

Evaluation of Substance Use Treatment Programmes

“Evaluation is an attitude of continually questioning and gaining information.”

“With only scarce resources for treatment, duplication and inefficiency in the delivery of services cannot be tolerated.”

(WHO, 2000)

Introduction

Have you ever asked yourself the following questions about your treatment services?

- Are the treatment activities implemented as we initially intended?
- Is our treatment programme getting the results we want?
- Are we using our resources, such as money and staff, appropriately?
- Is the treatment programme worthwhile?

Traditionally, treatment providers have relied on their professional and personal experiences to answer these questions and determine if a treatment programme has been correctly implemented and is actually reaching its desired goals (WHO, 2000). Due to the complexity of current substance abuse treatment programmes and the growing number of clients entering treatment, the evaluation of such programmes is not only desirable but also necessary to insure that existing resources are efficiently distributed and services are of the highest quality.

What is programme evaluation?

Programme evaluation is “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgements about the program, improve program effectiveness, and/or inform decisions about future program development” (DHHS, 2005). However, treatment evaluation is more than a systematic collection of information or a set of procedures to review the various aspects of a treatment programme; it is also an attitude. That attitude is one geared towards establishing a healthy culture for evaluation within the treatment centre, with the mission of continually questioning and gaining information on the programme implementation, components, and results (WHO, 2000).

Why should we do programme evaluation?

Treatment evaluation helps to improve quality of care and save money and resources for services that are effective (WHO, 2000). The ultimate goal is to gather credible evidence on programme implementation, treatment results, and cost-efficiency that will help in the decision making process to improve quality of care. Other reasons for treatment evaluation include the following (DHHS, 2005):

- To insure that resources are not wasted on ineffective programmes or activities
- To monitor progress towards the programme's goals
- To determine whether the programme components are producing the desired results
- To compare groups, for example, to compare populations with disproportionately high risk factors for substance abuse and related health problems
- To justify the need for further funding of your programme and to market your programme
- To find new opportunities for treatment improvement
- To distinguish between effective and ineffective programmes or services

This is particularly necessary in many parts of the world where resources are scarce and drug abuse treatment may not be considered a top priority.

How can evaluation be useful to the programme administration?

Programme evaluation is critical for most managers to make sure that resources, such as human effort, time, and activities; money; material resources, etc., are not wasted but are allocated in the most efficient and effective way. Evaluation results could also provide the evidence that would convince policy makers and funding agencies of the need for such treatment programmes and centres.

How can evaluation be useful to the programme staff?

Staff can benefit from the evaluation in many ways, such as making sure that their efforts and services are reported and helping them to justify continuous education, improve their services, and provide an increasingly high quality of care.

How can evaluation be useful to the programme clients?

Clients are the ultimate beneficiaries of the evaluation results. An effective programme evaluation will reflect the results of treatment and (if applicable) client satisfaction with the services received. If programme planners, service providers, and other staff apply the recommendations made from the evaluation, the clients' quality of care will be directly affected. The results of the evaluation could also encourage drug users and their families to remain in treatment long enough to achieve effectiveness, knowing that they will be provided with adequate care and support to maximise their recovery.

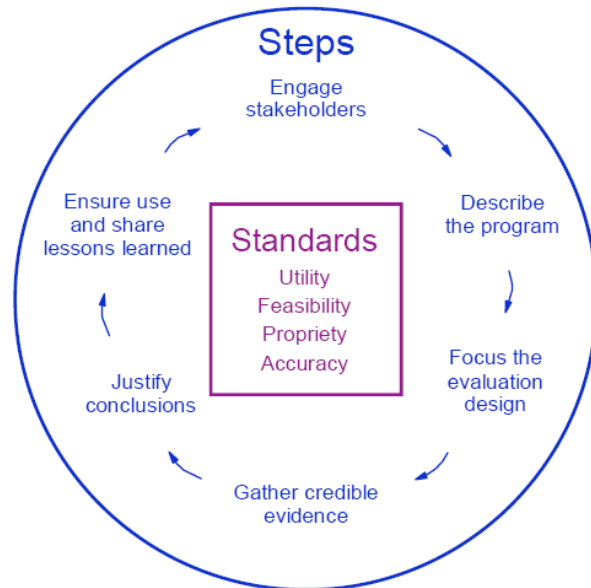
Evaluation standards

Programme evaluations should follow some basic standards at all times. These standards are related to ethical and methodological issues of importance. As illustrated in Figure 1, multiple principles have been classified into four core standards to guide evaluation design (DHHS, 2005):

