

DRSTP II

NEWSLETTER



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Council of Europe Pompidou Group Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs

Welcome to this edition of the Demand Reduction Staff Training Programme (DRSTP) Newsletter, where we focus on the issue of evaluation.

Why is evaluation so important?

Evaluation is about finding out if we have done what we set out to do. We are spending European taxpayers' money, so we should be able to say that what we have done is good value! Evaluation also helps us to assess our performance – what did we do well? What could we have done better? Evaluation will also assist others when they look at our work – they will be able to see what works well and what is perhaps not so good. They can choose to copy the good things and avoid the less good.

How can we evaluate the DRSTP?

On page 2 of this Newsletter you'll find some ideas about evaluation which are being considered by the National Project Teams.

Make your contribution

This is your newsletter, so please make your contribution – send in ideas or articles for consideration.

Richard Ives
DRSTP Programme Manager

DRSTP Seminar

Our recent Seminar held in Strasbourg on the 17th and 18th September was attended by representatives from the countries involved in the Programme and by many of the consultants who are working with those countries. Below is a photograph of some of the group outside the Council of Europe building. The countries and their consultants gave reports of their work, and in each issue of the Newsletter we will be highlighting the work of some countries. In this issue (overleaf), Albania is spotlighted.



What is the DRSTP? A Basic Primer

DRSTP stands for 'Demand Reduction Staff Training Programme'. It is a Programme of the Pompidou Group, an international body that is part of the Council of Europe. The Pompidou Group has a membership of 33 European countries and is concerned with drugs issues. The DRSTP operates in 12 Central and Eastern Europe countries. The aim is to build these countries' capacity for staff training on drugs issues. A variety of projects are being undertaken under the auspices of this Programme. For example, the teams in Bulgaria and Slovenia are developing university-level courses on drugs, while the teams in Latvia and Lithuania are developing drug prevention handbooks. Each country team has the support of an international consultant to help them in their work. The Programme will be completed by March 2002.

Evaluation

As we move towards the end of the DRSTP II, we should increasingly be thinking about evaluation. Here are some pointers.

Why evaluate?

To answer the following questions

- Have we been effective?
- What could we do better?

We also need to evaluate to report to our Sponsors, and to disseminate our work.

What are the types of evaluation?

1. Output evaluation
2. Outcome evaluation
3. Process evaluation.

1. Output evaluation

- Documents produced, and distributed
- Meetings held
- Number of / types of people involved.

2. Outcome evaluation

- What have been the effects of our work?
- Has anything changed as a result?
- What do people think of what we've done?

3. Process evaluation

- How did we go about it?
- Were some methods better than others?
- What were the problems?

An example of the three kinds of evaluation

- *Output:* a publication of 100 pages
- *Outcome 1:* intended audience reports that it is useful
- *Outcome 2:* their practice changes as a result
- *Process:* the process involved a wide range of people, from different networks. It took a long while to get started

All three aspects are important. But there are some limitations:

- We don't have much data on the starting points
- We have limited resources for evaluation
- There's no budget for an external evaluation.

What we need to do now

- Our evaluation will be d-i-y and not scientifically rigorous
- The outputs may be self-evident – but we need to promote them
- The outcomes will be many and various – and hard to measure!
- The process has been well documented - and there are many important lessons to be learned.

What you can do about evaluation

- *What can you do to evaluate what you have done within your country?*
- *What can you contribute to the overall evaluation of the DRSTP?*

Sigmund Freud, on cocaine:

'One senses an increase in self-control and feels more vigorous and more capable of work. Sleep can easily be omitted with no unpleasant side-effects. One is simply normal and soon finds it difficult to believe that one is under the influence of any drug at all.' (1884)

Spotlight on Albania

There has been a steady increase in drug problems in Albania in recent years. School surveys in 1997-98 show around a tenth of 13 to 14-year-olds have tried an illicit drug. Data on morbidity and mortality is incomplete, but shows that drug use is mainly concentrated in urban areas.

Until 2001, drug policy included punishment for dealing and using drugs, coupled with some preventive measures, and limited treatment aimed achieving abstinence. More recently, the revised narcotics law differentiated between drug users and drug dealers and called for the creation an Interministerial Committee on drugs.

Albania is now moving towards a balanced approach to drug control which is rational, realistic and pragmatic, combining a wide spectrum of prevention initiatives, including:

- an early start to prevention activities to emphasise the importance of healthy lifestyles
- comprehensive drug demand reduction activities
- specific targeted interventions at identified risk groups.

This is supported by interministerial, interdisciplinary, intersectorial and international collaboration, and by monitoring and evaluation.

Under the DRSTP, and with the help of Czech consultants, Pavel Bem and Kamil Kalina, Albania has made good progress in developing a draft National Drugs Strategy.

Carrots 'as addictive as cigarette smoking'

Research about serious cravings for carrots was reported in the *British Journal of Addiction*. One woman started consuming huge quantities of carrots while pregnant: 'her desire became so intense that she preserved the peelings as a reserve supply. She resorted to purchasing and eating carrots secretly.'. Switching to radishes helped her reduce her dependency, and she now lives on a carrot-free diet.

A man's wife had advised him that to give up smoking, it was necessary to replace cigarettes with something else and recommended crunching vegetables: 'he was soon eating carrots constantly, consuming up to five bunches a day and as it was Spring he put himself to considerable expense.' Unfortunately, although 'the man has kicked the carrot habit, he has resumed smoking.

It's suggested that psychological dependence arises not only from the carotene in carrots, but possibly from some other active ingredient: 'the withdrawal symptom is so intense that the afflicted persons get hold of and consume carrots even in socially quite unacceptable situations.'