

Group 3: Prevention and Health Education, Public Health

Head: Dr. Christoph Kröger (Tel.: -80, Fax: -59)

Research projects on primary and secondary prevention (e.g. life skills training in schools) are the main emphasis of this group. The monitoring and evaluation of a Stop-Smoking Program and a program against obesity, which are used nationwide by health insurance companies and educational institutions for adults, are a major part of the regular work. Attached to this working group is the department for continued education in behavior therapy for professionals in the health and social field. About 1,000 practitioners are trained every year.

Group 4: Clinical Treatment Research

Head: N.N.

Treatment programs for addicted people, based on the principles of behavior therapy, are developed and analyzed in this group. A recent example is the preparation and evaluation of an HIV-prevention program for outpatient and residential treatment facilities for drug abusers. A small outpatient treatment center is connected to this working group.

Currently, the head of this working group is not appointed, and reorganization is being prepared.

Group 5: Treatment Evaluation

Head: Dr. Heinrich Kufner (Tel.: -70, Fax: -59)

Large multicenter studies, e.g. on the analysis and prediction of dropout and long-term treatment success, are carried out in this group. Another focus is the analysis of effects of treatment variables on dropout rates as well as on relapse rates during and after treatment. Additionally, diagnostic instruments are developed or modified.

Type of Activities

Research Projects

Research projects are performed according to the major areas of research in the working groups.

Evaluation of Federal Demonstration Projects

In Germany health care (including the treatment of substance abuse) is the responsibility of the states and health insurance schemes. The Federal Ministry of Health has only a limited responsibility for the improvement of the health care system. New concepts are tested in federally funded demonstration projects, including 10–30 treatment facilities. These demonstration projects are carried out for 3–5 years and are scientifically evaluated.

Routine Analysis of Epidemiological Data

Data collection and analysis in the social and clinical epidemiological group are partly carried out on an ongoing basis with regular data collection and publication. Beyond specific research issues trend analyses in the field of treatment and prevention of substance abuse are published regularly.

Scientific Advice of Public Authorities

Reports are published as basic material for future improvements in research, practice of health care or health policy, e.g. on the state of the art of primary prevention, methadone maintenance or scenarios of different ways of legalizing illegal drugs.

Participation in European Activities

The IFT is one of three German National Focal Points for the new European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and coordinates these three centers at the national level. Additionally, staff members of the IFT participate in different European activities within the Pompidou Group, the Iceberg Group or the EC.

Continuing Education

In the field of behavior therapy, the IFT offers three programs of continuing education for professionals: clinical psychology for graduated psychologists ('Dipl.-Psych. '), social therapy and supervision. The Behavior Therapy Week, a program of continuing education for professionals in the health and social field, is carried out three times per year, in Kiel, Dresden and Freiburg. Training is offered for health care programs concerning the risk factors smoking, obesity and stress.

Publications

According to the statutes, results are distributed within the scientific community, but also on a broader basis as a service for public authorities and other organizations working in the field of substance abuse. The IFT publishes a monograph series and two research report series (IFT-Manuale and IFT-Forschungsberichte), some of which are also available in English. All research reports have English titles and summaries. Additionally, a newsletter in German and English is available three times a year.

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The Activity of the Pompidou Group in the Prevention of Drug Misuse

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Introduction

Over the past 20 years, several European organizations have investigated the implementation and coordination of policies and programmes designed to prevent drug abuse and its consequences.

In fact, leaving aside the problem of the efficacy of these policies, we have been witnessing, in the last few years, a widespread concern about abuse of both legal and illegal drugs. This is reflected in the development of preventive strategies, conducted at international, national and local levels.

During the last decade, the developments and achievements in the field of drug abuse prevention in Europe express a movement of the international community towards an integrated response to the drugs phenomenon [1]. In these developments, prevention gradually emerges as a priority. Implicit in these efforts is the idea that drug abuse problems are complex, multidisciplinary and international, involving a diversity of factors and demanding a wide range of coordinated actions.

This trend is due to the persistent threat posed by drug abuse in European countries and to the recognition that effective exchange of findings concerning programmes and policies can provide examples of the best practices possible in this field, maximizing the use of resources. Some significant examples of this trend are expressed in recent initiatives taken by international organizations such as the Pompidou Group [2], the Commission of the European Communities, the WHO and UNESCO. This paper will examine the work developed by the Pompidou Group in the field of drug abuse prevention between 1991 and 1994 [3].