- **Utility:** Make sure that the evaluation will provide relevant information in a timely manner
- **Feasibility:** Make sure that the evaluation activities are realistic, given the time, resources, and expertise available
- **Propriety:** Make sure that the rights of participating individuals are protected and that the evaluation gathers information from those most directly affected by the programme
- **Accuracy:** Make sure that the findings are valid and reliable.

Additional information on the U.S. Centers for Disease Control and Prevention programme evaluation framework are at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

FIGURE 1. Recommended framework for program evaluation



Evaluating the outcomes of your programme

Outcome evaluations measure how clients and their circumstances change following participation in treatment and/or rehabilitation, and whether the treatment experience has been a factor in causing this change (World Health Organization, Workbook 7, 2000).

The basic questions that often need to be answered are:

- How effective are these treatment and rehabilitation services?
- How can their effectiveness be assessed?

In other words, outcome evaluations aim to assess treatment effectiveness by seeking to find out, among other things:

- If the clients' quality of life improved following treatment,
- If there had been a reduction in the quantity/frequency of substance abuse following treatment, and
- Whether clients' improvement could indeed be attributed to their participation in the particular treatment/rehabilitation programme.

Planning outcome evaluations: The essentials

In planning an effective outcome evaluation, the following questions need to be answered (Kröger, et al., 1998):

- What are your indicators for outcomes, and how do you plan to measure them? A good outcome indicator should be directly related to the goals of the intervention.
- How objective, reliable, and valid are the quality of the instruments you intend to use for collecting information? It may be desirable to use a well-established instrument. If a self-designed or newly constructed instrument is used, it may be necessary to first establish how reliable and valid it is.
- From whom, when, and how often do you plan to collect information on outcomes? An outcome evaluation must be properly designed.
- How do you plan to analyse the information you gathered? Careful analysis of data does not necessarily entail complex statistical procedures. If necessary, however, the services of a statistician may be employed.

Interpreting the results of outcome evaluation

The results of outcome evaluation should provide answers to the following questions:

1. Did the intervention (or programme) achieve the expected outcomes? Possible reasons should be offered for any discrepancies between expectations and actual results.
2. What do you consider the most relevant and significant results of the evaluation? These should be compared with results from other studies or centres.
3. How certain are you that the intervention caused the results? Are there any alternative explanations for them? It is important to examine the extent to which the results achieved can be attributed to the intervention.
4. What explanation do you have for negative results? You should try to find an explanation for any unexpected results.
5. Do you have any suggestions for future use of similar interventions? Based on your results, would you recommend this kind of intervention (or programme) to others, possibly with some modifications?
6. Do you have any suggestions for future outcome evaluations of this kind? Your own experiences could be very useful for others who may wish to carry out similar evaluations.

Evaluating other areas of a treatment programme

Service providers might be interested in some or all of the following aspects of treatment evaluation, besides the outcome evaluation:

- 1) Needs assessment
- 2) Process or programme implementation
- 3) Cost evaluation
- 4) Client satisfaction, and
- 5) Economic evaluation.

More information on these areas of evaluation can be found at the bottom of the page on http://www.unodc.org/unodc/en/treatment_toolkit.html. Also, the U.S. Centers for Disease Control provides useful information on the different evaluation areas in the document *Introduction to Program Evaluation: Participant Guide and Case Studies* (CDC, 2000) at http://www.cdc.gov/dhdsp/CDCynergy_training/Content/activeinformation/resources/Prog_Eval_Manual.pdf.

The World Health Organization (2000) has published a series of workbooks that can be used as guidelines for each of these areas. The different workbooks can be found under “Evaluation of Psychoactive Substance Abuse Disorder Treatment Workbook Series, 2000” at the following Web site:

http://www.who.int/substance_abuse/publications/psychoactives/en/index.html.

