

Evaluation

<http://evi.sagepub.com>

Realistic Evaluation of an Illicit Drug Deterrence Programme: Analysis of a Case Study

Liliana Leone

Evaluation 2008; 14; 9

DOI: 10.1177/1356389007084673

The online version of this article can be found at:
<http://evi.sagepub.com/cgi/content/abstract/14/1/9>

Published by:



<http://www.sagepublications.com>

On behalf of:



The Tavistock Institute

Additional services and information for *Evaluation* can be found at:

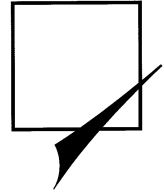
Email Alerts: <http://evi.sagepub.com/cgi/alerts>

Subscriptions: <http://evi.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.co.uk/journalsPermissions.nav>

Citations <http://evi.sagepub.com/cgi/content/refs/14/1/9>



Realistic Evaluation of an Illicit Drug Deterrence Programme

Analysis of a Case Study

LILIANA LEONE
Studio CEVAS, Rome, Italy

This article describes an evaluation conducted in a region of northern Italy, based on the *realistic evaluation* approach. This case study is related to the application at regional level of national legislative measures against personal drug consumption, the so-called Article 75, through the implementation of a pilot programme. Article 75 DPR 309/90, is a 'sanctions-based' intervention mainly based on the mechanism 'threat–dissuasion', such that people who are found in possession of illicit drugs for personal use can be temporarily detained by the police, have a mandatory interview and abstinence test and sometimes have an administrative penalty or a mandatory treatment. First, the article describes the sequence of mechanisms anticipated by decision-makers (legislator) and the mechanisms that actually emerged from the programme evaluation; second, the *outcomes* resulting from the interaction between the mechanisms and the specific contexts are analysed. Finally, a few suggestions are proposed and the advantages of the *realistic evaluation* approach are discussed.

KEYWORDS: evidence based; illegal drugs; prevention; realistic evaluation; sanctions

Introduction

'Realistic evaluation' (Pawson and Tilley, 1997), together with the broader traditions of 'realist' evaluation, belongs to the current trend for theory-based evaluation (Chen, 1990; Stame, 2004; Weiss, 2000). However, with regard to programme analysis, realistic evaluation focuses *not* on the theory underlying the programmes, i.e. 'why the programme should work', but rather on the theory of the desired changes, i.e. which mechanisms are activated through the programme, in what circumstances and with what results.

Realistic evaluation, as well as realistic synthesis (Pawson, 2006), utilizes a 'generative' approach to causation.

According to this perspective they are not the 'programmes' that work; but rather the underlying reasons or resources that they offer subjects that generate change. Causation is also reckoned to be contingent. Whether the choices or capacities on offer in an initiative are acted upon depends on the nature of their subjects and the circumstances of the initiative. (Pawson, 2002)

The object of this evaluation (Leone, 2006) was an Italian sanctions-based measure (a national law named Art. 75 DPR 309/90) aimed at dissuading personal illicit drug consumption. A two-year programme,¹ 'Pilot Programme Territorial Government Office', within the framework of the national legislation, was initiated by the Lombardy Region (Department of Family and Social Solidarity) in cooperation with the Territorial Government Office of the Interior Ministry in Milan and three local health units.² This article is based on an evaluation conducted by the author; it was commissioned by LHU MI2 and by Lombardy Region and ran from February to November 2004.

Following the logic of 'realistic evaluation', our evaluative question was not: 'does the programme work?'. Rather, the study explored the possible connections between contextual conditions (i.e. specific characteristics of the organizational and institutional contexts and of the subjects) and the 'mechanisms' developed in the field resulting from the interactions between the actions of the initiative and the reactions of the target group. According to realistic evaluation, the causal power of the programme lies in its underlying mechanism (M) and in its basic theory about how programme resources will influence outcomes (O) (e.g. a subject's behaviour) in a particular context (C). Establishing the way in which context, mechanisms and outcomes interact in this case – so-called CMO configurations – is the basis for the evaluation reported in this article.

The evaluation's aim was to provide regional decision-makers and the local health units with useful indications to inform the redesign of the previous regional programme and implement the pilot programme. Therefore, the main focus was on the possible connection between the outcomes and the different practices and intervention models used by the Territorial Government Office (TGO) and the local health units (LHUs) involved in the pilots. This article focuses on the effects of the 'mandatory interview', which is central to this kind of programme.

The Programme Theory: The Old Programme and the 'Pilot Programme'

The 'Old' Programme

Use of drugs is not defined in Italian law as a criminal offence. However, possession of illegal drugs is prohibited and punishable by administrative sanctions in case of personal use, and by prison sentences in case of dealing or trafficking.³ The measure, Article 75 of the national law DPR 309/90 (hereafter referred to as the 'old programme') concerning drug addiction, establishes a set of complex actions. In summary these include: people who are found by the police while consuming

or in possession of a small quantity of illicit drugs are temporarily arrested for a short period (a few hours), registered and summoned by the Territorial Government Office of the Interior Ministry (TGO) to attend a mandatory interview, i.e. a formal meeting with the Prefect of Police or his representative (TGO social workers).

The mandatory interview, lasting approximately one hour, generally occurs many months – about twelve – after the temporary police detention. This is managed by a social worker employee of the TGO, who employs a counselling approach. The aims are to dissuade drug consumption, to supply information about risks and treatment for people with drug addiction and to make social diagnoses of problematic drug consumption. Generally the procedure ends with a ‘formal invitation’ to avoid drug consumption in future.

In a minority of cases the social workers recognize persistent drug abuse problems or repeated arrests, by the police under Art. 75. These cases must undergo a mandatory treatment programme usually provided by the Health Services for Drug Addictions (SerT). The treatment generally consists of a programme of four to five group sessions led by professional educators or by psychologists. Mandatory urine tests are used to check drug abstinence during or at the end of the treatment programme.