General Principles and Objectives

The initial Pompidou Group activity concerning drug prevention dates back to 1989 and centred on the collection of data and information on prevention campaigns and the role of the media in prevention.

In 1990, the decision to integrate education, prevention and the media in one single working group clearly expressed both the greater emphasis placed on education and the increasing awareness of the vital importance to coordinate actions at an international level.

After the decision to integrate into one single working group the areas of education, prevention and media, a new impetus was given to the whole area of demand reduction and, particularly, to drug abuse prevention. In fact, the working group's terms of reference were: (a) to develop an inventory of work currently being carried out in the fields of education and prevention, and (b) based on a critical assessment on the inventory, to formulate recommendations for sharing experiences and for planning and executing preventive activities, including campaigns.

The group's task was therefore to find an instrument for exchanging information and experience, and to decide among which agencies this information should be exchanged.

The aim of this questionnaire was to provide a brief, complete and structured overview of prevention projects as well as the perceived needs of the member states in this field. At the same time, the questionnaire could also serve as the basis for a more in-depth discussion regarding current programmes.

A first draft of the questionnaire was prepared and distributed to all the member states. This first version of the questionnaire was organized into 8 major sections: (a) objectives of the project; (b) scope; (c) target group; (d) implementation of the project; (e) who planned the project; (f) by whom was the project implemented; (g) evaluation, and (h) funding.

Results of the Pilot Work

The objective of this pilot phase was twofold. First, to obtain a full overview of some of the most significant prevention projects in Europe, according to the areas previously defined in the questionnaire; in addition, to enable the development of a more polished version of the questionnaire to be used as a basis for a structured information exchange between countries.

Eighteen out of twenty-five member countries replied. This confirms the interest in the topic and the possible adequacy of the method. The analysis that follows is centred on the 47 replies concerning 48 prevention projects in Europe (one country did not fill in the questionnaire).

The data were collected at the beginning of 1993, from the following countries: Austria (1 project), Belgium (4), Cyprus (1), Czech Republic (2), Denmark (1), Finland (3), France (5), Germany (4), Ireland (1), Italy (1), Luxembourg (1), Norway (1), Poland (1), Portu-

gal (5), Slovak Republic (1), Spain (5), Switzerland (5) and United Kingdom (6).

Thirty projects that were submitted were still under way at the time of measurement. This section presents the findings from the quantitative analysis on the 47 prevention projects.

Objectives

A list of the most common preventive intervention objectives in the field of drug abuse was identified and included in the revised version of the questionnaire.

Three broad categories of 'specific' objectives were included in the revised version of the questionnaire: (a) cognitive (information, knowledge about drugs); (b) attitudinal (e.g., changed attitude towards drugs), and (c) behavioural (e.g. changed behaviour toward drug taking).

Some of the most representative 'non-specific' objectives were also added. They included: (a) strengthening coping skills (general versus specific); (b) raising self-confidence; (c) strengthening autonomy; (d) promoting general health behaviour; (e) supporting protective factors, and (f) training 'lower risk' drug use.

Considering the results of the pilot phase, it was clear that most of the 47 projects were concentrated on three types of objectives: (a) giving information on drugs (20.6% of the answers); (b) changing attitudes/behaviours towards drugs (22.3%), and (c) increasing the acquisition of life skills (19.4%).

In addition, the great majority of the 47 preventive projects (74%) combined both specific and non-specific objectives and only 26% of the projects stated informational-only objectives.

Scope of the Projects

We have examined the answers considering only drug-specific projects and whether they addressed legal and/or illegal drugs. The large majority of the projects that were drug-specific concentrated on both legal and illegal drugs (near 70%). A very small percentage of the projects covered only legal drugs (6%).

On the basis of the comments made by the respondents, a new category of answers designated 'Social settings/lifestyle' was added. This category refers to interventions that are primarily oriented toward the social contexts or settings where persons develop their activities.

The revised version of the instrument also includes a number of categories whose definition was based on the above-mentioned distinction between preventive programmes focussed on drug issues and programmes with a more general scope. In fact, through the questionnaire it is possible to examine this issue in some detail. In particular, the information that can be collected on the projects that are focussed on drug issues states whether they include: (a) only illegal drugs; (b) only legal drugs; (c) legal and illegal drugs; (d) physical health aspects of addiction; (e) mental health aspects of addiction.