1. **Needs assessment** evaluation should be the first step in the design of a programme. This evaluation ideally takes place before the programme is planned. The needs assessment attempts to determine the needs of the substance using community and helps prioritise the services that should be provided (WHO, 2000, Workbook 3).
2. **Process evaluation** seeks to determine if the treatment programme is operating as planned and, if not, to delineate any deviations. The focus of the process evaluation is on the clients’ coverage (e.g., Is the programme reaching the

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intended clients?) and programme operations (e.g., Is the programme implemented as intended and in an integrated manner; WHO, 2000, Workbook 4).

3. **Cost evaluation** aims to trace the resources used in treatment (e.g., What is the cost of treatment, and what other approaches are producing equivalent outcomes, if any? How do changes in cost relate to activity levels? WHO, 2000, Workbook 5).
4. **Client satisfaction** evaluation gathers information from client feedback on the programme's services and activities (e.g., Has the treatment programme met clients' needs and expectations? WHO, 2000, Workbook 6).
5. **Economic evaluations** can determine the options that give the best value for the resources expended. These evaluations help policy makers decide on resource distribution among different programmes. It involves comparing costs and outcomes of different programmes or alternative interventions (e.g., Should investment be made in treatment A or B? WHO, 2000, Workbook 8).

Steps to developing an evaluation plan for your programme

From guidelines from the Centers for Disease Control (CDC; DHHS, 2005) and the World Health Organization Workbooks 1 and 2 (WHO, 2000), these are the main steps you need to take in order to design and implement a systematic programme evaluation:

1. Engage people affected by the programme or evaluation (stakeholders)
2. Decide who will be involved in the evaluation team
3. Describe the programme that will be evaluated and develop a visual representation of the programme
4. Identify the evaluation needs and assess your evaluation resources
5. Determine your evaluation design: define your evaluation questions and determine your measures and methodology
6. Gather credible evidence
7. Justify conclusions
8. Insure use of the evaluation and share lessons learned

The evaluation process is dynamic and can be changed and adapted throughout the process to fit the priorities and gather the necessary evidence.

Step 1: Engage people affected by the programme and/or evaluation

The first step in designing a programme evaluation is to engage the stakeholders. Stakeholders are those involved in the programme such as programme designers, funders, and patients or clients, etc. Also, people interested in the programme (family members) or the evaluation design (managers, etc.) may be stakeholders. Stakeholders should be involved in the evaluation process from the start so there is representation of their needs and interests throughout the programme evaluation and implementation. It is helpful to involve stakeholders who increase the *credibility* of your efforts or your evaluation (such as researchers, politicians, leaders, etc.). It is also important to involve those who are responsible for day-to-day *implementation* of the activities and services provided in the programme and those that may provide some advocacy or make possible the necessary changes to the programme, including those who can provide sustainability or authorise funds for the continuation of the programme. Do not forget to include the clients or those affected by the programme activities. They can give you a realistic perspective and lots of ideas for programme improvement.

Useful information on Steps 1 and 2 is at the following WHO (2000) Web site:

http://whqlibdoc.who.int/hq/2000/WHO_MSD_MSB_00.2b.pdf

Step 2: Decide who will be involved in the Evaluation Team

The Evaluation Team may include the following:

- Therapists or clinicians involved in the project
- Programme administrators or managers
- Researchers or persons with experience in data collection and analysis
- Representatives of the programme participants (recovering drug dependent persons)
- Representatives of government or other funding bodies (where necessary)
- Representatives of the community where the centre is situated.

All members of the group should be closely involved in the planning and implementation of the evaluation. Each member should contribute their unique talents and experiences to the work of the group.

Step 3: Describe your programme and develop a visual representation of the programme

A detailed description of the programme will be helpful to all stakeholders and those directly or indirectly affected by the programme, particularly the funding sources and those professionals in charge of the programme implementation.

