

In the context of health education in the school environment the following topics will be addressed (a handbook is being prepared): a healthy lifestyle, healthy habits and psychoactive substances, sexuality, coping with stress and healthy entertainment. These topics will be dealt with at school by health workers (most of whom are professionally trained nurses). The programme for the 4th and 5th grades of primary school anticipates topics of healthy habits and prevention in the field of psychoactive substances. The programme will be interactive (2 school hours in length) and will contain active learning and training skills for pupils and a programme for parents.

The programme's aims for the pupils are: to improve their knowledge of healthy habits, the harmful effects of smoking, alcohol drinking and illicit drugs (the emphasis is on the short- and long-term effects, advertising, media and style marketing, legislation etc.), learning social skills (how to withstand peer pressure, improving self-esteem etc.).

The aims of the programme for parents are: to improve their knowledge of healthy habits, the harmful effects of smoking, the use of alcohol and illicit drugs for a child and adolescent (the emphasis is on the short- and long-term effects, advertising, media and style marketing, legislation etc.); to present a review of the current problems of psychoactive substances in the local environment; to raise awareness about measures for preventing and reducing the harmful effects of smoking, alcohol drinking among children and young people; to raise awareness of the significance of the family as a basic unit of health.

Each topic, although not directly connected with the psychoactive substances topic, has long-term impacts on the development of healthy habits without the use/abuse of psychoactive substances (or on initiation transference into a later period). The programme encourages the development of a pupil's action competencies, a positive self-esteem, leisure-time activities, the significance of the family and school environment for preventing the abuse of psychoactive substances.

Evaluation and assessment of programmes to prevent addiction prepared by Lilijana Šprah

This section concerns evaluation and assessment problems regarding addiction-prevention and promotion programmes. It presents some outcomes of an evaluation of the quality of 12 addiction-prevention programmes financed by the Office for Preventing Addiction of the Ljubljana City Municipality. The evaluated programmes were implemented in the area of the Ljubljana Municipality and elsewhere in Slovenia in the 2002-2005 period. The objective of evaluation was to establish the quality of the implemented programmes, the suitability of their contents and their objectives, the qualifications of the performers and quality of self-evaluation.

Do we need an evaluation of addiction-prevention programmes?

The number of establishments dealing with the implementation of various preventive, curative, counselling and informative programmes with the common objective to prevent and abolish the consequences of some behavioural patterns like violent behaviour, an irresponsible sex life, behavioural disturbances, eating disorders, drug abuse etc grew enormously especially in the late 1990s along with the number of newly-emerging establishments involved in universal addiction prevention. The publication of the OD entitled '*Imam težave z drogami! Kam po informacije in pomoč? Vodič po več kot 100 programih, 2004*' shows that the majority of the 105 new bodies established in the 1990-2004 period (49 new establishments in 1990-1994 and 32 new establishments in 2000-2004). The growing number of establishments is accompanied by a higher number of epidemiologic surveys about illicit drugs use and abuse in Slovenia, along with amendments to legislation on drugs and illicit drug (ab)use.

The abovementioned trends are probably a result of the greater sensitivity of the professional public and decision-makers of social policy who are becoming more aware that illicit drug use is a complex problem of society causing various serious consequences. According to different researches, drug use is growing amongst juveniles; moreover, the age at which people begin drug use is decreasing. A matter of great concern is the growing recreational use of some specific drugs like marihuana, ecstasy, alcohol and tobacco amongst juveniles of all social classes. The greater drug use among juveniles is connected with better accessibility and with some social changes emerging at the end of the last century. These changes are causing juveniles to grow up in a world of rapid changes, a faster life tempo and social uncertainty. The response of juveniles to these new conditions is visible in the new trendy way of spending leisure time, which includes partying and drug use.

A common objective of the various governmental, non-governmental and private institutions implementing preventive and help programmes in the area of illicit drugs is to reduce the range of drug use and consequences of drug use. But they are not necessarily successful and effective in pursuing their objectives. Because of a shortage of finance for social-care and health measures it is necessary to highlight quality and effective programmes which are, therefore, more justified in receiving financial support. Moreover, the financers and commissioners of the abovementioned programmes often face difficulty choosing the best providers and in deciding which selection criteria to use. On the other hand, the growing number of programme providers is also creating a need for the evaluation of the programmes' results and effectiveness. According to an analysis of Slovenian establishments dealing with addiction, as many as 70% of them are performing a self-evaluation, some also expressed a need for an external evaluation (Office for Drugs, 2004; *Vodič po več kot 100 programih*).

