Prevention, EDDRA, logic model and evaluation

Croatia, November 2012

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Only information on drugs 2010 (no social skills, etc.)
Availability and expectable effects of interventions

Availability of interventions

Environmental  Universal  Selective  Indicated

Effects of interventions

Information provision

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Advisory Council for the Misuse of Drugs

“… There should be a careful reassessment of the role of schools in drug misuse prevention”

“The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs, including volatile substances”
Conformity to peer norms and habits

Emotional arousal – reward system (Steinberg 2008, 2009)
Impulsive, Risk seeking, Affective intensive, Peer-oriented Social Primacy
So?

- Information provision might be good in low-risk situations
- ... for the privileged
- What counts is perceived “normality”
- → danger of warning campaigns
- → importance of social norms

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Environmental prevention

• change the
  • physical
  • economic
  • social
  • virtual

• … environments, in which people take their decisions about substance use – ‘scaffolding’
Different levels of environment

• Macro – society and economy: taxations, regulations
  • Buying age limitations (Wagenaar et al. 2002)
  • Prices y taxes on alcohol (Wagenaar et al. 2010)

• Meso – physical and social contexts: school, community, recreational settings
  • Rules and climate in schools (Fletcher 2007)
  • Presence of cannabis in schools (Kuntsche et al. 2006)
  • Outlet and licences’ density

• Micro – proximal and emotional contexts: family
  • Drinking rules in families vs ‘talking’ (van der Voorst 2006 y 2007)
  • Pocket money (Bellis & Hughes 2007)
What is environmental prevention?

- Modify context
- Persuasion is not essential
- See alcohol, tobacco, cannabis and cocaine as connected – by context of consumption
- Focus on social norms (perception) as the determinants of initiation
- … without criminalising individuals (ineffective)
- Regulate leisure, alcohol and tobacco-industries
- Alcohol, tobacco, obesity are *Industrial Epidemics* (D’Intignano)

‘young men think about four things, we brew one and sponsor two of them’
Use of selected illicit drugs during the last month among cannabis users and among all 15- to 16-year-old school students in the clusters of low-, medium- and high-prevalence countries.
Two complementary main challenges

At population level

- **Normality**: address descriptive norms (what we consider normal and acceptable)
- Environmental prevention
- Alcohol, Tobacco, Inequality

At individual level

- **Cater for the vulnerable**
  - Who are they?
  - How to approach them?
  - How to protect them?
- **Treatment**
Vulnerability at individual level

Lifetime prevalence of illicit drug use among children of addicted parents and children placed in a health or educational facility as a result of behavioural disorders in comparison with the results of HBSC study 2002 in % in the Czech Republic. Czech National Report 2007, Csémy et al. 2003

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>HBSC 2002</th>
<th>Children of addicted parents</th>
<th>Children with a behaviour disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>30.5</td>
<td>26.7</td>
<td>68.1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>7.3</td>
<td>13.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3.4</td>
<td>13.3</td>
<td>27.9</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.1</td>
<td>1.2</td>
<td>25.6</td>
</tr>
<tr>
<td>Opiates</td>
<td>16.7</td>
<td>3.4</td>
<td></td>
</tr>
</tbody>
</table>
Vulnerability traits – in individuals

- Male
- Early aggressiveness
- Lack of impulse control
- Sensation seeking
- ADHD, Conduct disorders
Vulnerable individuals
Trajectories from early childhood

Objectives:
Avoid rapid escalation (from experimental to heavy use)
Achieve controlled use
Limit associated risk behaviours
England: Preventure (Sully & Conrod 2006)

- Pupils, 13 – 16 years old
- Anxiety/Sensitivity - Sensation Seeking - Impulsivity - Negative Thinking
- 2 session intervention workshop in group format (90 and 60 minutes).
- Focus of coping with own personality
- 12 month follow up: reduction in binge drinking, frequency and quantity of drinking and also of: depression, truancy, panic attacks and impulsivity
- NNT: 2
What I actually wanted to say

• Impulse control seems to be the common determinant of many problem behaviours
• It can be tackled even in universal and environmental prevention by **external (social)** control
• … and in indicated programmes by increasing **internal** control
• Most traditional prevention (and harm reduction) approaches ignore this:
  • They rely mostly on cognitive processes (information)
  • … and on self-competence of the individual
Decisions in prevention

- Persuasion $\leftrightarrow$ Scaffolding
- Cognition $\leftrightarrow$ Emotion
- Being informed $\leftrightarrow$ being aroused
- Being alone $\leftrightarrow$ being in a group
- Being vulnerable $\leftrightarrow$ being in a risky environment
Prevent any use?