An alternative to these mandatory measures, when people refuse to attend an appointment or formally refuse a summons, is the imposition of administrative penalties (e.g. suspending the validity of some personal documents, such as a driving licence or passport). This measure is based on the double mechanism ‘threat-dissuasion’ and ‘sanction-dissuasion’. The measure of mandatory interview is intended to have a preventive and dissuading effect on the whole population, while the administrative sanctions and the mandatory treatment should dissuade the young illicit drug consumer from repeated consumption. The dissuasive effects of mandatory interview on drug users are due to threat or conviction. Drug testing after the treatment could reduce drugs consumption by deterring (*deterrence* mechanism) potential users who will not risk incurring administrative penalties.

Table 1 summarizes the measures (see four steps) included in the ‘old programme’ under Art. 75 and the hypothesized response of the target population. It highlights the negative sanctions and threat base of the ‘dissuasive’ mechanisms being used. However it should be noted that these sanctions cannot be assumed to be effective in many circumstances. Thus the probability of being arrested for the possession or consumption of illicit drugs is very low (less than 1%) in a province such as Milan. This does not mean that large numbers of young people are not caught up by the measure as it targets drug behaviours of a large proportion of the young population. In Lombardy Region 27.6 percent of 14–19 year olds in 2002 consumed illegal substances at least once in the last year (LYP = Prevalence of Drug use in the Last Year Reported).⁴

The Pilot Programme

The pilot programme (*Sperimentazione Prefettura*) started in September 2003 and, after the evaluation, it was extended to the whole Lombardy Region, involving other TGOs and three LHUs (LHU A, B and C). During the years 1998–2001 the

Evaluation 14(1)

Table 1. Basic Programme Theory of Art. 75 and the Sequence of the Mechanisms Hypothetically Active in the ‘Old Programme’

<i>Step 1</i>	<i>Step 2</i>	<i>Step 3</i>	<i>Step 4</i>
<p>Identification of the transgressors (drug users) and punishment of law infringement: police detention and summons to a mandatory interview in the TGO</p> <p>(Problem: the probability of being arrested is very low in Milan Province: less than 1%)</p>	<p>Mandatory interview in the TGO and treatment: ‘sermon’ to dissuade drug consumption, to supply information about risks. Verification of possible problematic behaviour towards the use of illicit drugs and sometimes prescribed mandatory treatment in LHU</p> <p>(Problem: it occurs too many months after the temporary police detention)</p> <p>Mechanism: Dissuasive effects on drug users due to fear of sanctions</p>	<p>Administrative sanctions for those who do not comply with interview or treatment (i.e. do not observe abstinence)</p> <p>Mechanism: Dissuasive effects on drug users due to fear of new sanctions</p>	<p>Drug users and young people response: the programme is supposed to discourage illicit drugs consumption (deterrence effect)</p> <p>Mechanism: Dissuasive effects on drug use due to threat or conviction following the ‘sermon’ and (sometimes) the treatment</p>

TGO was inundated with work (relating to the integration of immigrants) and at the same time about 3000 young people attended a mandatory interview for the violation of Art. 75. This was the most important starting point for the pilot programme, which exceeded the numbers encountered in any other part of Italy.

In contrast to the old programme, the regional pilot programme ensured that the interview took place on the premises of the LHU or of the so-called ‘Polyvalent Youth Centres’ (centres belonging to non-profit organizations with regional accreditation) involved in the pilot programme. The interviewers are social workers from the LHUs or from non-profit organizations; they are not from the TGO. There were not any other significant differences between the programmes.

The following points need highlighting. Both programmes – the old and the pilot – resulted in treatment for only a small proportion of the sample (in the

three LHUs from 4 to 13 percent of the young people attending the interview) and in both the programmes it (the 'old' and the 'pilot') was not undertaken in the TGO. Over a two-year period the pilot programme involved 2036 young people from 17 to 26 years of age; 75 percent of whom were summoned for consumption of cannabis, hashish-marijuana, 9 percent for other substances such as cocaine, MDMA, heroin, and for 16 percent we have no information. Finally, the programme was intended to be the same in each of the three LHUs; however, from the beginning there were evident differences relating to the territorial context and to the way in which the non-profit organizations collaborated.

According to the actors involved in the regional pilot programme, the implicit theory (why the programme should prove to be effective) is as follows: if the mandatory interview is carried out in a place as LHU or of the so-called 'Polyvalent Youth Centres', which is not the TGO, it is possible that young drug consumers (note, not drug addicts) may accept more assistance and support. Even though the interview, in both cases, takes place in a coercive context (i.e. there is no free choice in the TGO, LHU or the Polyvalent Youth Centre) the interview in the TGO is seen as exerting a stronger control function. It must be considered that the local TG office historically does not provide health or social services to the citizen and that its main task is one of public security.

The Polyvalent Youth Centres (PYCs) are managed by organizations in the third sector. They don't belong to the SerT – Drug Addiction Health Service, nowadays labelled as a *service* for drug addicts. The PYC and the SerT generally provide detailed information on opportunities and access to rehabilitation programmes in response to requests for help. They are decentralized and easily accessible: three centres provide services for 2.5 million inhabitants, while only one TGO in Milan covers a territory of 3 million inhabitants.

The pilot programme aims for 'selective' prevention action (Burkhart, 2003). Although the aims are basically the same as the old programme, it places more emphasis on the following goals:

- increase information about the risks of using illicit drugs;
- raise awareness among young drug consumers of the risks linked to the use of drugs;
- encourage young drug consumers to access the drug addiction treatment territorial health services.

Evaluation Questions and Methods

This section presents the evaluation questions and the research hypotheses emerging from the reconstruction of the theory (Pawson and Tilley, 1997: 155) underlying the programme.

Note that the programme theory and hence the underlying evaluation questions require the following:

- the intervention of the evaluator – who generally works on the basis of his/her experiences and the substantive literature: it is very important for them to know the intervention field, the policies concerning the subject

Evaluation 14(1)

of the study and other existing evaluation studies related to the specific programme;

- the exploration of the ‘unspoken’ and undeclared theories applied by the regional decision-makers, local responsible directors, coordinators of the local health units and professional workers involved in the interventions (see analysis of the documentation, reports, deliberations, administrative acts and agreement protocols).

