

Instructions for filling in the EDDRA

The following text lists each of the questions in the EDDRA template. Where relevant, **comments** were added.

Project ID

1.1. - Additional Information

1.1.1 - Project ID

Comment(s):

Please fill in an ID with the following parameter and order:

Year of submission

Example: 2008

1.1.2 – METATOBEBELETED

1.1.3 – METAREVIEWPRAISEWORTHY

1.1.4 – METAREVIEWCOMPLETED

1.1.5 – METAREVIEWUSER

1.1.6 – METAREVIEWSTATUS

Comment(s):

These questions are for EMCDDA internal purposes only. You do not have to fill them in.

2. Executive summary

2.1. - Executive summary

2.1.1 - Executive Summary

Comment(s):

Three main points to be included in the executive summary in order to provide the most pertinent pieces of information about the intervention:

Who is working with **which** client group

What is being done

Particular features of the project

Ideal length: 35 words

2.1.2 - Brief Summary

Comment(s):

We will use this variable to create a shorter version of the Executive summary if necessary. You do not need to fill this in.

3. Identification

3.1. – Identification

3.1.1 - Name of the intervention

3.1.2 - Starting date of the intervention (FORMAT: DD/MM/YYYY)

3.1.3 - Ending date of the intervention (if applicable) (FORMAT: DD/MM/YYYY)

3.2. - Type of organisation

3.2.1 - Type of organization responsible for operating the intervention/intervention/programme

- Non-governmental organisation
- Government organisation

- International organisation
- Private
- Other

Comment(s):

You can only chose one tick box.

3.2.2 - Responsible organisation

Comment(s):

This maybe an institution, organisation, public or private centre, which in charge of the programme/intervention, intervention or sub-programme implementation.

3.2.3 - Name of the responsible organisation

3.2.4 - Address of the responsible organisation

Comment(s):

Please provide street name and number.

3.2.5 - Postal code of the responsible organisation

3.2.6 - City of the responsible organisation

3.2.7 - Email of the responsible organisation

3.2.8 - Country of responsible organisation

3.3. – Contact

3.3.1 - Name of contact person(s)

Comment(s):

Please provide the name of the person who could provide further details on the intervention and/or who is the main responsible for the implementation of the intervention.

3.3.2 - Email(s) of contact person(s)

3.3.3 - Phone number(s) of contact person(s)

3.3.4 - Fax number(s) of contact person(s)

3.3.5 - URL of contact person(s)

Comment(s):

Please provide here the URL of the **responsible organisation**.

3.4. - Additional organisations

3.4.1 - Name of additional organisations involved (if applicable)

4. Background and objectives

4.1. - Background & objectives

4.1.1 - Type of intervention

- Prevention
- Treatment
- Social reintegration
- Harm reduction
- Interventions in the criminal justice system
- Other (Please specify below)

Comment(s):

Only one type of intervention can be selected. Please consult the following definitions in order to choose the right type of intervention:

Preventive intervention/Prevention

A prevention intervention describes an activity that will be carried out in order to prevent substance use behaviour. Prevention interventions can be realised in different settings and with different methods and contents. The duration can vary between one-off activities and long-term interventions running for several months or more, (EMCDDA Manual: Guidelines for the evaluation of drug prevention).

Treatment

Treatment comprises all structured interventions specific pharmacological and/or psychosocial techniques aiming at reducing or abstaining from the use of illegal drugs (EMCDDA Structured Questionnaire 27, treatment programmes). In the Pompidou Group-EMCDDA Treatment Demand Indicator Protocol the following definition is provided: Treatment is any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problems. This activity often takes place at specialised facilities for drug users, but may also occur in the context of in general services offering medical and/or psychological help to people with drug problems, (Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000).

Social reintegration

Social reintegration is defined as 'any social intervention with the aim of integrating former or current problem drug users into the community'. The three 'pillars' of social reintegration are (1) housing; (2) education; and (3) employment (including vocational training). Other measures, such as counselling and leisure activities, may also be used, (EMCDDA).

