Strasbourg
Meeting on Life Skills Training
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Short-term effectiveness of the EU-Dap program
Background: (I)

School is an appropriate setting for illicit drugs use prevention programs

- 4 out of 5 drug users begin before adulthood
- A large number of adolescents can be reached
- Schools can adopt and enforce a broad spectrum of educational policies
In European countries virtually all schools carry out interventions to prevent the onset of substance use

- most are theory-based
- some evaluated the effect only on intermediate variables (knowledge, intentions…)
- the evaluation of effectiveness in reducing use of drugs is very rare

Moreover,

- the relationship between intermediate variables and drugs use is unclear
- there is a solid suspicion that some programs can make harm (Dukes 1997; Hawthorne 1996)
Why is that important to apply effective programs

- **Primary prevention intervention:**
  the target population is _healthy_, our aim is to prevent a risk behaviour (use of drugs) in a population where most people are _non-users_.

- **We are responsible for adolescents who start using drugs because of the intervention**

- Adolescents are involved
- The target population _did not ask for an intervention_
Systematic reviews

- **Systematic reviews** are a tool developed to summarize the results of scientific literature.

- They are the base of the **Evidence Based Medicine**.

- The **Cochrane Collaboration** is an international no-profit network aimed at developing systematic reviews on the effectiveness of health technologies (medicines, interventions) using standardized methods.

- Cochrane Library (www.cochrane.org)
Rationale for the review

Because of the **huge variability** in the effectiveness of **school-based programs for the prevention of drugs use** (some have shown **negative** effects)

And because of their **heterogeneity** as regards

- design of the study
- kind of program (components, delivery techniques)
- outcomes evaluated (intermediate, drug use)

A systematic review has been considered a priority by the **Cochrane Drug and Alcohol Review Group** (CDAG)
This systematic review was published in the Cochrane Library (Issue 2 – 2005):

"School-based prevention for illicit drugs' use"

Authors:
Methods

All **RCTs and CPS** (Controlled Prospective Studies) evaluating **any intervention program versus a control condition** were considered.

The following databases were searched (from beginning to Feb 2004):

- Medline & Embase
- ERIC, Sociological Abstracts, Psychinfo
- Cochrane databases

To discover unpublished researches/results, **research teams, and 18 authors of included and excluded studies were contacted**.
Flow chart of the review

9657 reports identified

2216 abstracts evaluated

678 full texts obtained

65 reports prov. incl. (40 RCTs)

41 reports included (29 RCTs)

15 RCTs with useful data

14 RCTs no useful data

613 reports excluded

374: methodological reasons
128: reviews
76: community programs
35: alcohol focused programs

24 reports excluded (21 RCTs)

1538 reports excluded

7441 reports excluded
Program classification

The interventions and control arms of the studies were classified as:

- **skills focused**, aimed to enhance students' abilities in generic, refusal, and safety skills
- **affective focused**, aimed to modify inner qualities (personality traits such as self-esteem and self-efficacy, and motivational aspects such as the intention to use drugs)
- **knowledge focused** programs, aimed to enhance knowledge of the effects, and consequences of drug use
- **usual curricula**
29 RCT studies (41 reports) were included
14 did not present data useful for the inclusion in the meta-analyses
18 studies were of 6th and 7th grade students
in 18 studies the evaluation was based on post-test assessment; 13 provided data at 1 year follow-up
all but one were conducted in the USA. Only 1 RCT was conducted in the UK
Results: drugs use

Skills versus usual curricula
drugs use: RR=0.81; CI95%: 0.64, 1.02
Reduction: 19%
Results: marijuana use