- Prevention strengthens and facilitates socialization
- ... which is not necessarily abstinence
- Socialization means to transmit accepted attitudes, norms, beliefs and behaviours
- At population level
- In vulnerable groups and individuals
Prevention is evidence-based

Socialisation

Several possible forms of Good Practice

- Prove that your intervention is in line with existing evidence
  - Process evaluation
  - Sound intervention design and
  - Proper implementation

  **PROCESS:** “...well done?”

- Establish evidence directly from your intervention
  - Outcome evaluation
  - Sound evaluation design and indicators
  - Effect size measures

  **OUTCOME:** “…effective?”
Examples of evaluated practices: EDDRA

Welcome to the Exchange on Drug Demand Reduction Action (EDDRA), which provides details on a wide range of evaluated prevention, treatment and harm reduction interventions, as well as interventions within the criminal justice system. More about EDDRA...

Find projects by characteristics

By type of intervention
- Prevention
  - Environmental strategy, universal, selective, indicated
- Treatment
  - Drug-free treatment, pharmacologically assisted treatment, withdrawal treatment
- Social reintegration
  - Education, employment, housing
- Harm reduction
  - Reduction of overdoses, prevention of infectious diseases, drug consumption rooms
- Interventions in the criminal justice system
  - Assistance to drug users in prison, alternatives to prison

Other criteria

By target group (universal)
- General population, children/young people, adults, family/parents
By type of approaches
- Offenders, ethnic, family
By type of evaluation
- Process evaluation, outcome evaluation

Substance-specific interventions

Some interventions are targeted at a specific substance (in contrast to the majority of projects which cover a range of substances). Click on a substance to see the associated projects.
- Alcohol, tobacco, cannabis, cocaine and derivatives, opiates, ecstasy

Related links

- EDDRA quality levels
- EDDRA resources
- Evaluation Instruments Bank (EIB)

Search the database

Find projects by country

- Belgium
- Bulgaria
- Czech Republic
- Denmark
- Germany
- Estonia
- Greece
- Spain
- France
- Ireland
- Italy
- Cyprus
- Latvia
- Lithuania
- Luxembourg
- Hungary
- Malta
- Netherlands
- Austria
- Poland
- Portugal
- Romania
- Slovenia
- Slovakia
- Finland
- Sweden
- United Kingdom
- Norway
- Turkey
3 axes for scoring – 3 quality levels

1. **Internal coherence**: logical, plausible, theory-led?

2. Level of **evidence creation** (process evaluation, levels of outcome evaluation)

3. Additional information and context (Coordination with other services)

- Level I – coherent, plausible, process evaluation
- Level II – the above and: more theory led, with outcome evaluation
- Level III – the above and: Randomised controlled trials or similar
Modus operandi according to Logic Model

- Deprived environment
- High school drop out rates
- Ethnic ghettoisation (low integration/opportunities)
- High treatment demand

Needs/problem assessment
Social Development (Catalano & Hawkins)

- Focused on high risk environments
- low bonding to conventional institutions (family, school, peers),
- low psychosocial or academic competences
- low reinforcement for positive behaviour (by teachers or parents)
- Leads to integration into deviant groups and drug use.
- Not gender-specific, the sequence is questioned (Flay & Petraitis)
Reasoned action theory; Ajzen Fishbein

Subjective norm (“should I?”)

Perceived consequences and norms (“what will the others say?”)

Intention

Universal prevention

Environmental strategies

“Do I have control?”