Harm reduction

The aims of a harm reduction approach are to reduce the incidence of drug use-related infections and overdose, and encourage active drug users to contact health and social services (Correlation - EMCDDA working group, Development of a data collection protocol for specialist harm reduction service providers, in print)

Intervention in the criminal justice system

An intervention that is targeted at drug users in contact with the criminal justice system. This may be when they are arrested, appear before court, are in prison or when they are released from prison.

4.1.2 - Describe other type of intervention

Please chose corresponding to the type of intervention you ticked above the sub-areas below that apply.

4.1.3 - Prevention sub-areas

- Environmental Strategy
- Universal
- Selective
- Indicated
- Other (Please specify below)

Comment(s):

You can chose more than one tick box. However for many interventions only one sub-area will apply. Please consult the following definitions in order to choose the right type of sub-area(s):

Environmental strategy or strategies

Environmental strategies are prevention strategies aimed at the immediate cultural, political and social environment of people. For more details see

<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nNodeID=1568>

Universal prevention

Universal prevention strategies address the entire population (national, local community, school, neighbourhood) with messages and programmes aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

Selective prevention

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. For more details see <http://www.emcdda.europa.eu/?nNodeID=5778>.

Indicated prevention

Indicated prevention aims to identify individuals who are exhibiting early signs of substance abuse (but not DSM-IV criteria for addiction) and other problem behaviour and to target them with special interventions. For more details see

<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nNodeID=1568>

4.1.4 - Describe other sub-area for prevention

4.1.5 - Treatment sub-areas

- Drug free treatment
- Pharmacologically assisted treatment
- Withdrawal treatment
- Other (Please specify below)

Comment(s):

You can chose more than one tick box.

Please consult the following definitions in order to choose the right type of sub-area(s).

Drug free treatment

Term previously used by the EMCDDA and now refers to psychosocial interventions (see definition for psychosocial interventions).

Psycho-social intervention

Psychosocial interventions include structured counselling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention, (EMCDDA Structured Questionnaire 27 treatment programmes).

Pharmacologically assisted treatment

Term previously by the EMCDDA and now refers to substitution/maintenance treatment. See the definition for substitution/maintenance treatment.

Substitution/maintenance treatment

Treatment of drug dependence by prescription of a substitute drug (agonists and antagonists) for which cross-dependence and cross-tolerance exists, with the goal to reduce or eliminate the use of a particular substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers for health (e.g. from needle sharing), and the social consequences, (Demand Reduction – A Glossary of terms, UNDCP, no year).

Withdrawal treatment

See the definition for detoxification

Detoxification

Detoxification is a medically supervised intervention to resolve withdrawal symptoms. Usually it is combined with some psychosocial interventions for continued care. Detoxification could be provided as inpatient as well as a community-based outpatient programme, (EMCDDA Structured Questionnaire 27 treatment programmes).

4.1.6 - Describe other sub-area for treatment

4.1.7 - Social reintegration sub-areas

- Education

- Employment
- Housing
- Other (Please specify below)

Comment(s):

You can chose more than one tick box.

4.1.8 - Describe other sub-area for social reintegration

4.1.9 - Harm reduction sub-areas

- Reduction of overdoses
- Prevention of infectious diseases (e.g. Needle Syringe Programmes)
- Drug consumption rooms
- Other (Please specify below)

Comment(s):

You can chose more than one tick box.

Please consult the following definitions:

Overdose (OD)

A dangerous condition cause by the use of an extreme dosage of a drug or a mix of drugs.

Prevention of HIV infection among drug users

Activities aimed at avoiding transmission of HIV to drug-users by promoting safe injection practices (needle and syringe exchange programmes), promoting non-intravenous use and advising safe sex practices. Such measures might also include sexually transmitted disease prevention and hepatitis and HIV-screening for drug abusers and their partners.