Skills versus usual curricula

Marijuana use: RR=0.82 CI95%: 0.73, 0.92

Reduction: 18%
Results: hard drugs use

Skills versus usual curricula

**hard drugs use:** RR = 0.45; CI95%: 0.24, 0.85

**Reduction:** 55%

<table>
<thead>
<tr>
<th>Study or sub-category</th>
<th>Treatment n/N</th>
<th>Control n/N</th>
<th>RR (random) 95% CI</th>
<th>Weight %</th>
<th>RR (random) 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sussman 2002</td>
<td>9/200</td>
<td>15/176</td>
<td>0.44 [0.24, 0.85]</td>
<td>61.43</td>
<td>0.53 [0.24, 1.18]</td>
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<tr>
<td>Furr-Holden 2004</td>
<td>5/192</td>
<td>13/178</td>
<td>0.40 [0.24, 0.65]</td>
<td>38.57</td>
<td>0.36 [0.13, 0.98]</td>
</tr>
<tr>
<td>Total (95% CI)</td>
<td>392</td>
<td>354</td>
<td>0.45 [0.24, 0.85]</td>
<td>100.00</td>
<td>0.45 [0.24, 0.85]</td>
</tr>
</tbody>
</table>

Total events: 14 (Treatment), 28 (Control)
Test for heterogeneity: Chi² = 0.36, df = 1 (P = 0.55), I² = 0%
Test for overall effect: Z = 2.47 (P = 0.01)
Results: intermediate variables

Skills versus usual curricula

Improvement of:

- **drug knowledge**: WMD=2.60 (1.17-4.03)
- **decision making skills**: SMD=0.78 (0.46-1.09)
- **peer pressure resistance**: RR=2.05 (1.24-3.42)
- **self-esteem**: SMD= 0.22 (0.03-0.40)
Skills focused programs have a positive effect on both intermediate variables and final outcomes, compared to usual curricula.

The meta-analysis on drug and marijuana use showed a 20% lower use in the intervention groups at the post test, and a 55% lower use of hard drugs.

Most of the RCTs included have a satisfactory methodological quality (mainly quality score=B).
Summary of results: (II)

- **knowledge focused programs** improve intermediate variables (especially drug knowledge) compared with usual curricula, but are not more effective than skills based programs.

- When final outcomes are considered (drug use), their effects are comparable to the usual curricula and the other two types of programs.

- **affective-focused programs** improve decision making skills and drug knowledge compared to usual curricula and knowledge-focused interventions, but no evidence of effectiveness is shown for use of drugs.
Summary of results: (III)

- **The number needed to treat** (NNT=1/ARR) is 33 for marijuana use.

Since the prevalence of marijuana use in the post-test of the control arm of the RCTs included in this comparison was **16.5%**

**5 out of 33 students** (16.5% of 33) will use this drug.

Of these, **1 would be prevented** by the intervention, which corresponds to the **20% of the new initiators**.
Limitations

➤ none of the RCTs satisfied all the **quality criteria**
➤ few data were from **long-term follow-ups**
➤ many studies present only statistical indicators so it was impossible to combine them in a meta-analysis
➤ **measure of effects were very heterogeneous**
➤ **all but one of the 29 RCTs included were conducted in the USA**
EU-Dap study

European Drug Addiction Prevention trial
Characteristics

- **Experimental study:**
  - Cluster randomized controlled trial

- **Funded by the European Community**
  - Public Health Program

- **Involving 9 centers in 7 European Countries**

- **Conceived by an international expert group**

- **Supported by EMCDDA**

- **Main aims:**
  - to build a School-based European Prevention Program ("Unplugged")
  - to evaluate the efficacy of the program
“Unplugged”

- The program is based on a comprehensive social influence approach.
- It includes the following components:
  - Social skills
  - Personal skills
  - Knowledge
  - Normative education
  - (No resistance education)
- It is administered by teachers trained in a 3-days course.
- It is made of 12 units, 1 hour each.
The 12 units

- **Unit 1:** Opening “Un-plugged”
- **Unit 2:** Choices: risk and protection
- **Unit 3:** Drugs – get informed
- **Unit 4:** Smoking the cigarette – get informed
- **Unit 5:** Your beliefs, norms and information: are they correct?
- **Unit 6:** To be or not to be in a group
- **Unit 7:** Express your self
- **Unit 8:** Party tiger (contacts and non-verbal and verbal ways to present oneself)
- **Unit 9:** Get up stand up (respect for the rights and opinions of the other people)
- **Unit 10:** Coping competence
- **Unit 11:** Problem solving/ decision making
- **Unit 12:** Goal setting and closure
AUTO-GENERAZIONE DEL CODICE ANONIMO