To this end, we analysed the official and semi-official documentation, monitoring reports and deliberations and conducted semi-structured individual and group interviews, with the purpose of uncovering and understanding the logic of the programme and underlying the actions of the different actors involved. Table 2 relates the hypotheses to the evaluative questions.

The table outlines the three main research hypotheses: the circumstances of the target group, the context in which measures occur and the composition of the professional groups involved. These hypotheses were translated into research questions that guided the evaluation.

The evaluation’s aim was to provide the regional decision-makers and the local health units with useful indications to inform the redesign of the programme and put the pilot project into operation. Therefore, the main focus was on: a) the possible connection between the outcomes of the project, in terms of results and advantages/disadvantages for the young beneficiaries; and b) the different practices and intervention models used by the local health units involved in the pilot project.

Methods

The following methods were used to address the evaluation questions:

1. individual interviews with different responsible members of the services and four group interviews with the social workers and the staff of operators from four different locations (three LHUs and one TGO);
2. analysis of the monitoring data provided by the TGO itself (database) and by the local health units with reference to the two-year pilot programme;
3. survey through a semi-structured telephone interview with a sample of 100 young people coming from the whole province of Milan who had been interviewed in the previous two months in the LHUs and in the TG Office (to compare the pilot to the old programme);
4. three focus groups with the beneficiaries of the treatment provided by the different LHUs (while noting that the treatment follows interviews in only 10–14% of cases).

In all instances confidentiality and the protection of sensitive information were guaranteed. The services were required to obtain written consent from the interviewees who were to be contacted by the researchers. In turn the researchers were obliged to respect privacy regulations, not supplying to any of the institutions (regional authority, territorial government office, local health unit) any of

Table 2. Research Hypotheses and Evaluative Questions

Research hypotheses	Evaluative questions
<p>A. Threats of sanction do not act in the same way on all the population and under all conditions (i.e. at all times).</p> <p>A1) We know that people more 'included' in society and with regular work can be more sensitive and reactive to their arrest while people with problems of social exclusion are less influenced or may even react aggressively.</p> <p>A2) Young 'drug users', with more experience of drug consumption, are probably less frightened by the measure and could develop concealment strategies.</p>	<p>1. Have Art. 75 measures exerted a dissuasive effect with regard to drug consumption behaviours? Are there any unforeseen impacts?</p> <p>2. Which individuals benefit the most from this measure and which individuals do not?</p>
<p>B. The context in which the interview is carried out affects the attitude of young people towards sanctions under Article 75.</p> <p>B1) If the interview is done in the Local Health Unit, the interviewee feels that his conduct has to do more with his health.</p> <p>B2) If a person is interviewed in the TGO, he/she feels that his/her conduct has to do with compliance with the law.</p> <p>B3) The individuals who attend the interview in the Polyvalent Youth Centres within the LHUs comply with the treatment to a greater extent than those who have their first interview in the TGO.</p> <p>B4) Carrying out the interview in the Polyvalent Youth Centres could encourage individuals with abuse or misuse problems to access treatment.</p>	<p>3. Can the fact that the first interview takes place in the Local Health Unit (and not in the TGO, as foreseen by the legislative measure) influence the effectiveness and the outcomes of the intervention?</p> <p>4. Is there a different way in which the young drug consumer elaborates and reinterprets his/her experience depending on the context of the interview?</p> <p>5. Is the accessibility of the treatment services within the pilot programme improved?</p>
<p>C. The different composition of the team – the professions involved and the composition and mix of private and public staff – will influence the effectiveness of measures.</p>	<p>6. Which organizational models and which context-related factors account for the efficiency of the project?</p> <p>7. Which working practices and which organizational solutions are connected with more satisfactory outcomes according to the beneficiaries? Which organizational model seems to guarantee better performance of the measures used?</p>

the collected disaggregated data. The telephone interviews were made by appointment (generally the interviewees preferred mobile phone numbers) in order to avoid other people knowing about their involvement in a police drug detention.

We undertook mobile phone interviews only because the young people – whether they were students, living with parents or whether they had a job – wanted to avoid other people knowing about their involvement in a police drug detention.

The characteristics of the recipients, such as age group, gender, school attendance, employment status and drug consumption, when registered by the police, are common and similar in the four subgroups: three LHUs and one TGO.

The Effects of the Art. 75 and Mechanisms Activated by the Pilot Programme

This section examines the sequence of mechanisms emerging from the pilot programme. Overall, it can be said that the programme was consistent with expectations, even though some of the mechanisms ‘jammed’ due to the implementation procedure in different organizational and institutional contexts and due to the different reactions of the individuals towards a programme based on the mechanism of threat–dissuasion.

The sequence of mechanisms illustrated earlier (see Table 1) had been subject to changes: in fact, during implementation, the pilot programme brought out new unforeseen and sometimes unwelcome outcomes. In any case the research concerned a ‘punitive measure’ of which the young people were ‘frightened’. As a result the target group could have given a systematic overestimation of benefits, withholding important information. For these reasons, during the analysis and interpretation of the data, the focus was on the coherence and correlation among variables rather than on frequencies alone.

Effects and Impacts of the Art. 75 Measure

This section addresses first a more general question regarding the Art. 75 measure, in both the old and the pilot programmes: has the measure had a dissuading effect on drug consumption behaviours? Are there any unforeseen impacts?

It is apparent, from the statements of young people involved in the research, that one of the results of the Art. 75 measure, for the majority, had been increased awareness of the consequences of illicit drug consumption. With deeper analysis, negative unexpected effects in subgroups of the sample also emerged. Of the sample, 45 percent stated that temporary police detention was highly discouraging of the consumption of illicit drugs: 55 percent of the interviewed people do *not* believe that temporary detention is ‘useless’. Therefore it seems that half of the young people saw some utility in the Art. 75 measure. In addition 60 percent asserted that the people the Art. 75 measures affected (those who were arrested and had a mandatory interview) feel ‘frightened’: whether this emotion could have been associated with negative, positive or other effects will be discussed later.