The different components of the programme should be described in detail as well as how they are interconnected and how they contribute to the desired goals. The most common components of a programme are as follows:

- Programme mission and programme rationale (justify why the programme is necessary)
- Long-term and mid-term outcomes (goals)
- Short-term outcomes expected to be achieved (objectives)
- Activities, services, and products (outputs). Some of your activities may include the following:
 - Training/education activities for the staff
 - Substance use assessments (methods and tools) and other assessments (mental health, quality of life, HIV risks, etc.)
 - Intervention (education, treatment, etc.)
 - Services provided to the clients and their families
- Resources (inputs) that will be necessary to achieve the desired goals:
 - Funding/budget
 - Organization staff and other human resources (volunteers, interns, etc.)
 - Collaborating partners
 - Infrastructure
 - Equipment and technology
 - Other materials

Descriptions of the programme should include a visual representation of the programme. This visual representation of the programme provides a quick overview of its components' interconnection and sequence of actions. This graphic should start with resources (inputs) and end with long-term goals and the mission of the programme to help viewers quickly understand the sequence of actions to reach the desired purposes.

Case study (see attached table: “Sample Programme Visual: ‘Moving Forward’”):

A treatment centre in Spain is planning to implement an evidence-based model for adults who are using cocaine and other stimulants. The programme is called “Moving Forward.” The centre staff decided to use the Matrix curriculum (see www.matrixinstitute.org) and complement it with additional harm reduction components and services provided by the centre. This curriculum has not been used in Spain previously, so the centre decided to evaluate the programme implementation and effectiveness from its inception. Programme designers decided that they cannot count on pre-existing resources to properly implement and evaluate the programme and therefore requested additional funding from their local government. They prepared a detailed description in writing and a visual representation of the programme (see “Sample Programme Visual: ‘Moving Forward’”) to use in presentations and meetings. This visual representation helped the funding sources to quickly understand the programme components, how the centre will achieve its short- and long-term goals, and the logic of the programme and the resources needed.

Step 4: Describe the evaluation needs and assess the resources available

The Evaluation Team must realistically assess the level or amount of resources (human/expertise, material/finances, and time) that the treatment centre can afford to commit to the evaluation project. Such assessment of available resources will help the group in designing an evaluation procedure that the centre can practically and realistically undertake. In assessing the resources available, some of the issues to consider include:

a. Financial/Material resources

- amount of internal funding that can be devoted to the evaluation project
- amount of funding that can be sourced from external agencies (if any)

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- possibility of hiring staff for the evaluation, or use of treatment centre staff to conduct the evaluation
- availability of a computer, photocopier, and other equipment that may be needed.

b. Human/Expertise resources

- availability within the project (or among the centre staff) of person(s) with previous experience in
 - conducting evaluations,
 - collecting and analysing data.
- access to “consultants” for expert advice on various aspects of evaluation (when necessary)

c. Time resources

- amount of time each person involved will be able to devote to the evaluation project each week.

By carefully considering these issues, the Evaluation Team will be able to design an evaluation procedure that fits well with the centre’s resources.

Step 5: Identify and prioritise areas of evaluation and generate the evaluation questions

After describing the programme in detail, the Evaluation Team should agree on what aspect of it to evaluate, and why. For example, if a centre is mainly interested in setting up a clothing and textiles industrial unit as a sustainable livelihoods project for clients, they may be interested in conducting an outcome evaluation rather than a cost or economic evaluation. In other words, there must be a definite decision as to the overall need for embarking on evaluation.

It is now necessary to narrow the focus of the evaluation by generating precise questions to be answered. This must take into consideration the overall need for the evaluation. The questions generated should cover the various domains to be evaluated. Again, using the above example of a sustainable livelihoods project, the following questions may be generated for evaluating the clothing and textiles programme:

Questions on client characteristics

- *Of the clients completing the initial treatment programme, what proportion go on to participate in the sustainable livelihoods (i.e., clothing and textiles) project?*
- *What are the characteristics (social, demographic, health, drug abuse profile, etc.) of clients participating in the sustainable livelihoods (SL) programme?*
- *Are the characteristics of clients participating in the SL programme similar to those of clients entering the treatment programme initially?*
- *Has the rate of admission to the treatment centre increased since the SL programme was established?*

Questions on outcomes

- *What changes occur in clients subsequent to their participation in the SL programme?*
- *What proportion of clients that completed vocational training in the previous year were:*
 1. *offered full employment under the vocational programme*
 2. *employed by other employers*
 3. *assisted in setting up their own vocational outfits?*
- *What proportion of clients relapsed into substance use 6, 12, and 24 months after discharge from treatment and entering the sustainable livelihoods programme?*

Step 6: Determine your evaluation design: Measures and methodology

6.1. Measures and instruments

To provide answers to the various evaluation questions that are generated, arrangements should now be made for relevant data to be collected. You may use qualitative and quantitative measures. Qualitative measures are extremely helpful to initially explore the situation of the program, provide a context for quantitative data, and get staff involved in the evaluation process. Qualitative measures include examination of routine records; observations of participants, situations, events, etc.; and interviews and focus groups (structured, semi-structured, or unstructured). Quantitative data can be collected using questionnaires, scales, tests, etc. Some of these measures are explained below.