Drug consumption rooms

Are locations where confirmed drug users are allowed to consume their drugs in hygienic conditions and without fear of arrest, (For more details see

<http://www.emcdda.europa.eu/?nnodeid=1327>

4.1.10 - Describe other sub-area for harm reduction

4.1.11 - Interventions in the criminal justice system sub-areas

- Assistance to drug users in prison
- Alternatives to prison
- Other (Please specify below)

Comment(s):

You can chose more than one tick box.

Please consult the following definition in order to choose the right type of sub-intervention:

Alternatives to prison/imprisonment

'Alternatives to imprisonment' include a range of measures that replace prison sentences for those who have committed an drug-related offence normally punished by imprisonment according to national law. Prisoners may be diverted to i.e. treatment either at the pre-trial or at the post-trial stage.

4.1.12 - Describe other sub-area for interventions in the criminal justice system

4.1.13 - Other. Describe sub-area for any other type of intervention

4.1.14 - Type of approaches (if applicable)

- Offenders (criminal justice system)
- Ethnic

- Family/first childhood
- Gender
- Telephone help-line
- Mass media campaign
- Peer
- Community involvement (bottom up)
- Training for professionals
- Networking
- Self help
- Other (Please specify below)

Comment(s):

More than one type of approach can be selected. Please consult the following definitions:

Ethnic approach

The intervention either solely targeted other ethnic groups or included them specifically in the intervention.

Telephone helpline

Services providing drug information and information or counselling on prevention or treatment facilities to parents, teachers, youth and drug users by telephone.

Mass media campaigns

Mass media reach all or a large part of the general population (have a broad coverage). They may be used to enhance public awareness on drugs, to inform about drugs or about how to confront drug addiction. Examples are TV and cinema, advertising, press and radio (internet, posters, leaflets, stickers, t-shirts, might be part of such a campaign).

Peer-led approach

A psychological support that is provided by a person of a background that is similar to the client's one. When active drug users take part in an outreach activity they provide peer support or when students actively are involved in the implementation of a prevention programme for fellow students.

Community involvement

See community programmes.

Community programmes

Activities carried out at community level stimulating the involvement of the community actors / institutions (for example: school, youth centre, neighbourhood, city, city districts) in order to intervene in people's immediate surroundings and to facilitate active participation in a social context.

Training

The process of attaining knowledge, skills and/or experience in the field of drug demand reduction.

Self-help group

Bottom-up approach involving concerned persons, who organise themselves for mutual support or in order to get more information on drug-related matters. Examples: parents' groups, narcotics anonymous, etc.

4.1.15 - Describe any other type of approach

4.1.16 - **Needs assessment /initial situation.** What is the problem that is being addressed? Describe the situation before the intervention was implemented in order to clarify why it is needed. For example, information on the population, socio-economic and demographic data. This can include data sources, social perceptions and public discussion.

Comment(s):

If you refer to results from surveys/studies, please include a reference.

Ideal length: 300 words

Needs assessment

Needs assessment (or needs analysis) is the systematic appraisal of the perceived phenomenon and the appropriateness of the proposed intervention.

Initial situation

Information relating to the target population such as drug knowledge/use, socio-economic and demographic data can all be included. You may also include data sources, social perceptions and public discussion related to the situation.

4.1.17 - **Overall objective (impact evaluation).** What is the main purpose of the intervention? How will it modify or change the stated problem? *Please specify the specific objectives which should always relate to changes in the target groups. The specific objectives do not necessarily have to relate to drug use but each of them, if achieved, should lead plausibly to fulfilment of the general objective.

Comment(s):

Ideal length: 130 words

Objectives

Objectives are specific and measurable statements regarding the desired outcome of the prevention intervention. For evaluation purposes, the formulation of objectives must specify the variables to be changed and establish measurable success criteria. A plausible, testable assumption must link programme activities to objectives, and objectives to intended outcomes. If the objectives are vague, it will not be possible to implement an intervention or to assess the effectiveness of the intervention.

Overall objective

The main purpose of the intervention- the solution or modification of the stated problem. Its definition should include a brief description of the expected change, preferably a quantifiable measure of outcomes, with regard to population and when it is expected to be achieved.