With regard to mandatory interviews in Art. 75, we found that 60–74 percent (varying across the three different LHUs) of the sample believed that the interview

helped them to think about the use of substances, that it wasn't a waste of time, and that it could be useful for people who consume illicit drugs such as cocaine or heroin and this measure could have a dissuasive effect for occasional consumption of illicit substances. Some indications also emerged about indirect positive impact: one-third of the sample stated that their group of friends was also indirectly influenced by the Art. 75 measure (see Var 117: The interview dissuades the friends).

Previously, I said that negative unexpected effects also emerged, i.e. 'hidden and opposition effects', in a subgroup of the sample. It was believed by 55 percent of the sample that one consequence of the Art. 75 measure was that young people decided more carefully where to consume, choosing places that are less frequented by the police.

Another proportion of individuals expressed indifference, 9 percent of the subjects stated that they weren't helped to reflect, and 15 percent of them developed hostility and unwelcome outcomes, which favoured 'concealment' rather than addressing the problem of drug-taking.

Negative unforeseen outcomes were noted for a proportion of individuals who were more at risk, most likely to be cocaine users, who seem to have become 'oppositional' and probably obtained less benefits from the programme. Of the sample, 7 percent stated that the experience could lead to a negative reaction: an increase in the consumption of illicit drugs. As confirmed by evaluative literature on criminal prevention programmes, many punitive measures seem to get the worst results among target groups at risk of social exclusion processes: unemployment, low education as well as 'drug misuse'.

Considering the effects of the pilot programme related to Art. 75, taking into account those who did not attend the interview, and the results obtained during the two-year period (based on analysis of the monitoring data of TGO) we find that there are diversified effects in relation to three different subgroups of effects.

Figure 1 presents the intermediate results and the outcomes of the application of the Art. 75 measure in the pilot programme. The pilot programme was carried out between September 2002 and June 2004 with a population of 2677 individuals. This figure summarizes the entire process relating to the Art. 75 measure.

Subgroup A This consisted of around 23 percent of the cases, made up of those who did not attend the mandatory interview. These were defined as '*unknown persons*' who did not benefit from any intervention related to the process because we did not have any information at our disposal to enable us to assess the usefulness of the process to them. They avoided the 'sermon-information' step (the interview in the LHU) and opted for the administrative sanction. There is marked difference between LHUs: in the LHU A (the city) we noted 30 percent of people refusing the mandatory interview, in the provincial LHUs, this figure ranged from 15 (LHU B) to 18 percent (LHU C).

Subgroup B This consisted of 61 percent of cases who *complied with the procedure* subsequent to the temporary police detention/registration by the police. For these individuals, the procedure was suspended after the first interview or was continued through treatment programs (generally four to five group meetings).

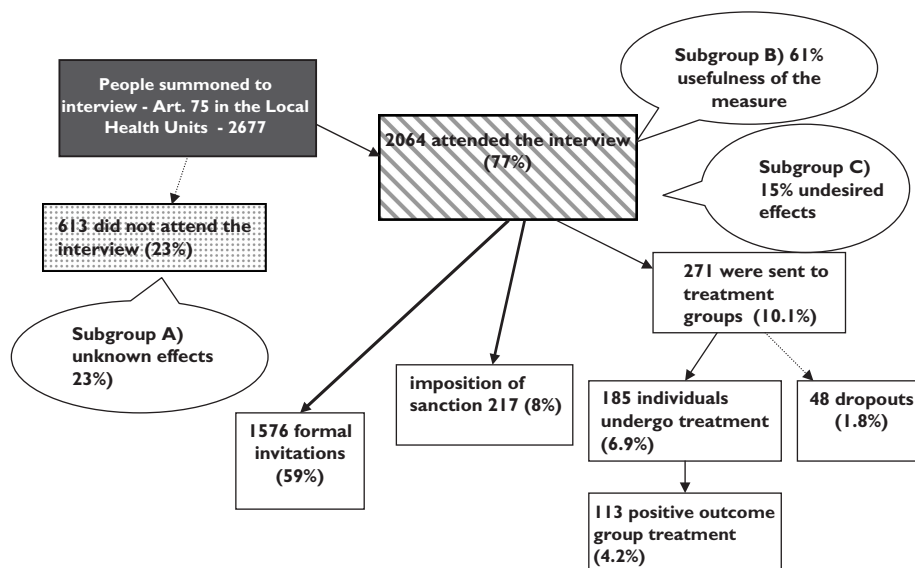


Figure 1. Outcomes – Measure Art. 75 in the Pilot Programme (%s calculated in relation to the total number [2677] of individuals who were sent to the interview in the LHUs)

Subgroup C This consisted of around 15 percent of cases – individuals who, after having initially complied with the obligations (interview and/or treatment), developed undesirable effects and/or became oppositional, for example: increased drug consumption and improved ability to avoid controls.

Note that all the data were obtained from the monitoring documents, while the estimation regarding subgroups B and C were extrapolated from the evaluation research, which was conducted on a sample of 100 individuals.

While the pilot programme ‘Sperimentazione Prefettura’ only marginally affects the subgroup ‘Unknown persons’ and there is no way to ascertain the possible effects of the Art. 75 measure (dissuading effects resulting from the threat of being arrested/registered), it emerged that the measure might have had positive outcomes for Subgroup B. For instance there was an increase in the treatment offers by LHUs and a waiting-time reduction for mandatory interviews

What are the Mechanisms?

We found that the reactions to the ‘mandatory interview Art. 75’ are diverse and can be classified into four different types of mechanism within an overall typology. These are activated as a consequence of the interaction between the programme and particular subgroups of users.

We also found that the mechanisms developed, and therefore the outcomes, are statistically correlated to the place, the institutional and social context in which the mandatory interview took place (i.e. TGO or the PYC of the LHUs).