6.1.1. Examination of routine records

Programme files (or case notes) may be examined for information such as the client's age, gender, marital status, education, involvement in the justice system, general mental and physical health, psychoactive substance use (including adverse consequences), health risk behaviours, etc. A form needs to be specially designed to extract these data from the case notes.

6.1.2 Observations

Observation is one of the essential methods of qualitative research. It consists of looking in a focused way. Observations may be used to study people in different settings (natural environment, therapy, behaviour with family members, etc.). You may also use self-observation methods with program clients. For instance, a functional analysis (see Volume B, Module 3) involves a client recording his or her own problematic behaviour and the situation surrounding that behaviour. Observations usually include the following: (1) becoming immersed in the field (natural environment, therapeutic environment, etc.) for an extended period of time, (2) participating in various ways and degrees (from observing only to intervening in different degrees), (3) observing with a focus (e.g., a particular behaviour), (4) taking notes about what is being observed, (5) conducting informal and, sometimes, formal interviews, (6) analyzing notes, and (7) writing up an analysis, often in the form of a story or extended narrative. (Estenberg, K.G. [2002]. *Qualitative Methods in Social Research*. McGraw Hill.)

6.1.3 Interviews and Focus Groups

Interviews/focus groups are one of the most popular data collection methods in qualitative research. There are several types of interviews/focus groups that vary by the level of control by the researcher during the interview and the level of structure: (1) structured interviews, which have a pre-established protocol or standardized list of questions including possible answers (yes or no, Likert-type, or closed responses), 2) semi-structured interviews (also called in-depth interviews), which aim to explore more, are less rigid, and allow for a freer interchange of communication, and (3) unstructured interviews, which are more spontaneous and free-flowing, with topics arising from the situation, and are often conducted in a field setting (similar to real conversations).

6.1.4. Questionnaires

Many psychoactive substance-use–related questionnaires are available for data collection. These may be self-administered (i.e., the client reads the instructions and answers the questions by writing in the spaces provided) or administered by an interviewer (i.e., somebody else reads the questions to the client and records the client’s answers in the spaces provided. Sometimes the interviewer needs to paraphrase the question to insure that the client fully understands it before recording their answer).

Outcome measures

Outcome measures (or indicators) are measurable pieces of information that indicate whether a programme is achieving its objectives. Our example of a sustainable livelihoods programme is aimed at assisting clients to develop the support they need to sustain recovery in the community. Evaluation, in this case, therefore entails a measure of the extent to which the programme has contributed towards supporting recovery in the community. Outcome measures should be chosen to reflect how well clients have been able to sustain their recovery after treatment.

Outcome measures may be selected from five broad domains:

1. Maintenance of abstinence/reduction in substance use
2. Improvement in personal and social functioning
3. Improvement in mental and physical health
4. Reduction in health risk behaviours, and
5. Overall improvement in level (amount) of recovery capital.

The following are specific assessments for each of these domains:

1. Substance use: Outcome measures

- Alcohol and Drug Use subscales of the Addiction Severity Index (ASI)
- Substance use domain of the Maudsley Addiction Profile (MAP)
- Drug use domain of the Opiate Treatment Index (OTI)
- Urine drug screen

2. Personal and Social Functioning: Outcome Measures

- Family/Social, Legal, and Employment/Support subscales of the ASI
- Social Functioning and Criminality subscales of the OTI
- Personal/Social Functioning subscale of the MAP
- Social Relationship and Environment domains of the WHOQOL-BREF (WHO Quality of Life)

3. Mental and Physical Health: Outcome Measures

- Medical and Psychiatric Status subscales of the ASI
- Physical and Psychological Health domains of the WHOQOL-BREF
- Physical and Psychological Health domain of the MAP
- Health Status and Psychological Adjustment subscales of the OTI.