On the other hand, information related to more general issues concerns programmes covering: (a) physical and mental aspects in general, and (b) social settings/lifestyle.

Targets of Interventions

The specification of the basic categories of answers in the revised version of the questionnaire was based on the distinction between 'direct targets' (i.e., those persons that may develop drug problems and directly receive a preventive intervention) and indirect targets (i.e., those groups that eventually will have an impact on those the intervention is intended to benefit).

Three categories were provided to specify the direct targets. These were: (a) general population – or specific parts of it; (b) youth, and (c) school children.

The specification of targets was also based on the premise that targets may assume an organisational level, an issue that was not considered in the former version of the questionnaire. Consequently, three categories related to this definition criteria were included. They concerned: (a) local community – or specific parts of it; (b) specific social groups, and (c) sports associations.

Implementation Issues

In the above-mentioned areas of the questionnaire, issues related to scope, objectives and coverage (target groups) of the preventive interventions were addressed. At this stage, the information dimension is perhaps more concerned with translation of theory into practice. Specifically, information on three related issues was emphasized in the questionnaire. They concerned: (a) how the project was implemented; (b) who planned the project, and (c) by whom the project was implemented.

The first topic (how the project was implemented) aims at establishing the extent of the programme/campaign by considering four major categories. These are: (a) local level; (b) regional level; (c) national level, and (d) international level.

The results of the pilot study have indicated that 49% of the projects had a national level dimension; 33% had a local level dimension, and only 18% were implemented at a regional level.

Another area that can yield important information regarding a particular prevention programme concerns the identification of the agent or entity that planned the project. In the first version of the questionnaire, three types of 'entities' were identified and included. These are: (a) practitioners; (b) scientists, and (c) both groups in cooperation.

The results of the pilot study showed that 43% of the projects were programmed or devised by practitioners; 38% by professionals of both groups in cooperation, and only 6% of the 47 projects by scientists.

A third parameter concerning the implementation issues of preventive programmes tried to identify the organisation or agent responsible for the application of the preventive intervention (i.e., by whom the project was implemented; question 6 of the revised questionnaire).

Seven major units that were considered to be responsible for the actual delivery of the preventive projects were identified. These units concerned: (a) specialized prevention service; (b) drug counseling/treatment center; (c) medical care system; (d) general health care system; (e) peers; (f) teachers, and (g) parents.

A large majority of the projects were delivered by a specialized prevention service (55% of the answers); a smaller percentage of the projects was implemented by teachers (about 25% of the answers); the other categories made up 15% (peers), 8.5% (parents) and 2.2% (medical care system and general health care system) of the replies.

Evaluation

Since the purpose of this instrument was to facilitate the exchange of information on preventive projects in Europe, it was considered useful to distinguish between two major classes of evaluation procedures. These are: (a) monitoring the programme implementation, and (b) assessing programme effectiveness.

It should be noted that a great number of replies concerning the preventive projects refer to the undertaking of evaluation studies. It

is worth noting that the results of the pilot study showed that 32 of the 47 projects undertook some kind of monitoring or process evaluation. A large number of preventive projects (19 projects) also undertook procedures for impact assessment. Only three projects report no evaluation procedures. Fourteen projects combined both process and outcome evaluations.

Conclusion

The aim of the present questionnaire was to provide a basis for a structured information exchange between European countries in the field of drug abuse prevention. This involves collecting the data available in the various member countries to obtain a reliable and comprehensive picture of preventive programmes at a national and European level.

This questionnaire is a relatively easy and quick way to gather relevant information concerning five essential areas related to programme development: (a) scope; (b) objectives; (c) target group; (d) implementation issues (how, who, by whom), and (e) evaluation. The instrument will then enable an identification and examination of the approaches being adopted in Europe to address issues concerning drug abuse prevention.

References

- 1 European Conference on the Promotion of Health Education: Introduction to the Education for Health Programme: Background and Concepts. Strasbourg, Council of Europe, World Health Organisation, Commission of the European Communities, 1990.
- 2 European Conference on the Promotion of Health Education: Education for Health: Preventing Dependence and Addiction. Evaluation report on the experience of eleven pilot projects to test an Education for Health Programme. Strasbourg, Council of Europe, World Health Organisation, Commission of the European Communities, 1990.
- 3 Drug Misuse Prevention Projects in Europe. Strasbourg, Council of Europe, 1994.

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