initial findings from the Delphi surveys, and show how traditional approaches to evaluation can be incorporated within a comprehensive framework for quality assessment.

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