4.1.18 - Specific objective 1 (outcome evaluation)

4.1.19 - Specific objective 2 (outcome evaluation)

4.1.20 - Specific objective 3 (outcome evaluation)

Comment(s):

Ideal length for each specific objective: Not more than 70 words

Outcome

An immediate or direct effect of a program; outcomes are frequently stated, by a specified date, there will be a change (increase or decrease) in the target behaviour, among the target population, (Chinman M, Imm P, Wandersman, A., 2004).

Outcome evaluation

Systematic process of collecting, analyzing, and interpreting data to assess and evaluate what outcomes an intervention has achieved, (Chinman M, Imm P, Wandersman A (2004). In other words, outcome evaluation measures how clients and their circumstances change and whether the intervention experience has been a factor in causing this change, (WHO/UNDCP/EMCDDA Workbooks on evaluation, 2000).

Specific objectives

Intermediate result necessary to achieve the general objective. Specific objectives always relate to changes in the target groups. So that the outcomes are clearly measurable. The specific objectives need not necessarily relate to drug use but each of them, if achieved, should lead plausibly to fulfilment of the general objective, (EMCDDA, PERK). The measurement of specific objectives through outcome indicators lead to an outcome evaluation.

4.1.21 - **Operational objectives (process evaluation)**. The operational objectives are the outputs or products of the intervention, for instance training sessions held, manuals published and distributed, teachers trained, schools involved, peers recruited, but also the demands for repetition of the intervention and the degree of acceptance. These are technical, intermediate aims in order to achieve the changes in the target group you have previously defined as specific objectives.

Comment(s):

Ideal length: Not more than 150 words

Process evaluation

Process evaluation assesses the implementation of the intervention and its effects on the various participants. It questions whether and how the intervention took place, whether it was performed in conformity with its design, and whether the designated target group was reached. The process evaluation will help to explain outcome data and to discuss improvement of the intervention in the future

Operational objectives

These are technical, intermediate aims in order to achieve the changes in the target group you have previously defined as specific objectives. Operational objectives are the outputs or products of the intervention, for instance training sessions held, manuals published and distributed, teachers trained, schools involved, peers recruited, but also the demands for repetition of the intervention and the degree of acceptance, (EMCDDA, PERK).

4.1.22 - **Basic assumptions/theory** Is there an explicit theory explaining your intervention and predicting its expected results running through your programme? If so can you identify and describe this theory? This theory will need to have a basis in the scientific literature such as medical, psychological, sociological etc. Alternatively: Is your intervention based on an implicit set of assumptions regarding how your intervention will work and what results it may provide? If so can you identify and describe these assumptions? Such assumptions may be developed through community learning or other grounded theory approaches.

Comment(s):

Ideal length: Not more than 300 words.

If you refer to theories, please provide a reference. Keep also in mind that if you refer to evidence from other studies, this will increase the quality of your submission (see chapter 4).

The rationales or theoretical concept that orientates the methodology chosen to reach the programme objectives. Examples are life-skills models, alternative models, drug substitution models, behavioural models, social learning theory, etc. the strategies chosen may be drawn from existing models or they may be entirely new. In such a case, a brief explanation of the hypothesis underlying the approach would be necessary. In PERK you can find a brief overview on models and theories (<http://www.emcdda.europa.eu/html.cfm/index9746EN.html>).

5. - Main characteristics

5.1. - Main characteristics

5.1.1 - Target group (Universal) Please indicate the final target group of the intervention

- General population
- Children/young people
- Adults
- Family/Parents
- Other (Please specify below)

Comment(s):

You can chose more than one tick box.

5.1.2 - Please describe age group for Children/Young people (Min/Max)

5.1.3 - Describe any other target group (universal)

Comment(s):

The universal target group is the group of people, households, organisations, communities or any other identifiable unit which a prevention intervention is directed towards. A careful analysis and estimation of the size and nature of the target group are essential preconditions when documenting the need for a prevention activity.