Indicated prevention

Behaviour
Theories and working mechanisms

• **Theories** predict the effects of certain variables and their interaction.
• When proven theories are the basis for defining objectives and strategies, the intervention is ‘theory led’.
• Assumptions are then based on published research evidence.
• Identify the causes of the problem, the risk factors and how the problem can be solved.
• Define Objectives: what you want to achieve and in/with whom regarding substance use and mediating variables.
Modus operandi according to Logic Model

Needs/problem assessment

- Deprived environment
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Social Development Model

Working hypothesis - Theory
General Objective

1. Intermediate goals that contribute to the general objective
2. Ideally quantifiable or measurable
3. Realistic
4. Related to drug use or surrogates (School performance, social skills)
5. Changes in the target group

Operationalise into:

1. Which behaviour?
2. In whom?
3. When?

Specific objectives

CAVE!!!! ➔ Operational Objectives:
Means and outputs needed in order to achieve the specific objectives
Are these valid specific objectives?

• “Reaching out for more people”
• “Provide information about … “
• “Provide opportunities to … “
• “Provide a space for …”
• “Involve… “
• “Actively sensitising and informing …”
Essential distinctions

- **Operational Objectives**: Means and outputs needed in order to achieve the specific objectives

- **Specific Objectives**: Ideally quantifiable or measurable
  - Changes in the target group:
    - related to drug use or behavioural surrogates
    - … or status (health, social, economic)
Modus operandi according to Logic Model

- Deprived environment
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- Social Development Model
- Working hypothesis - Theory
- High treatment demand
What seems to work best in schools

- **Social skills** (assertiveness, communication, peer-pressure resistance), personal skills (decision making, coping, goal setting), **Attitudes** (especially normative beliefs) and **Information** (on drugs and consequences of use).

- Interactive delivery (peer group vs. frontal teaching) focussing on social skills
- Intensive (10 sessions, small groups)
- Involve Family (and community)
- Supported by local and school norms on legal drugs
Normative beliefs

- Correct misperception about acceptance and prevalence of drug use in reference populations
- Unravel cognitive and value discrepancies (smoking ⇔ no-global)
- Correct selective perceptions about peer populations – pluralistic ignorance
- Reveal influences of industries, also the “alternative” ones: Rebellion sells well, or: drug use is neither rebellious nor alternative
Modus operandi according to Logic Model

- Deprived environment
- Ethnic ghettoisation (low integration/opportunities)
- Cultural and self-competence

High school drop out rates → High treatment demand

Social Development Model

- School performance
- Social-personal skills (employment-seeking)
Outcome vs. process

Indicators and Objectives

Global Objectives

Specific Objectives

Operational Objectives

Effects

Impacts

Results

Outcome Indicators

Outputs

Process Indicators

Inputs

Notes: Match

Implementation

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Modus operandi according to Logic Model

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- Social Development Model
- Cultural and self-competence
- School performance
- Social-personal skills (employment-seeking)
- Alternative leisure time offers
- Homework support group
- Social competence training
Evaluation Instruments Bank (EIB)

The Evaluation Instruments Bank (EIB) is an online archive of freely available instruments for evaluating drug-related interventions. Details regarding copyright and/or possible use restrictions are specified for each instrument. Instruments are generally classed according to the intervention field they are designed to be used in (treatment, prevention, or harm reduction), though some instruments may be usable in more than one field.

Treatments instruments  
By aspect: Needs and planning | Mediating and risk factors | Process | Outcome | Satisfaction
By target population: Children | Adolescents | Adults | Special groups and settings

Prevention instruments  
By aspect: Needs and planning | Mediating and risk factors | Process | Outcome
By target population: Children | Adolescents | Adults | Special groups and settings

Harm reduction instruments  
View all instruments

Search by title
Enter keyword(s) to search within instrument titles.

Non-English languages
Most instruments are in English but some instruments are available in other languages.
Spanish | Czech | Danish | German | Greek | French | Italian | Lithuanian | Hungarian | Dutch | Polish | Portuguese | Romanian | Slovak | Slovene | Swedish | Norwegian | Russian

Specific topics
The keywords below show instruments which focused on a particular topic:
attitude | coping | HIV/AIDS | interview | motivation | satisfaction | substitution

What is an evaluation instrument?
An evaluation instrument is typically a questionnaire, an interview script, or a set of observation guidelines, used to evaluate one or more aspects of an intervention in the drugs field. Depending on what is being evaluated, an instrument may be used only once during the intervention, or several times. It may be administered by or to a professional, by or with a parent/teacher, or directly to the target group.