During the data analysis phase, six variables were identified corresponding to the dimension 'usefulness of the treatment' and two variables corresponding to the dimension 'experience of fear'. Combining these two dimensions we can identify the four possible reaction types (A, B, C, D) summarized in Figure 2.

Subsequently, the data were examined (using Datastat software) through an analysis of the raw frequencies and the percentages for the whole sample and differentiated by LHU and TGO. In order to analyse the connections and to construct contingent tables, the variables were dichotomized. To calculate the degree of statistical significance, chi-squared tests and the R Phi tests were used, these being adequate when variables are measured on the nominal and ordinal scale, as in this case. A factorial analysis was conducted in order to identify mechanisms and reactions typologies underlying attitudes and opinions collected during the survey.

Thirteen variables relating to the previously mentioned dimensions and to the undesired and desired reactions subsequent to the procedure were selected; a factorial analysis was conducted⁵ (see automatic rotation of the axes) using only one of the two modalities ('YES') of the variable.

In Figure 3 we combined the four theoretical types illustrated previously with factors emerging from the factorial analysis. The first type, 'oppositional and critical individuals', is composed of those who are angry and express poor appreciation of the experience and opposition: 20 percent of individuals react in this way to the pilot programme and show a greater tendency to hide his/her own consumption practice and may even change the type of illicit drug for more harmful drugs, such as cocaine.⁶ In this subgroup we find people who express their feelings of social discomfort; they are often cocaine addicts who underwent treatment or were sanctioned. This subgroup is intended to be the privileged recipients of the interventions planned for the pilot scheme. Individuals belonging to this type are likely to have had the interview in the TGO and *not* in the Polyvalent Youth Centres of the Local Health Units.

The second type is made up of 'frightened' individuals who reported feelings of discomfort and the dissuasive effects of the experience. They are individuals who are frightened by the Art. 75 measure, they scarcely reflect on the suggestions they are given during the mandatory interview and tend to be reticent. It can be argued that, during all phases of the procedure (from the police detention to the interview) one should avoid the use of intimidatory and dissuasive tools, because it potentially generates reticence in the individuals under treatment and it doesn't help them to use the experience as an opportunity for personal development and raising awareness. Also in this case we find that the factor 'frightened' and the location of the interview in the TGO are connected.

	Usefulness Yes	Usefulness No
Fear YES	A) Fear and usefulness of the treatment	B) Scarce usefulness and fear
Fear NO	C) Lack of fear and usefulness	D) Scarce usefulness and no fear

Figure 2. Typology of Expected Responses

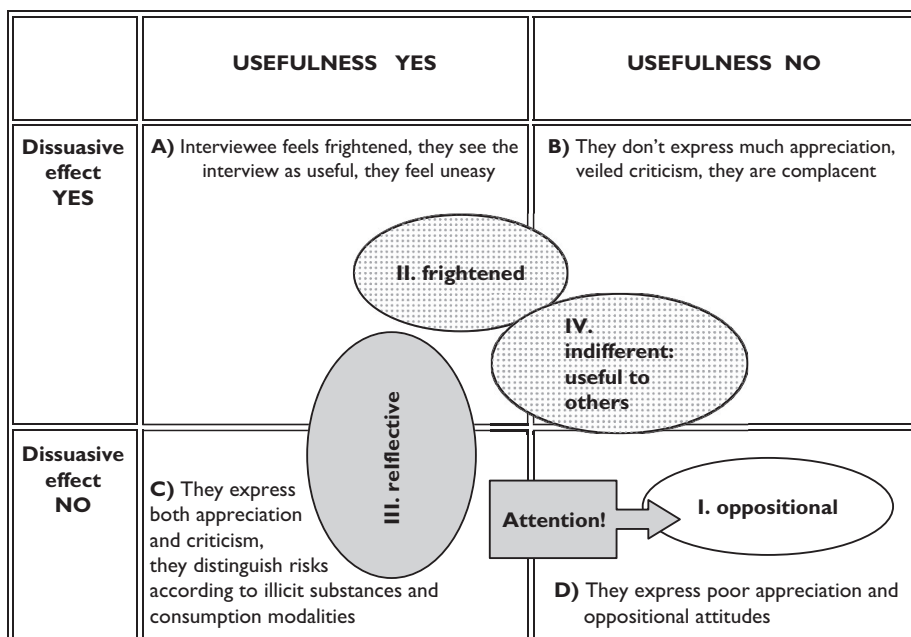


Figure 3. The Theoretical Types and the Factors Previously Identified

The third type consists of 'reflective' individuals, who viewed the Art. 75 measure, particularly the interview, as useful. They are people who express both appreciation and criticism and make a distinction between risks according to the modalities of different illicit substances and their consumption. These people develop trust in the organizers of the interview and are at ease during the interview. This suggests that a warm and friendly atmosphere, and a non-judgemental context encourages the individual to reflect upon their own personal experience of the use of illicit drugs and their consumption, thus helping them to reduce the risks to their health.

The fourth type consists of 'indifferent' people, which includes those who considered the experience of Art. 75 not useful, even though they expressed only veiled criticism. In these subjects the punitive dimension and fear of sanctions were predominant; while the psychological effects on their life experience was very weak.

The Relation between Contexts and Outcomes

This section focuses attention on the following questions:

- Can the fact that the first interview takes place in the LHUs (and not in the TGO) change the effects of intervention? Is there improvement to the accessibility of the treatment services?
- Is there a different way in which the young drug consumer interprets his/her experience in relation to the place where the interview is carried out?

- Are younger people (15–18) more receptive to the punitive measure than older ones (19–26)?
- Are there any differences correlated to the age, place where they come from (city/province), drug consuming experience, level of education?

The pilot programme increases the accessibility of the territorial health services for young drug consumers (but not the drug-addicted). A relationship exists between attending the interview in the LHU and regarding it as a place that interviewees can recommend to their friends who are experiencing the same problems. The three different PY Centres of the LHUs are mentioned as an ‘Advice place’ in 11–33.3 percent of the cases and the TGO is mentioned only in one case. These data confirm that the contact was successful and that a trustful relationship between the young person and service operators of the LHU had been developed.