5.1.4 - Target group (Specific). Please indicate the target group in relation to drug use

Non-drug users

- Experimental drug users
- Drug users
- Drug addicts
- Problem drug users
- Former drug users
- Other (Please specify below)

5.1.5 - Describe any other target group (specific)

Comment(s):

You can chose more than one tick box.

Specific target group

The population in which the change defined as a general objective is to be reached.

Non-drug user

Persons not self-administering psychoactive substances.

Drug users

Persons self-administering repeatedly psychoactive substances.

Experimental drug user

Refers to persons using psychoactive substances during the first few instances of using a particular drug. The term sometimes refers to persons with extremely infrequent or non-persistent use.

Drug addicts

Refers to persons periodically or chronically intoxicated due to their repeated use of a psychoactive substance or substances. These persons show a compulsion to take the preferred substance /s, have great difficulty in voluntarily ceasing or modifying substance use, and exhibit determination to obtain psychoactive substances by almost any means. Typically, tolerance is prominent and withdrawal syndrome frequently occurs when the person interrupt substance use.

Problem drug use

Injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines, (EMCDDA).

Former drug users

Persons who in the past self-administered psychoactive substances and experienced the problems described under drug addicts but who have remained abstinent from drug use for a stable period of time

IDU

An injecting drug user.

5.1.6 - Staff. How many people are involved in the intervention? Please specify, if possible, according to full-time staff, part-time staff and voluntary staff.

5.1.7 - Staff. What is the status (profession) of staff working on the intervention e.g. psychologist, nurse etc?

5.1.8 - Coverage. How many people in each target group (universal) are reached by this intervention on an annual basis?

Comment(s):

Please provide the number for each universal target group you chose under 5.1.1.

Universal target group

The universal target group is the group of people, households, organisations, communities or any other identifiable unit which a prevention intervention is directed towards. A careful analysis and estimation of the size and nature of the target group are essential preconditions when documenting the need for a prevention activity.

5.1.9 - Coverage. How many people in each target group (specific) are reached by this intervention on an annual basis?

Comment(s):

Please provide the number for each specific target group you chose under 5.1.4.

Specific target group

The population in which the change defined as a general objective is to be reached.

5.1.10 - Substances addressed by the intervention:

- Alcohol
- Tobacco
- Cannabis
- Cocaine and derivatives
- Opiates
- Amphetamines
- Ecstasy
- Methamphetamines
- Inhalants/solvents
- Other (Please specify below)

Comment(s):

You can click more than one substance. Please mention all substances that are addressed by the intervention.

5.1.11 - Describe any other substance addressed by the intervention

5.1.12 - Main substance addressed by the intervention:

- Alcohol
- Tobacco
- Cannabis
- Cocaine and derivatives
- Opiates
- Amphetamines
- Ecstasy
- Methamphetamines
- Inhalants/solvents
- Other (Please specify below)

Comment(s):

Only one substance can be selected. This question refers to interventions that mainly focus on one particular substance. If the intervention addresses several substances at an equal share, please ignore this question.

5.1.13 - Describe any other main substance addressed by the intervention

Comment(s):

Setting of intervention.

Please note that the setting needs to match the type of intervention (1.2.1)

Setting of the intervention

The social and physical environment where the intervention is being implemented.

5.1.14 - Setting of prevention intervention

School

- Community (including i.e. user scene)
- Party scene
- Family
- Workplace

5.1.15 - Setting of treatment intervention

- Inpatient
- Outpatient
- GP

Comment(s):

Inpatient treatment

In-patient treatment is treatment in which the patient spends the night in the treatment centre, (EMCDDA Structured Questionnaire 27 treatment programmes).

Outpatient treatment

Outpatient treatment is treatment where the patient does not spend the night at the premises, (EMCDDA Structured Questionnaire 27 treatment programmes).

GP- General practitioner

5.1.16 - Setting of social reintegration intervention

- Residential
- Community

Comment(s):

Residential treatment

Treatment programmes which require participants to live in a hostel, home or hospital unit. These programmes generally strive to provide a positive drug-free environment in which residents are expected to participate in a full-time programme of counselling, and group work developing social and other life skills, (UNODC, Demand Reduction, A Glossary of Terms).