Nome

Cognome

Data di nascita (gg/mm/aaaa)

Nome della madre

Nome del padre

Nome della nonna paterna

Colore dei tuoi occhi

Verdi Marroni Neri Blu Grigi
QUESTIONARIO
su abitudini, usi
e e altre informazioni
sulle sostanze non alimentari
Methods

- EU-Dap is designed as a **Cluster randomised controlled trial**
- The schools to be included were selected by **chance** among all schools of the center area
- A **stratified randomization** has been carried out to ensure a balanced sample according to **social class variables**
Enrollment

- **7079** students participated in the *baseline survey* (November 2004)

- The program ("Unplugged") was administered between November 2004 and February 2005 in the intervention arms

- **6604 students** participated in the *follow-up survey* (May 2005), at least **3 months** after the end of the program

- The percentage of successful linkage between the baseline and first follow-up questionnaire was **91.5%**
## Enrolled population

<table>
<thead>
<tr>
<th>Centres</th>
<th>Controls (N=3297)</th>
<th>All interventions (N=3307)</th>
<th>Total population (N=6604)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Italy - Turin</td>
<td>859</td>
<td>27.1</td>
<td>634</td>
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<tr>
<td>Spain - Bilbao</td>
<td>212</td>
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<td>Germany - Kiel</td>
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<td>Greece - Thessaloniki</td>
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<td>Austria - Wien</td>
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<tr>
<td>Italy - Novara</td>
<td>209</td>
<td>6.6</td>
<td>270</td>
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<tr>
<td>Italy - Aquila</td>
<td>222</td>
<td>7.0</td>
<td>276</td>
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</table>
## Differences of use among centers

<table>
<thead>
<tr>
<th></th>
<th>ALO smoking</th>
<th>Regular smoking</th>
<th>Daily smoking</th>
<th>ALO drunk</th>
<th>Regular drunk</th>
<th>ALO cannabis</th>
<th>Regular cannabis</th>
<th>ALO drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turin</td>
<td>26.7</td>
<td>17.6</td>
<td>12.0</td>
<td>8.6</td>
<td>2.8</td>
<td>6.9</td>
<td>3.5</td>
<td>9.2</td>
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<tr>
<td>Bilbao</td>
<td>25.0</td>
<td>15.8</td>
<td>9.7</td>
<td>17.3</td>
<td>4.4</td>
<td>13.1</td>
<td>10.4</td>
<td>13.3</td>
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<td>Kiel</td>
<td>13.4</td>
<td>7.6</td>
<td>5.0</td>
<td>6.0</td>
<td>2.5</td>
<td>1.4</td>
<td>0.7</td>
<td>3.0</td>
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<td>Gent</td>
<td>9.1</td>
<td>4.9</td>
<td>3.1</td>
<td>4.8</td>
<td>1.8</td>
<td>1.9</td>
<td>1.1</td>
<td>6.3</td>
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<td>Stockholm</td>
<td>2.9</td>
<td>1.1</td>
<td>0.4</td>
<td>1.9</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>1.0</td>
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<td>Thessaloniki</td>
<td>1.3</td>
<td>0.6</td>
<td>0.4</td>
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<td>1.2</td>
<td>0.7</td>
<td>0.6</td>
<td>2.0</td>
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<td>Wien</td>
<td>8.5</td>
<td>4.5</td>
<td>2.4</td>
<td>3.5</td>
<td>0.7</td>
<td>1.3</td>
<td>0.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Novara</td>
<td>27.0</td>
<td>14.7</td>
<td>9.1</td>
<td>9.2</td>
<td>1.5</td>
<td>4.2</td>
<td>2.3</td>
<td>5.0</td>
</tr>
<tr>
<td>L’Aquila</td>
<td>11.2</td>
<td>4.7</td>
<td>2.5</td>
<td>4.5</td>
<td>1.0</td>
<td>1.0</td>
<td>0.2</td>
<td>1.4</td>
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</tbody>
</table>
Smoking cigarettes