We can provide a positive answer to the second question. The institutional and organizational context of the interview affected significantly the way the young consumers perceived the measure in all its aspects: from the police detention to the subsequent interview. The hypothesis was confirmed. The use of illicit substances was more likely to be considered as a ‘health problem’ if the interview took place in the LHU context.

The most striking difference about the experience of the interviewees was in their prevalent emotions: the interviewees in the TGO systematically reported ‘the experience of fear’ (see Table 3) while those interviewed in the LHUs reported ‘the experience of ease’. The connection between the experience of feeling at ease and undergoing the interview in the LHUs (67.6 percent in the LHUs against 8.5-chi squared = 6.79, df (degree of freedom) = 1 ** $p < .01$) is statistically significant.

The data suggest that a strong sense of fear is linked to the following contrasting effects:

- a negative opinion toward drug consumption;
- an increase in defence mechanisms (evasive answers);
- compliance during the interview (Hawks et al., 2002: 41).

There is a relationship, even though not statistically significant, between ‘Interview in the TGO’ and young drug consumers ‘becoming shrewd’: the young consumers now try to avoid being caught by police (46.1% TGO against 32.4% LHU).

Table 3. Was the Interview/Procedure Frightening?

	<i>LHU</i>	<i>TGO</i>	<i>Total</i>
Yes	37	23	60
% Col.	50.0	88.5	60.0
No	37	3	40
% Col.	50.0	11.5	40.0
Total (cards)	74	26	100

Chi squared = 11.86, df (degree of freedom) = 1 ***
($p < .001$)

Evaluation 14(1)

Table 4. Comparison of Two Subgroups of Interviewees: Metropolitan vs Provincial Residents

Variables	LHU Milan city (%)	Other LHUs and TGO (%)
I08. Police detention dissuades	32.35	51.52
I16. The interview dissuades from occasional consumption	85.29	92.42
I17. The interview dissuades the friends	26.47	34.85
I11. The interview is a waste of time	26.47	12.12
I12. They become more shrewd consumers	38.24	63.64
I14. As a reaction to the interview increased consumption	23.53	25.76
I10. The interview helps reflection	79.41	95.45
I23. The consumption of illicit drugs seen as a health problem	79.41	92.42

Table 4 compares the group of young people who come from the city of Milan with the rest of the sample, who come from the rest of the province and the suburbs. The table shows weaker dissuading effects (Var 108) and more negative judgements regarding the utility of the measure for the group from the city (Milan). At the same time in both the subgroups (city and province) we observe a similar rate of negative effects such as increasing substance consumption (as negative reactions to police detention and mandatory interviews) and ‘concealment effects’ such as disguising drug consumption behaviours (Var 112). These findings can be partially explained by context differences in norms of social control. In a metropolitan area such as Milan, there is a high rate of drug consumption among young people. They are less recognizable when consuming and have less respect towards the institution and punitive measures. In the province the young people are more likely to experience pressures of social control (managed by police and other institutions) and become more careful when consuming illicit drugs.

In Table 5 the results are shown to differ in relation to the educational level of the interviewees. Young people with a high level of education (diploma or university degree) show better perception of risks associated with illicit substance consumption. They think that society considers the consumption of illicit drugs a health care problem (not only a legal problem) and during the interview they are better able to make a clear distinction of the risks (e.g. risks of road accidents) in relation to different substances (21.67% vs 2.50%).

Police detention is explicitly considered as discouraging by 38.33 percent of those who have a lower level of education, whereas those with a high degree of education (diploma or degree) are less inclined to consider police detention as discouraging (12.50%).

It should be noted that the small sample size is a limit in the present study, because it does not allow other in-depth analysis of the connections between

Table 5. Comparison of Two Subgroups of Interviewees: High vs Low Level of Education

Variables	Chi Square	High (%)	Low (%)
8. The temporary police detention discourages	7.94	38.3	12.5
33. Distinction of risks connected to drug use	7.32	21.7	2.5
21. Society considers illicit substances consumption as a health problem	7.24	43.3	17.5

Chi squared df = 1 * ($p < .01$)

target group characteristics (age, sex, 'user'/'non-user', etc.) and the place/context of the interview.

Finally the last evaluative questions regarding different ways of implementing the same programme were as follows:

- Which organizational models and which context-related factors explain the effectiveness – or lack of effectiveness – of the programme?
- Has there been improvement in the accessibility of the treatment services in the pilot programme?
- Which working practices and which organizational solutions are associated with more satisfactory outcomes according to the beneficiaries? Which organizational models are associated with better programme performance?

Accessibility to the services, professional qualifications of the operators, their different strategies and treatment flexibility partly explained the successful implementation of the treatment and the different outcomes in the three local health units.

The way in which the actors understood the programme is crucial. We observed significant differences among the LHUs: the use of sanction-based behaviour and of administrative measures rather than mandatory treatment programmes (both measures pertaining the individual rights) proved to be quite variable.

The percentage of individuals who had an administrative sanction imposed on them in the three local health units varies from a minimum of 4.6 percent (LHU B) to a maximum of 13 percent (LHU C); similarly the percentage of individuals who were sent for treatment varies from 10.7 to 16 percent. The differences related to the dropout from treatment process (from 4% in LHU B to 24% in LHU C) are noteworthy, i.e. those who did not attend the group treatment were sanctioned.

This variability is not due to the characteristics of the users of the three local health units, but is mostly due to:

- the decisions and orientation of the professional operators, who have ample space for discretion within a framework of the measure;
- their perception of the possible utility of the measure, i.e. how much all the staff agreed with the legislative measure;
- the treatment programmes offered.

The LHU C team was, for example, convinced that sending young drug consumers for mandatory treatment was useless and moreover there was a lack of interaction between the social workers of the public health services for drug addicts (SerT of LHU) and the educators of the not-for-profit organizations. In this LHU the young users were obliged to attend a double interview and they encountered more difficulty in setting up appointments. The latter contributed to the largest expenditure within the treatment programme of the LHU.