5.1.17 - Setting of harm reduction intervention

- Low threshold service
- Needle/syringe provision
- Outreach/drug scene

Comment(s):

Low threshold services

Services that help drug-addicts with daily survival and help avoid their further deterioration. A main characteristic is that services require little motivation on the part of the drug user and offer basic assistance such as shelter, hygiene and food. They aim at establishing or re-establishing social contacts and to get in contact with hidden populations of drug-users.

Needle and syringe exchange programmes

Needle and syringe exchange programmes describe the service of provision of sterile syringes and hypodermic needles as well as further injecting paraphernalia to injecting drug users (EMCDDA, Standard Table 10 on syringe availability).

Outreach work

Community-based activities with the aim of getting in touch with persons who are not effectively reached by existing services. One key element is active contact-making with high-risk groups in a setting where they are comfortable, and keeping in close contact with them, instead of waiting for these people to approach services. Activities range from prevention to health care and advice for untreated drug users.

5.1.18 - Setting of interventions in the criminal justice system intervention

- Prison
- Community

5.1.19 - Describe the setting of the intervention (if necessary)

5.1.20 - Any other setting of intervention

- Yes
- No
- No Information

5.1.21 - Other. Describe any other setting of any other type of intervention

5.1.22 - **Action.** Describe the main activities of the intervention and the type of service that is offered to the client. Kindly keep in mind that the description of the activities is of high relevance for the better understanding of the intervention.

Comment(s):

Ideal length: Not more than 400 words

Please describe the main activities of the intervention and the type of service that is offered to the client.

6. Evaluation

6.1. – Evaluation

6.1.1 - Evaluation status

- Evaluation has been carried out
- Evaluation is currently running
- Evaluation is carried out repeatedly

6.1.2 - Please indicate the month and year when the most recent evaluation was carried out (corresponding to the option you chose above (Evaluation status))

Format: MMYYYY

Comment(s):

Evaluation =Systematic and scientific collection, processing and analysis of data related to the implementation of an intervention, in order to assess whether the objectives of an intervention have been achieved.

6.1.3 - Type of evaluation

- Evaluation of intervention planning (needs assessment)
- Process evaluation (how far are the operational objectives achieved)
- Outcome evaluation (how far are the specific objectives achieved)
- Impact evaluation (how far is the general objective achieved)
- Other (Please specify below)

6.1.4 - Describe other type of evaluation

Comment(s):

Evaluation of programme planning

The planning and design phase. The evaluation of this phase starts, at the latest, when the idea of beginning the intervention becomes concrete. This is the time when objectives and methods are chosen. The evaluation of the programme planning reflects the process of defining the problem, the need for intervention, the target population and the objectives. Furthermore, it includes the evaluation of the resources, and ends with planning for further evaluation.

Outcome evaluation

Systematic process of collecting, analyzing, and interpreting data to assess and evaluate what outcomes an intervention has achieved, (Chinman M, Imm P, Wandersman A (2004). In other words, outcome evaluation measures how clients and their circumstances change and whether the intervention experience has been a factor in causing this change, (WHO/UNDCP/EMCDDA Workbooks on evaluation, 2000).

Process evaluation

Process evaluation assesses the implementation of the intervention and its effects on the various participants. It questions whether and how the intervention took place, whether it was performed in conformity with its design, and whether the designated target group was reached. The process evaluation will help to explain outcome data and to discuss improvement of the intervention in the future

Impact evaluation

Evaluation indicators. What indicators are used in order to monitor changes relating to the objectives?

Comment(s):

Indicators

Indicators in the context of evaluation are simply one-dimensional measures that help to measure, to express, or at least to reflect and to simplify the more complex formulation of the objectives. For more details see PERK

6.1.5 - Outcome indicator 1 (relating to the specific objectives)

6.1.6 - Outcome indicator 2 (relating to the specific objectives)

6.1.7 - Outcome indicator 3 (relating to the specific objectives)

Comment(s):

Outcome indicator

Outcome indicators relate the results of a intervention in the target group to its specific objectives (and the underlying working hypothesis), (EMCDDA, PERK).