4. Health Risk Behaviour: Outcome Measures

- Health Risk Behaviour domain of the MAP
- HIV risk-taking behaviour subscale of the OTI.

5. Level of recovery capital

- Index of recovery capital

Among the available questionnaires that may be used in collecting evaluation data are:

- **The Addiction Severity Index (ASI; McLellan et al, 1992)**

The Addiction Severity Index (ASI) is a semi-structured interview designed to collect important information about aspects of a client's life that might have contributed to their psychoactive substance use. The interview takes about an hour and covers seven potential problem areas or domains, namely:

- medical status
- employment/support status
- alcohol
- drugs
- legal status
- family/social status
- psychiatric status

The ASI questions focus on two distinct time periods: the past 30 days and lifetime. Items covering the previous 30 days are sensitive to change and are therefore the main questions asked at follow-up interviews. The lifetime questions are largely omitted at follow-up and because of this, follow-up ASI interviews are usually briefer (about 20 minutes) than baseline interviews. Moreover, follow-up interviews can be done over the phone or in person, whereas baseline (or intake) interviews must be done in person.

Further information on the ASI can be obtained at:

<http://www.tresearch.org/resources/instruments.htm>

The Maudsley Addiction Profile, MAP (Marsden, J., et al, 1998)

The Maudsley Addiction Profile (MAP) is a brief, multi-dimensional tool designed for assessing treatment outcome. It comprises 60 items covering four main areas, namely:

- substance use
- health risk behaviour
- physical and psychological health
- personal/social functioning

The MAP is administered by an interviewer and takes about 12 minutes to complete. The questions focus on the previous 30 days.

Further information about the MAP and its manual are available at:

<http://eib.emcdda.europa.eu/html.cfm/index3667EN.html>

or from Dr. John Marsden, National Addiction Centre, Maudsley Hospital/Institute of Psychiatry, 4 Windsor Walk, London, SE5 8AF, UK. J.Marsden@iop.kcl.ac.uk

- **The Opiate Treatment Index, OTI (Darke, S., et al, 1991)**

The OTI is a multidimensional structured interview designed to evaluate treatment outcome. It covers six outcome domains including:

- drug use
- HIV risk-taking behaviour
- social functioning

- criminality
- health status
- psychological adjustment

The interview typically takes between 20 and 30 minutes to administer.

Further information on the OTI can be obtained at:

[http://www.ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_29/\\$file/TR.011.pdf](http://www.ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_29/$file/TR.011.pdf) or from Dr. Shane Darke, National Drug and Alcohol Research Centre, University of New South Wales, P O Box 1, Kensington, NSW, Australia, 2033.

- **The World Health Organization Quality of Life (WHOQOL) – BREF**

The WHOQOL-BREF is a 26-item questionnaire designed to enable health professionals to assess changes in quality of life over the course of treatment. The 26 questions cover four main domains:

- physical health
- psychological health
- social relationships
- environment (e.g., financial resources, home environment, opportunities for acquiring new information and skills, etc.)

The WHOQOL-BREF is available in 19 languages and is designed to be self-administered. However, it may be interviewer-administered if the client is not sufficiently able to do this.

Further information on the WHOQOL-BREF can be obtained from The WHOQOL Group, Programme on Mental Health, World Health Organization, CH-1211 Geneva 27, Switzerland.

- **Index of Recovery Capital**

This is a very brief (10-item) questionnaire designed to assess a client's level (or amount) of recovery capital, or in other words, their personal, social, and financial strengths and deficits

that can affect recovery. (Developed by T. T. Ranganathan Clinical Research Foundation, Chennai, India)

Figure 2: Recovery Capital Activity

Aspects of Recovery Capital	Poor 1	Average 2	Good 3
Physical well-being			
Availability of a job			
Supportive colleagues in the work place			
Enough income to take care of day-to-day living			
Supportive family members			
Availability of nondrinking friends			
Ability to have enjoyment through some recreational activities			
Belief in a higher power			
Having a routine			
Support of self-help groups			

1. Please tick the appropriate column – whether poor, average, or good.
2. “Poor” has 1, “average” has 2 and “good” has 3 marks.
3. At completion of the form, calculate the amount and draw your available recovery capital.