CMO Configuration Identified in the Pilot Programme

Sufficient data were collected to assert that the involvement of the public health services in cooperation with non-profit organizations can represent a good solution to improve some drug prevention outcomes of a deterrence measure such as Art. 75.

The fact that the interview takes place in the LHUs encourages access to the network of territorial health and social services by new drug users who generally do not consider themselves to have consumption or addiction problems. They can ask for support from the health services; these drug users technically aren't 'drug addicted', they could be simple consumers or problematic users. This is a target group strongly recommended for selective prevention in international guidelines (Burkhart, 2003).

If we observe the most relevant differences in the two main contexts – on the one hand, the three LHUs and on the other the TGO – we can simplify the two CMO configurations highlighted by this evaluation as follows.

Table 6 summarizes only some aspects of the CMO configuration that emerged during the study: in terms of mechanisms we have identified how the operators have interpreted their task (e.g. the tendency to impose sanctions), and the reactions of the recipients (see factors previously identified).

The sequence of mechanisms activated in the programme partly corresponds to the sequence hypothesized by the decision-makers at the outset; while parallel mechanisms have emerged, which affect the total outcomes in both negative and positive values. Some of the outcomes obtained led us to believe that, although being the result of dissuasion–punishment oriented policies, this measure indeed brings about 'harm reduction' results (i.e. a reduction of risks related to substance consumption).

Additionally, we observed different rates of sanctions for mandatory treatment, which are not due to factors such as different characteristics of the users, but to discretion in the interpretation of the measure by the service operators. Each team, during the interview and in the following treatment, 'interpreted the programme' according their assessment of the usefulness of the sanctions in affecting addiction and use of illicit substances.

Some factors correlated with greater acceptance to the mandatory interview and with a low dropout rate during treatment; they are the treatment organizational model (i.e. LHU B) and the logistic solution of the PYC.

The availability of a more flexible and tailored offer, in relation to the different phases of consumption and degree of addiction, allows a better compliance and

Leone: Realistic Evaluation of an Illicit Drug Deterrence Programme

Table 6. CMO Configuration

<i>Place of Interview</i>	<i>Responses</i>	<i>Results</i>
<p>Territorial Government Office of Interior Ministry Strong presence of a hierarchy Values: control and public order security Presence of police and soldiers in the access facilities The team is composed of social workers that do not perform any treatment but only interview Only 1 TGO for a population of 3 million inhabitants</p>	<p>Feeling of discomfort during interview, they become shrewder and avoid being caught by police while taking illicit substances. Strong effect of <i>frightening</i> and experience of fear (88.5% of TGO vs 50% in LHUs) Feeling of fear which affects retrospectively the moment of the police detention which is considered as 'dissuasive' (65.38% vs 37.8% in LHUs) Only a proportion of the beneficiaries state they feel at ease (38.5% vs 67.6% in LHUs) <i>Low number of individuals are sent to treatment</i> (3.8% vs 24.3% in LHUs)</p>	<p>Greater presence of reactions such as: <i>concealment</i> (they become more shrewd) by the target (65% vs 53% in LHUs)</p>
<p>LHU, generally a Polyvalent Centre and not the Health Service for Drug Addictions (SerT) There is an interaction between the social workers involved in the Art.75 interview and the team involved in the treatment programme.</p>	<p><i>Feeling at ease</i> (67.6%) <i>Less strong reaction of fear:</i> only in 50% of beneficiaries. The LHU context increases the degree of accessibility and develops a more positive atmosphere in which to establish a relationship of help and support Development of a trusting relationship with the Polyvalent Centre of the LHU</p>	<p>Increased ability within the target group to <i>differentiate the risks related to the consumption of substances and to one's health</i> Use of illicit substances is more likely to be considered as a <i>health problem</i> <i>Greater access and information from the health territorial services</i> Less negative impacts such as 'opposition' and 'concealment'</p>

participation in the treatment programme. Evidence suggests that it is necessary to identify an unbiased place, i.e. 'a place not socially labelled and not labelled as a setting for drug addicts'. Additionally, it emerged that time plays an important

role: there is a reduction in the usefulness of the mandatory interview and treatment if the procedure is carried out a considerable time after police temporary detention.

In conclusion, regarding the general utility of the measure, some doubts have emerged: half of the sample stated that the measure 'has a dissuasive effect' but also admitted to concealment. Subgroup C (around 15 percent of subjects) developed undesirable effects and/or became oppositional, for example, increased drug consumption and improved ability to avoid controls.

It was not possible to include people who refused to have contact with the public services and chose administrative penalties instead (23 percent of the people with a police detention under Art. 75), because their names were not public. A specific evaluation of this subgroup is still required.

Final Observations

The political debate around limits and strengths of punitive measures against personal drug consumption is always very heated. In the EU Member States legal approaches to the use and possession of drugs for personal use range from tolerance of the use of certain drugs to penal sanctions for any use of any substance. A recent overview states:

... in many countries, personal use of illicit drugs is considered a relatively minor offence, incompatible with custodial sanctions. However, it would be a mistake to interpret this as a 'relaxation' or a 'softening' of drug laws in the EU. And many of the 10 new EU Member States still consider use or possession for personal use as a criminal offence punishable by sanctions of 'deprivation of liberty' (e.g. imprisonment). (EMCDDA, 2005)

The programme evaluated here was developed from a national sanctions-based measure that aimed to discourage and punish personal drug consumers. Several elements have been introduced to make the measure 'less punitive' and more functional in obtaining health prevention effects.

After the evaluation, the pilot programme was extended to the entire Lombardy Region, involving other TGOs and LHUs and some recommendations that emerged from the evaluative research were taken into account.