6.1.8 - Process indicator

6.1.9 - Process indicator

6.1.10 - Process indicator

Comment(s):

Process indicator

Process indicators relate the outputs of a intervention (its deliverables, structures created, opportunities given, materials published) to its operational objectives, (EMCDDA, PERK).

Evaluation design

Outcome evaluation

6.1.11 - Evaluation design:

- Follow-up assessment
- Pre-post design, no comparison group – naturalistic
- Pre-post design AND comparison group - quasi-experimental
- Pre-post design AND comparison group AND randomisation – RCT
- Other (Please specify below)

6.1.12 - Describe other type of evaluation design

Comment(s):

You can chose only one design.

Design

A design is a plan, which indicates how often, when and from whom information will be gathered during the course of an evaluation. A good design is essential if the results of an evaluation are to have any future use. A design with at least one experimental group and one control group is known as a control group design; a time-series design uses only one experimental group but at least three data collections; and a design which does not use a control group or time series analysis is the pre- and post- design.

Follow-up assessment

Expected program outcomes are measured after the intervention has been implemented and are not compared to some baseline, usually the same elements measured at prior to the start of the intervention.

Pre-post design with comparison group – quasi-experimental

In this case, to the simple pre-post design a comparison/control group is added that undergoes the same evaluation procedures as before but does not receive the intervention. With this design one can demonstrate that the effects are most likely due to the intervention, but some critics could still say, that there were pre-selection or context effects that made the intervention group being more likely to show results than the comparison/control group: e.g. having less risk factors, (EMCDDA, PERK).

Pre-post design without comparison group

The pre- and post-test design (also called naturalistic design) is a simple way to plan an [outcome evaluation](#) without the benefits of a control group. In this design, the only people measured are those who receive the intervention. They are tested (for example, on their knowledge, attitudes or intentions) before and after the intervention. The differences between the two measurements are then checked for statistical significance. The advantage of this design is its simplicity and the fact that it is not very time consuming. The major drawback is that without a control group, you will not know whether the results are really due to the intervention or to some other confounding factors, (EMCDDA, PERK).

Randomised controlled trial

An experiment in which two or more interventions, possibly including a control intervention or no intervention, are compared by being randomly allocated to participants. In most trials one intervention is assigned to each individual but sometimes assignment is to defined groups of individuals (for example, in a household) or interventions are assigned within individuals (for example, in different orders or to different parts of the body), (Cochrane Collaboration, Glossary).

6.1.13 - Quantitative data collection instruments, tools and measures used:

- Recognised (standard) instruments

- Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)
- Program specific instruments used (e.g. self-constructed collection instrument)

6.1.14 - Specify name of instrument(s) if you used a standardised instrument(s) for outcome evaluation:

6.1.15 - Specify name of instrument(s) if you used a modified standard instrument for outcome evaluation:

6.1.16 - Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used: Process evaluation

6.1.17 -Quantitative data collection instruments, tools and measures used in process evaluation:

- Recognised (standard) instruments
- Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)
- Program specific instruments used (e.g. self-constructed collection instrument)

6.1.18 - Specify name of instrument(s) if you used a standardised instrument(s) for process evaluation:

6.1.19 - Specify name of instrument(s) if you used a modified standard instrument for process evaluation:

Comment(s):

Instruments

Instruments refer to all the tools that are used to collect information on the target group, the evaluation, etc. the most widely used instruments in evaluation are self-report questionnaires, and other instruments include tests, ratings, [interviews](#) and observation instruments.

Recognised (standard) instrument:

A recognised standards instrument is an instrument that was validated and that shares a standard set of instructions for their administration, use, scoring, and interpretation. Validation is one way of ensuring the quality of data collected by an instrument (questionnaire). A validated instrument is one which has undergone a validation procedure to show that it accurately measures what it aims to do, regardless of who responds, when they respond, and to whom they respond. Elements of a validation procedure may include the examination of the [reliability](#), the comparison of results with other sources of data, the translation and back translation to reduce ambiguity, the examination of feasibility: acceptability, time needed to respond, cost etc. as well as the examination of variation in response due to data inquiry methods (self-administered, personal interview, telephone interview etc.), (International Epidemiological Association /IEA European Questionnaire Group).