Guidelines for evaluating addiction-prevention activities

An important question is how to evaluate the abovementioned programmes? The literature does not offer a single answer; moreover, there are many definitions and manuals offering different proposals regarding evaluation. In 1998 the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published Guidelines for the Evaluation of Drug Prevention, a Manual for Programme-planners and Evaluators. The publication identifies six approaches to evaluation:

1. Process evaluation: the objective here is to evaluate the quality of a programme's implementation. The evaluation is taking place in the field where the evaluator observes the performers of the programme while they work and notes down the responses of programme users, the pedagogical knowledge of the performers etc. In this context, the aim of the evaluator is to collect as much information as possible about the programme implementation in order to analyse the effect of circumstances on its implementation. The results offer deeper knowledge about the context and background to the programme's performance; moreover, the results also offer indirect conclusions about the programme's results and effects which depend a great deal on the quality of the programme's implementation.
2. Outcome evaluation: the aim of the evaluation here is to evaluate to what extent the pre-set objectives or aims are attained (an analysis of the effects of the preventive programme on changes connected with factors of risk and protection treated in a programme). An examination of the programme's results undoubtedly lies in the centre of interest of the performers of the programme, its users, subscribers, payers, along with the professional public and the general public. That is why the term 'evaluation' is often used as a synonym for the evaluation of results.
3. Impact evaluation: this is most often connected with an evaluation of the effect of laws and measures and less often with an evaluation of the effects of preventive programmes. The aim is to reveal unforeseen or unexpected negative or positive effects of a preventive programme. When laws and measures are evaluated the aim is to evaluate their effects. Therefore, various statistics are kept which help to

document changes caused by the laws and measures. So, the evaluation of the effects is in fact an analysis of criminal, health, traffic or other statistics. Such statistics help policy-makers evaluate their effectiveness. An evaluation of this kind is based on an analysis of statistical data collected over several years on whose basis it is possible to evaluate a trend or identify trend changes.

4. Experimentally designed evaluation: this is performed in the phases of planning, forming, testing, implementing and verifying the results or effects of a preventive programme. In the framework of the experimental model of evaluation, the preventive programme is formed, tested and implemented by the instructions of the researcher and evaluator. The aim of the experimental model of evaluation is to eliminate alternative interpretations of the effects of the programme and to establish whether the programme's results are actually a consequence of the preventive programme and not caused by other activities. In the experimental model of evaluation several test groups are usually involved, with one group being a control group. The results are verified several times - before and after implementing the programme and a follow-up test is performed six to twelve months after the programme ends.
5. Quasi-design of evaluation: this differs from the experimental model of evaluation in its selection of focus groups - focus groups are not selected in advance and randomly but so as to reflect the circumstances of implementing the programme.
6. Non-design of evaluation: this is interested in establishing results only within the experimental group. This kind of evaluation model is the most common yet the least objective.

Evaluation activities regarding Slovenian programmes to prevent addiction

The Office for Preventing Addiction of the Ljubljana City Municipality has been co-financing the implementation of large-scale addiction-prevention projects and programmes for several years. Therefore, the Office decided to have outside evaluators assess these programmes in order to verify the quality of their implementation and their effects. This decision is very important whereas, despite professional statements made about the need for and usefulness of evaluating preventive programmes, the broader professional public still did not accept such an evaluation as an indispensable part of preventive programmes but in many cases the shortage of personnel and finances provide that very reason. Hence, in many cases the evaluation is already missing in the planning and forming phases. The most common form of evaluation is self-evaluation which is often performed partially and unprofessionally. The need for objectivity is therefore connected with the need for outside evaluators.

While performing the evaluation we did not have any major problems with those carrying out the programmes yet we noticed some level of distrust. The majority of programme performers agreed that evaluation is an essential element of the implementation process and that the results of the evaluation provide professional foundations for formulating guidelines for improvement. Some performers expressed some distrust since the evaluation results are also a tool used by the financier in the further selection of programmes. Because the majority of performers is convinced of the high quality of their programmes and about the quality of their work, the evaluator's work could be perceived as a vote of no confidence in their work. Therefore, trust between performers and evaluators is an essential factor regarding the programme evaluation process and the quality of grading the performance and effects of the programme. In spite of this, we can describe our co-operation with the performers of the programmes very positively, the majority were happy to see us and also expressed the need for stronger links with support institutions which should demonstrate a greater interest in the problems performers encounter in the field.