The construct of CMO configuration, elaborated utilizing realistic evaluation, was very useful to orient the evaluation design (e.g. to find the right evaluation questions) and to search for an explanation as to how the complexity of elements and dimensions were interacting. Thanks to the concept of 'mechanism' we attempted to explain 'how' the subjects reacted to similar interventions developed in several contexts, and why different effects were observed.

The differences in circumstances were multifaceted and observations were limited, so the analysis concentrated on only some differences in the context (i.e. institutional nature and organizational differences of the services that delivered the programme) rather than others. In the future there needs to be study in detail of the effects of a punitive-dissuasive measure, such as Art. 75, on personal drug consumption, also on the target group of people who chose the administrative penalties and refused to attend the mandatory interview.

Leone: Realistic Evaluation of an Illicit Drug Deterrence Programme

Evaluators through meta-evaluations and realist synthesis need to consider also the negative effects of punitive measures aimed at regulating the demand for illicit drugs when comparing legislative measures in different countries. The most important systematic reviews to date do not offer a clear indication about this specific point, although there are indications that the prevention approach had to be multifaceted, had to avoid single knowledge-oriented interventions and should be based on educational strategies, such as 'life skills' programmes (Brounstein et al., 1998; Hawks et al., 2002; NIDA, 2003).

One advantage of the realistic evaluation approach is its idea of the cumulative process of knowledge production. Instead of asking 'Does the programme work?', it is possible to improve gradually the understanding of 'outcomes' patterns as well as other different CMO configurations emerging from other evaluations of similar interventions as suggested by the concept of 'family of mechanisms' proposed as part of realistic syntheses (Pawson, 2006).

Notes

1. Agreement protocol Jan. 2002: 'Sperimentazione Prefettura-Avvio della sperimentazione coordinata per il trattamento di persone segnalate ai sensi artt. 75 e 121 del T.U. delle leggi in materia di tossicodipendenze – DPR 309/90'.
2. Territorial Government Office of Milan (Prefettura di Milano), Local Health Unit, LHU MI2 (ASL Azienda Sanitaria Locale MI2 – Melegnano Leader in the pilot programme, LHU Città di Milano, and LHU MI3 – Monza). Evaluation Report available at www.cevas.it/casi/index.htm
3. EMCDDA website. See country profile: Italy, 'drug use and possession', <http://eldd.emcdda.europa.eu/index.cfm?fuseaction=public.content&sLanguageISO=EN&nNodeID=5174>
4. Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze In Italia 2003, Ministero del Lavoro e delle Politiche Sociali, 608, 2003. Report ESPAD (European School Survey Project on Alcohol and other Drugs) 2003.
5. The variance has been: Fat. 1: 0.284; Fat. 2: 0.259; Fat. 3: 0.246; Fat. 4: 0.211. general variance: 0.448.
6. 'If I want to take drugs, I do it in hiding, and if I have to risk, I prefer taking cocaine to a joint' (statement by a boy).

References

- Brounstein, P. J., J. M. Zweig and S. E. Gardner (1998) *Science-Based Practices in Substance Abuse Prevention: A Guide*, Substance Abuse and Mental Health Services Administration, Centre for Substance Abuse Prevention (CSAP). Available at: <http://prevention.samhsa.gov> (accessed 31 Aug. 2005).
- Burkhardt, G. (2003) *Report on Selective Prevention in the European Union and Norway, Selective Prevention: First Overview on the European Situation*, Lisbon: EMCDDA European Monitoring Centre for Drugs and Drug Addiction. Available at: <http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=1569&sLanguageISO=EN> (accessed 31 Aug. 2005).
- Chen, H. (1990) *Theory Driven Evaluations*. Newbury Park, CA: SAGE.

Evaluation 14(1)

- European Monitoring Centre for Drugs and Drug Addiction (2005) *Illicit Drug Use in the EU: Legislative Approaches (11/2/2005)*, Lisbon: EMCDDA. Available at: <http://eldd.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=5175&sLanguageISO=EN> (accessed 1 May 2006).
- Hawks, D., K. Scott, N. McBride, P. Jones and T. Stockwell (2002) *Prevention of Psychoactive Substance Use: A Selected Review of What Works in the Area of Prevention*. Geneva: World Health Organization (WHO) – Mental Health: Evidence and Research Department of Mental Health and Substance Dependence. Geneva, Switzerland Available at: http://www.who.int/substance_abuse/publications/en/prevention_substance_use.pdf (accessed 31 Aug. 2005).
- Leone, L. (2006) 'Promoting the Utilization of Effectiveness Evidence and Guidelines in the Sector of Health Promotion', paper presented at the Joint International Conference UKES–EES, 'Evaluation in Society: Critical Connections', London, 4–6 Oct.
- National Institute on Drug Abuse (2003) *Preventing Drug Abuse among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*. Washington, DC: NHI National Health Institute, Publication No. 04–4212 (A). Available at: <http://www.nida.nih.gov/Prevention/Prevopen.html> (accessed 31 Aug. 2005).
- Pawson, R. (2002) 'Evidence-Based Policy: The Promise of "Realist Synthesis"', *Evaluation* 8(3): 340–58.
- Pawson, R. (2006) *Evidence Based Policy: A Realistic Perspective*. London: SAGE.
- Pawson, R. and N. Tilley (1997) *Realistic Evaluation*. London: SAGE.
- Stame, N. (2004) 'Theory Based Evaluation and Types of Complexity', *Evaluation* 10(1): 48–76.
- Weiss, C. (2000) 'Which Links in Which Theories Shall we Evaluate?', in P.J. Rogers, T. Hacsí, A. Petrosini and T. A. Huebner (eds) *Program Theory in Evaluation: Challenges and Opportunities*, New Directions for Evaluation, 87, pp. 35–45. San Francisco, CA: Jossey-Bass.

LILIANA LEONE is Director of Studio CEVAS (Consulenza e Valutazione nel Sociale). Her evaluation practice is concentrated in the domains of social and health programmes and public care services. Please address correspondence to: Studio CEVAS, Via Calpurnio Fiamma 9, 00175 Roma, Italy. [email: leone@cevas.it; website: www.cevas.it]