I smoked at least one cigarette in the last 30 days

<table>
<thead>
<tr>
<th>Location</th>
<th>Boys (n=841)</th>
<th>Girls (n=807)</th>
<th>Boys (n=205)</th>
<th>Girls (n=195)</th>
<th>Boys (n=275)</th>
<th>Girls (n=238)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torino/Italy</td>
<td>27.3%</td>
<td>28.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilbao/Spain</td>
<td>22.7%</td>
<td>25.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novara/Italy</td>
<td>24.4%</td>
<td>34.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I've been drunk at least ONCE in the last 30 days

- Torino/Italia: 
  - Ragazzi n= 841, Ragazze n= 807
  - 11.9% (Ragazzi) vs 7.6% (Ragazze)

- Bilbao/Spagna: 
  - Ragazzi n= 205, Ragazze n= 195
  - 17.3% (Ragazzi) vs 18.4% (Ragazze)

- Novara/Italia: 
  - Ragazzi n= 275, Ragazze n= 238
  - 10.5% (Ragazzi) vs 10.9% (Ragazze)
I smoked cannabis at least ONCE in the last 30 days

- Torino/Italia: Ragazzi 10.3%, Ragazze 5.2%
- Bilbao/Spagna: Ragazzi 17.7%, Ragazze 10.6%
- Novara/Italia: Ragazzi 5.1%, Ragazze 4.6%

Ragazzi n= 841, Ragazze n= 807
Ragazzi n= 205, Ragazze n= 195
Ragazzi n= 275, Ragazze n= 238
Measures of effect (last 30 days)

- **ALO smoking**: At least once
- **Regular Smoking**: At least 6 times
- **Daily smoking**: At least 20 times
- **ALO drunkenness**: At least once
- **Regular drunkenness**: At least 3 times
- **ALO cannabis**: At least once
- **Regular cannabis**: At least 3 times
- **ALO drugs**: At least once (all drugs except cigarettes and alcohol)
ALO smoking

![Graph showing smoking rates and intervention effects.](image-url)
Daily smoking

% Daily smoking

- Yes BAS
- Yes FU1
- % Daily smoking

CONTROL
BASIC
PARENT
PEER
INTERV

% 10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0

% Yes BAS
% Yes FU1
Regular drunkenness
ALO cannabis
Regular cannabis
Adjusted statistical analysis

- A Multi-Level model was used to:
  - Adjust for the *cluster effect*
  - Take into account the *differences in the prevalence of use among centers*
  - Take into account the *differences in the prevalence of use among arms* (the controls show higher prevalences of use at the baseline)
### Results of the model

All interventions vs control group (usual curriculum)

<table>
<thead>
<tr>
<th></th>
<th>% reduction</th>
<th>CI 95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALO smoking</td>
<td>-12%</td>
<td>-29%;+8%</td>
</tr>
<tr>
<td>Regular smoking</td>
<td>-14%</td>
<td>-33%;+10%</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>-30%</td>
<td>-48%;-6%</td>
</tr>
<tr>
<td>ALO drunkenness</td>
<td>-28%</td>
<td>-42%;-10%</td>
</tr>
<tr>
<td>Regular drunkenness</td>
<td>-31%</td>
<td>-52%;-1%</td>
</tr>
<tr>
<td>ALO cannabis</td>
<td>-23%</td>
<td>-40%;0%</td>
</tr>
<tr>
<td>Regular cannabis</td>
<td>-24%</td>
<td>-47%;+9%</td>
</tr>
<tr>
<td>ALO drugs</td>
<td>-11%</td>
<td>-31%;+15%</td>
</tr>
</tbody>
</table>