The guidelines for evaluating programmes in the field of addiction prepared by the EMCDDA were taken into consideration when evaluating the 12 programmes co-financed by the Office for Preventing Addiction of the Ljubljana City Municipality for the 2002-2005 period. In the centre of our evaluation was the process of carrying out a programme and the quality of the

contents mediated to the programme's users. Researches have shown that the realisation of the foreseen preventive contents depends on the pedagogical qualifications and experience of the performers and on conditions of carrying out a programme like the available amount of money, number of personnel, didactic help, rooms etc. When evaluating a preventive programme the evaluators seek to answer three main questions: how many times has the preventive programme been performed, what was the quality of performance of the programme, which contents were mediated during the programme's performance. The answers can come from different sources (users, evaluators) and different methods; this results in the reliability of the answers. The reliability of an evaluation regarding the quality of a programme depends on the person who is doing the evaluating, either an outside evaluator or the user or performer of a programme. The most established practice is to evaluate the quality of the programme on the basis of the opinions and standpoints of the users. The opinion of many is that user reactions are the most reliable indicator of the quality of a programme and they are visible in the motivation for co-operating in the programme and via satisfaction levels. But the objectivity of estimating the users' views on a programme also depends on the person who prepared the questionnaire - the performer of the programme, an evaluator or a researcher. Hence, the performers of a programme estimate their own work more favourably than outside evaluators do, and the questionnaire for the users of the programme reflects this fact. Some authors favour a statistical method while others favour a qualitative method, yet the majority thinks that an ethnographic method is vital as this method reveals the context and background of the programme's performance.

When an evaluation project lacks enough finance it is possible - through a few visits, conversations with performers, an examination of the documentation and by analysing self-evaluations - to gather quite reliable data about the performance of a programme (the quantity of realised contents, quality of implementation, difficulties in implementation). Yet we have to realise that the results of such an evaluation process are only at the level of a general estimation which must be confirmed by additional evaluation processes.

Within the given possibilities we focus on the implementation process and evaluate the suitability of the contents, foreseen goals and objectives, the performance of different activities, the qualifications of the performers and quality of the self-evaluations. The aim of evaluating the contents and anticipated objectives was to examine the theoretical arguments underpinning the preventive contents, the suitability of the theoretical origin, if the available research data are considered, if the objectives are clear, if suitable pedagogical methods are applied, and if the qualifications of the performers are appropriate. These data were completed with data gathered in the field by the observation method and interviews.

The results of evaluating the programmes

Most programme authors have not described their programme's origins consistently or systematically and hence a suitable theoretical origin and available empirical research data were missing. Generally the programmes had well-planned preventive strategies yet they were not based on the examined outcomes of the treated problematic. The gap was bridged by directing preventive actions toward target groups which were - as proven before - the most exposed to the development of certain behavioural patterns like smoking, alcohol and drug use.... Such a preventive strategy is not characteristic of our environment or elsewhere.

The objectives of preventive programmes

Preventive programmes were directed at the following groups: juveniles with behavioural disturbances, juveniles with poor school records, juveniles with a psychiatric diagnosis, juveniles with eating disorders, juveniles from dysfunctional families; pupils from primary and secondary schools; and the general public (participants in media-promotion arrangements). Regarding the cultural and social environment the preventive programmes were directed at clubs, discos, streets, interventions for individuals (counselling, peer education) and informative activities (brochures, websites) programmes as part of school subjects. The

majority of the performers of programmes choose their target group on the basis of criteria. The programmes involving a preventive intervention for a target group with specific characteristics and needs were performed with greater quality than those programmes which did not have homogeneous target groups.

The programmes/workshops for school pupils were performed during the school year - most often within the class of Ethics and Society or instead of Natural Science Day. Hence, the pupils were obliged to participate which is not in line with the methodological origins of the workshops/programmes. Therefore, only ambitious pupils actively participated in the workshops while other pupils were passive or even ignorant. Hence, the performance of the programme was disturbed and the performers were unable to mediate all the foreseen contents. Moreover, we also noticed that some performers did not inform pupils' parents about the workshops.

Working methods and activities of preventive programmes

The programmes usually applied working methods and activities that focused on strengthening social skills, like creating a positive self-image and self-confidence, in order to help juveniles say no to an offered drug or to resist negative peer influences. A lot of time was dedicated to improving knowledge about drugs, types of drugs, the characteristics of specific drugs, the consequences of drug use or abuse. This most often happened in the form of lectures, group work within workshops, counselling, promotional actions, dance activities etc... Many programme performers were unable to provide good reasons why they chose a specific working method or activity. Consequently, the chosen working methods and activities might be inappropriate. The majority of self-evaluations could not provide us with an answer as to the extent and how successfully a programme was performed. The successfulness of a programme depends on the relationships between the foreseen activities and the activities actually performed; therefore, we assume that the performers of the programmes do not distinguish between these two aspects.

The majority of performers choose interactive techniques and methods which demand the active participation of the programme users. We score such techniques very highly since the participants are able to actively express their feelings, experience etc and by doing this they are also developing their own psycho-social skills.

Yet, realisation of a programme depends not only on the motivation of the participants but also on the pedagogical skills of the performers and on the good organisation and good concept of the activities. At this point we noticed several shortcomings of the programme performers, for example: some performers devoted too much time to a presentation of their own social institution and therefore did not manage to mediate enough information, moreover, the information was mediated to the participants in an unattractive way. We also noticed that the discussion of drug addiction should be updated with new information and knowledge; we also missed the use of modern pedagogic and didactic methods while mediating information (multimedia, brainstorming, snow balling).