6.1.3. Interviews and focus groups

These are qualitative methods of data gathering. They enable in-depth information to be obtained from clients on specific aspects of the programme. Interviews and focus group discussions are conducted by trained interviewers and moderators, respectively.

6.2. Methodology

This addresses the specific issues of how the data will be collected, when it will be collected, and from whom. There are typically two possible designs—randomized controlled design and pre-post comparison. The randomized controlled design is more resource-intensive and complicated to conduct, and may be extremely difficult to incorporate into the routine programme of a treatment centre.

A pre-post design can more realistically be incorporated into the routine programme of each treatment centre. This design enables clients to be assessed on the same outcome domains both before and after undergoing the programme. Clients participating in any of the sustainable livelihood projects (e.g., vocational activities) are administered the relevant data collection instruments at entry into the programme and at pre-determined intervals while in the programme.

Baseline data could be collected from all clients at entry into treatment using a specially designed intake form and the ASI (or other selected instruments). It is recommended that the Index of Recovery Capital be included among the instruments. Upon completion of treatment, the same set of data collection instruments should be administered to the clients. The clients are then followed-up after discharge and the data collection exercise should be repeated 6 months, 12 months, 24 months, 36 months, and 48 months following discharge. These subsequent sets of data are compared with the baseline data (collected at intake) in order to assess change. This follow-up design will show to what extent the improvement achieved by the clients while in treatment is maintained after treatment. For our sustainable livelihoods (SL) example, using the various outcome variables, clients participating in the SL programme are compared with those not participating. This will show if clients participating in the SL programme fared better after discharge than those not participating.

To facilitate the tracing and locating of clients for follow-up assessment, their contact details (including residential address and telephone number, when available) must be adequately recorded during the intake interview. Their written consent to participate in the follow-up assessment should also be obtained at intake.

Step 7: Gather credible evidence: Documentation and data management

Data management is a very important aspect of evaluation. Ideally, a specific staff member should be charged with the responsibility of coordinating all data management activities of the centre. The duties of the data coordinator include:

- supervision/monitoring of the data collection process (administering of forms and questionnaires)
- proper storage and retrieval of collected data
- transfer of information (data) to a central database, e.g., a computer file
- analysis of data.

Data analysis requires a fair amount of calculation, interpretation, and judgement. The assistance of a statistician or other technical person may be sought, if necessary.

In order to start designing your evaluation plan, a template can be useful. An evaluation plan template recommended by the CDC is at the following Web site:

http://www.cdc.gov/nchstp/tb/Programme_Evaluation/Guide/PDF/Evaluation_plan_template.pdf.

Where can I find more information on treatment programme evaluation?

Here is a list of some Web site resources and references that can offer you workbooks, manuals, instruments, and important information that you may adapt and use to evaluate your programmes and interventions. You may create other evaluation measures as well.

- American Evaluation Association: <http://www.eval.org/>
- European Evaluation Society: <http://www.europeanevaluation.org>

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- Centers for Disease Control: Evaluation Manual and Case Studies:
http://www.cdc.gov/dhdsp/CDCynergy_training/Content/activeinformation/resources/Prog_Eval_Manual.pdf
- Practical Evaluation of Public Health Programmes Workbook:
<http://www.cdc.gov/eval/workbook.PDF>
- Evaluation Plan Template:
http://www.cdc.gov/nchstp/tb/Programme_Evaluation/Guide/PDF/Evaluation_plan_template.pdf
- Outcome indicators for tobacco control programmes:
http://www.cdc.gov/tobacco/tobacco_control_programmes/surveillance_evaluation/key_outcome/00_pdfs/Key_Indicators.pdf
- NIATx (The Network for the Improvement of Addiction Treatment): www.niatx.net
- Substance Abuse and Mental Health Services Administration: Service Accountability Improvement System: <https://www.samhsa-gpra.samhsa.gov/home/index.htm>
- World Health Organization (2000). Evaluation of Psychoactive Substance Use Disorders Treatment; Workbook Series:
http://www.who.int/substance_abuse/publications/psychoactives/en/index.html

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