Model 3: model 2 + adjustment for the baseline status of the outcome
## Comparison among arms

<table>
<thead>
<tr>
<th></th>
<th>Parents vs Basic</th>
<th>Peers vs Basic</th>
<th>Parents vs Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POR (95%CI)</td>
<td>POR (95%CI)</td>
<td>POR (95%CI)</td>
</tr>
<tr>
<td>ALO smoking</td>
<td>0.83 (0.59-1.18)</td>
<td>0.90 (0.62-1.31)</td>
<td>0.93 (0.66-1.32)</td>
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<tr>
<td>Regular smoking</td>
<td>1.03 (0.64-1.68)</td>
<td>1.10 (0.69-1.76)</td>
<td>0.95 (0.62-1.47)</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>1.01 (0.61-1.69)</td>
<td>1.16 (0.56-2.39)</td>
<td>0.90 (0.54-1.51)</td>
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<tr>
<td>ALO drunk.</td>
<td>0.80 (0.54-1.19)</td>
<td>1.10 (0.69-1.76)</td>
<td>0.72 (0.49-1.05)</td>
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<tr>
<td>Regular drunk.</td>
<td>1.12 (0.50-2.51)</td>
<td>1.30 (0.55-3.04)</td>
<td>0.81 (0.44-1.48)</td>
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<tr>
<td>ALO cannabis</td>
<td>0.90 (0.57-1.42)</td>
<td>1.39 (0.67-2.89)</td>
<td>0.99 (0.60-1.64)</td>
</tr>
<tr>
<td>Regular cannabis</td>
<td>0.88 (0.48-1.62)</td>
<td>1.11 (0.43-2.89)</td>
<td>1.01 (0.56-1.83)</td>
</tr>
<tr>
<td>ALO drugs</td>
<td>1.45 (0.84-2.49)</td>
<td>1.33 (0.77-2.29)</td>
<td>1.14 (0.70-1.86)</td>
</tr>
</tbody>
</table>

The basic arm works better than the peers arm

There is some advantage in the parents arm vs peers and here and there vs basic
Gender differences

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POR (95%CI)</td>
<td>POR (95%CI)</td>
</tr>
<tr>
<td>ALO smoking</td>
<td>0.88 (0.66-1.18)</td>
<td>0.86 (0.65-1.15)</td>
</tr>
<tr>
<td>Regular smoking</td>
<td>0.68 (0.50-0.93)</td>
<td>1.07 (0.74-1.55)</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>0.49 (0.34-0.71)</td>
<td>0.99 (0.64-1.52)</td>
</tr>
<tr>
<td>ALO drunkenness</td>
<td>0.64 (0.49-0.85)</td>
<td>0.86 (0.63-1.18)</td>
</tr>
<tr>
<td>Regular drunkenness</td>
<td>0.68 (0.45-1.04)</td>
<td>0.66 (0.37-1.18)</td>
</tr>
<tr>
<td>ALO cannabis</td>
<td>0.62 (0.45-0.85)</td>
<td>1.05 (0.70-1.58)</td>
</tr>
<tr>
<td>Regular cannabis</td>
<td>0.60 (0.40-0.91)</td>
<td>1.17 (0.59-2.33)</td>
</tr>
<tr>
<td>ALO drugs</td>
<td>0.64 (0.48-0.86)</td>
<td>1.40 (0.95-2.04)</td>
</tr>
</tbody>
</table>

The program do not show **any effect** on females!