Click here to learn more about evaluation and evaluation instruments

Related links
Examples of evaluated practices: EEDRA
Prevention and Evaluation Resource Kit: PERK
EMCDDA publications
Guidelines for the evaluation of treatment in the field of problem drug use
Guidelines for the evaluation of outreach work: a manual for practitioner
Evaluation: a key tool for improving drug prevention
Guidelines for the evaluation of drug prevention: a manual
# Habilidades para tomar de decisiones

A continuación figuran varios enunciados relativos a tus puntos de vista sobre el modo de tomar decisiones. Marca la casilla que te parezca correcta en tu caso.

<table>
<thead>
<tr>
<th></th>
<th>Totalmente de acuerdo</th>
<th>De acuerdo</th>
<th>Dificil de decir</th>
<th>En desacuerdo</th>
<th>Totalmente en desacuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cuando he decidido hacer algo, siempre lo llevo a cabo</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>b) Rara vez tomo decisiones sin pensar en las consecuencias</td>
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<tr>
<td>c) Algunas veces, decidí algo “según me viene a la cabeza”</td>
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<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>d) Sopeso todas las opciones antes de decidirme a algo</td>
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<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>e) Rara vez decidí hacer algo de lo que después me arrepiento</td>
<td>[ ]</td>
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</tr>
<tr>
<td>f) Cuando tengo una idea, a veces tomo una decisión sin pensar</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>g) A veces cambio mi decisión sobre algo varias veces al día</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h) Cuando decidí algo, no importa lo que piensen mis amigos</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

### Cálculo de Índices:

Cada respuesta se puntu a de 5 = “Totalmente de acuerdo” a 1 = “Totalmente en desacuerdo”. Invierta las puntuaciones correspondientes a los ítems (c), (f) y (g), es decir, puntúe estos ítems de 1 a 5. La media de las puntuaciones proporcionará una medida de la habilidad personal para la toma de decisiones basada en criterios racionales. Cuanto más alta sea la puntuación obtenida, más capacidad de toma de decisiones racional mostrará el sujeto o sujetos encuestados.
Modus operandi according to Logic Model

- Deprived environment
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Social Development Model

- Cultural and self-competence
- School performance
- Social-personal skills (employment-seeking)
- Alternative leisure time offers
- Homework support group
- Social competence training
- Binge drinking
- Communication skills
- Cannabis use
- Impulse control
- Ethnic conflicts
- School attendance, marks, motivation
Evaluation Designs

Naturalistic

Quasi-experimental

MMR-vaccine and Autism

Time
Alternatives to RCTs: interrupted time series

Observe some measure at regular intervals over time
Note there is one observation per time point
At some point an interruption occurs

- New program, change in guidelines, intervention
Several possible forms of Best Practice

- Establish evidence of efficacy directly from the intervention
  - outcome evaluation
  - sound evaluation design, especially for outcome
  - Effect size measures
  - Logic Model

- Prove that this intervention is in line with existing evidence
  - process evaluation
  - proper implementation and design of the intervention
  - sound theory base
  - Logic Model
Several possible forms of Good Practice

- Prove that your intervention is in line with existing evidence
  ➔ Process evaluation
  • Sound intervention design and
  • proper implementation
  
  **PROCESS:** “...well done?”

- Establish evidence directly from your intervention
  ➔ outcome evaluation
  • sound evaluation design and indicators
  • Effect size measures

  **OUTCOME:** “... effective?”
Why?

• Using a Logic Model facilitates entering into EDDRA
• Logic Models facilitate comparability
• Not only effectiveness: context, benefit for targets ➔ Evidence in practice
• Exchange practice, make experiences reproducible
• Standardisation: to allow also a common professional to perform reasonably well. Not only the charismatic inventor of an approach
Availability and expectable effects of interventions

- Availability of interventions
- Environmental
- Universal
- Selective
- Indicated

Effects of interventions

Information provision
For more information and questions …

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