Intervention/program specific instruments

Instruments of examination, observation, or evaluation that were specifically constructed for an intervention.

6.1.20 - Qualitative data collection instruments. Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used.

Comment(s):

What is qualitative research?

Qualitative research is a collection of methodological approaches to studying the social world, in which activities are studied in naturalistic settings rather than under experimental conditions, and where the subjective experiences of ordinary people are of greater interest than objective categories and measurements of researchers. (Davies, 2000). Qualitative research uses a

variety of methods, including interviews, observations of naturally occurring activities, detailed description and ethnography, conversation and discourse analysis, analysis of text and semiotic representations, and personal accounts, biographies and oral histories (Silverman, 1993; Denzin and Lincoln, 1994, 1998; Wolcott, 1994; Creswell, 1998). In qualitative approaches to evaluation, the aim is to understand a programme or particular aspects of it as a whole. Instead of entering the study with a pre-existing set of expectations for examining or measuring processes and outcomes (quantitative approach), the emphasis is on detailed description and in-depth understanding as it emerges from direct contact and experience with the programme and its participants.

Interview

In evaluation research, the interview is an instrument used to assess data on the implementation process and outcome. Interviews can differ in their degree of standardisation (structured, semi-structured or unstructured interviews), the type of contact (face-to-face, telephone or written), or the number of people interviewed at the same time (individual or group interviews).

Key informant

Person with the particular background, knowledge, or special skills required to contribute information relevant to topics under examination in an evaluation.

Focus group

A small group of people with shared characteristics who typically participate, under the direction of a facilitator, in a focused discussion designed to identify perceptions and opinions about a specific topic. Focus groups may be used to collect background information, create new ideas and hypotheses, assess how a program is working, or help to interpret results from other data sources.

6.1.21 - Type of Evaluator and references

- Internal evaluator
- External evaluator
- Both internal and external

6.1.22 - Please specify the name of the external institution/s:

Comment(s):

External evaluation

Collection, analysis, and interpretation of data conducted by an individual or organization outside the organization being evaluated.

Internal evaluator

An individual (or group of individuals) from within the organization being evaluated who is responsible for collecting, analyzing, and interpreting data.

6.1.23 - Give full reference for the evaluation report (when available):

7. Evaluation results

7.1. - Results of evaluation

Present the results, to date, according to the specific and operational objectives

7.1.1 - Results of outcome evaluation 1

7.1.2 - Results of outcome evaluation 2

7.1.3 - Results of outcome evaluation 3

7.1.4 - Results of process evaluation

Comment(s):

Ideal length for each result of outcome evaluation: Not more than 250 words

Ideal length for results of process evaluation: Not more than 400 words

If a statistical analysis was done in order to calculate the results, mention the type of analysis and include significance levels/confidence intervals if available.

8. Budget

8.1. – Budget

8.1.1 - Annual budget

- Up to 100 000
- Over 100 000 to 500 000
- Over 500 000
- Annual budget is not available

8.1.2 - Specify total budget:

8.1.3 - Sources of funding

- Local authorities
- International organisations (operates in more than one country)
- Regional authorities
- Community authorities
- National government
- European commission
- Non-governmental organisation
- Private funds
- Other

8.1.4 - Percentage of funding from each source

Comment(s):

Make sure the percentages given add up to 100%

9. - Abstract

9.1. – Abstract

9.1.1 - Give a short summary of the intervention.

Comment(s):

Ideal length: Not more than 350 words

10. Output

10.1. Outputs

10.1.1 - List any interesting references, links, and literature relating to the intervention.

11. Additional remarks

11.1. - Special remarks

11.1.1 - Use this space to add explanatory notes and highlight any specific features of the programme that are not well represented in other items of the questionnaire.