The effect is big and statistically significant for almost all variables in males
## Considerations: age

<table>
<thead>
<tr>
<th></th>
<th>12 anni</th>
<th></th>
<th>13 anni</th>
<th></th>
<th>14 anni</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>n/N*</td>
<td>%</td>
<td>n/N*</td>
<td>%</td>
<td>n/N*</td>
<td>%</td>
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<td>153/2202</td>
<td>6.9</td>
<td>156/2082</td>
<td>8.5</td>
<td>719/2497</td>
<td>28.8</td>
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<td>85/2202</td>
<td>3.9</td>
<td>85/2082</td>
<td>4.1</td>
<td>477/2497</td>
<td>19.1</td>
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<td>Daily smoking</td>
<td>48/2202</td>
<td>2.2</td>
<td>53/2082</td>
<td>2.5</td>
<td>331/2497</td>
<td>13.3</td>
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<td>ALO drunkenness</td>
<td>88/2254</td>
<td>3.9</td>
<td>81/2132</td>
<td>3.8</td>
<td>295/2536</td>
<td>11.6</td>
</tr>
<tr>
<td>Regular drunkenness</td>
<td>30/2254</td>
<td>1.3</td>
<td>24/2132</td>
<td>1.1</td>
<td>93/2536</td>
<td>3.7</td>
</tr>
<tr>
<td>ALO cannabis</td>
<td>30/2273</td>
<td>1.3</td>
<td>21/2154</td>
<td>1.0</td>
<td>217/2576</td>
<td>8.4</td>
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<tr>
<td>Regular cannabis</td>
<td>16/2273</td>
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<td>9/2154</td>
<td>0.4</td>
<td>136/2576</td>
<td>5.3</td>
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<tr>
<td>ALO drugs</td>
<td>76/2289</td>
<td>3.3</td>
<td>39/2170</td>
<td>1.8</td>
<td>267/2594</td>
<td>10.3</td>
</tr>
</tbody>
</table>

14 years old students have very high level of use.
Considerations: parents smoking

% of students who smoked cigarettes at least once according to the smoking status of parents and siblings

<table>
<thead>
<tr>
<th></th>
<th>Parents Not Smoking (N=3042)</th>
<th>One Parent Smoking (N=2396)</th>
<th>Both Parents Smoking (N=1554)</th>
<th>Siblings Not Smoking (N=4847)</th>
<th>Siblings Smoking (N=1276)</th>
<th>Total (N=7079)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>28.3</td>
<td>38.2</td>
<td>43.1</td>
<td>28.0</td>
<td>59.1</td>
<td>35.0</td>
</tr>
<tr>
<td>N</td>
<td>857</td>
<td>910</td>
<td>663</td>
<td>1348</td>
<td>744</td>
<td>2442</td>
</tr>
</tbody>
</table>
Considerations: parents permission

% of students who smoked cigarettes or have been drunk at least once according to the parents’ permission

<table>
<thead>
<tr>
<th></th>
<th>Would allow (N=1091)</th>
<th>Wouldn't allow (N=5169)</th>
<th>Don’t know (N=690)</th>
<th>Total (N=7079)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALO smoked cigarettes</td>
<td>% 61.0</td>
<td>29.3</td>
<td>36.8</td>
<td>35.1</td>
</tr>
<tr>
<td></td>
<td>N 663</td>
<td>1506</td>
<td>251</td>
<td>2420</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Would allow (N=1463)</th>
<th>Wouldn't allow (N=4108)</th>
<th>Don’t know (N=1334)</th>
<th>Total (N=7079)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALO drunkenness</td>
<td>% 43.8</td>
<td>16.6</td>
<td>26.0</td>
<td>24.2</td>
</tr>
<tr>
<td></td>
<td>N 640</td>
<td>680</td>
<td>345</td>
<td>1665</td>
</tr>
</tbody>
</table>
Conclusions

- The statistical analysis shows that *Unplugged* is effective in reducing use of drugs, alcohol and cigarettes at the post-test.

- It is the *first European program* evaluated through a multicentric, randomized controlled trial design.

- The *follow-up at 1 year* will give data to test the stability of the results over time.
Future plans

In 2006, the EC funded a second phase of the project (EU-Dap2), aimed to the dissemination of effective prevention programs.

- **Poland** and **Czech Republic** joined the project as new implementing countries.
- A specific international training course for the implementation of *Unplugged* will be held in 2007.
- A **dissemination guide** will be produced and sent to national, regional and local authorities to help them to choose and implement effective prevention programs.

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