The performers of preventive programmes

We evaluate the qualifications of programme performers on the basis of information stated in the documentation. We were interested in the type and grade of the education, specific knowledge and practical experience of the programme performers. On the basis of the gathered data we conclude that the programme performers are suitably educated and have suitable qualifications for mediating the preventive contents. The programmes' performers mostly have a high grade of education, the type of study that prevailed was social work or pedagogy. The volunteers who helped the programme performers were usually students of social work, psychology, pedagogy and the social sciences.

In some cases we discovered in the performance of a some programme methodological shortcomings in different phases. Hence, there were some doubts regarding suitability and education; for example, whether the performers have a therapists' license etc. It is important to note that some workshops encroach on individual personalities and expose an individual's feelings. Therefore, it is important that such a workshop be performed by a qualified therapist. For this reason we missed supervision by some performers.

Some programmes also used campaigns and by employing promotional materials and arrangements they try to direct juveniles towards a healthy lifestyle. Some performers did not have enough knowledge about public campaigns or were not prepared well. Some materials have many shortcomings regarding their content and form and were also not adapted to their target public. Yet, there were also some very good campaigns involving experts from different fields and the media encompassing the organisation image, medical and psychological aspects of preventing addiction.

Self-evaluation

The self-evaluation reports were the most insufficient part of the preventive programmes. The interviews with the performers of the programmes revealed insufficient methodological knowledge, insufficient time and money, a lack of information about which data to include in a self-evaluation report. For this reason, the performers wrote the reports on the basis of an established pattern and not on the basis of the actual situation. The self-evaluation reports did not provide information about what was really happening during a programme's performance. Very often the reports were missing crucial information like how many workshops were realised, the reason for cancelling workshops or other activities, the problems that could influence the quality of performance, how many participants were involved etc.

Results and effects of the preventive programmes

The evaluation of the results and effects of the programmes are the final aim of the programme evaluation strategy. We were only able to perform this aim partially since we had limited time. The evaluation of results and effects of preventive programmes can only be credible when the background is fully known to the evaluators. Moreover, the evaluators also have to carefully plan the evaluation process and include some tactics of experimental evaluation, which also includes the process of monitoring the participants for some time after the programme ends.

On the basis of results of a survey amongst the users carried out by the performers of the programme we were not able to establish the true nature of the programme results. For example, on the basis of the survey results it was impossible to establish a connection between preventive activities and foreseen objectives like the different standpoints of the participants. The self-evaluation reports also did not reveal any changes caused by the preventive activities. We also found that the majority of performers did not have enough knowledge to put together a good survey or provide a quality analysis of it.

Our conclusions about the results and effects of the preventive programmes were thus only indirect. When making conclusions we helped ourselves with some of the self-evaluation reports and with our field evaluations of the programmes. The participants of some programmes reported an improved self-image, improved relations with other people, improved self-confidence, and improved activity concerning their own bodies, changing old behavioural patterns etc.

Among the preventive programmes included in our evaluation process there were also a few that had results that were not measurable by quantitative methods. Experts in preventing addiction claim that in such cases it is positive that a participant feels good while in a programme and that they are active in the programme.

The evaluation of financial efficiency was not part of our job description. Yet we established that all programmes have a very limited budget. For this reason it is unrealistic to expect that performers will implement all phases of prevention. But we can maintain that the extent and quality of the work of the majority of the performed programmes exceeded the finance provided by governmental and non-governmental organisations that was merely sufficient for material expenses and small honorariums.

Conclusion

The evaluation of 12 addiction prevention programmes and projects - financed by the Office for Preventing Addiction of the Ljubljana City Municipality for the 2002-2005 period - included an evaluation of the quality of programme implementation on the bases of a field evaluation and entry documentation, reports on performed work which also included information on the contents, foreseen aims and objectives, performed activities, the qualifications of the performers and self-evaluation reports. We gave ten programmes a positive mark, namely, only two programmes were marked negatively.

Our final conclusion - made on the basis of two visits - is that the quality of the implemented programmes is sufficient. We were mostly positively surprised, while the majority of performers did their work very correctly and with enthusiasm, with a sense for the participant and target group. Some shortcomings were also detected like knowledge of the theoretical origins of the problematic, sufficient qualifications of the performers, target groups, and an insufficient self-evaluation process. The self-evaluation process was the most insufficient part of the all evaluated programmes. Hence, the need for greater methodological knowledge of evaluation among those carrying out the prevention programmes is obvious.

Selective prevention

Please see Prevention in the field of ATS and dance events (pages 27 and 28 of this report). Other new information is not available.

Indicated prevention

No new information available