

FAMILY PREVENTION IN EUROPE. A REVIEW FROM EDDRA PERSPECTIVE.

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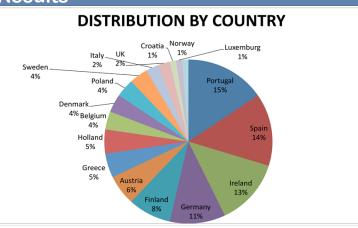
Introduction

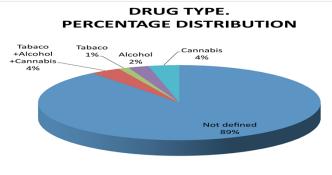
In early adolescence, family is the main risk/protection agent for drug misuse (Hawkins, Catalano y Miller, 1992; Kumpfer, Olds, Alexander, Zucker y Gary, 1998). Its influence on health habits acquisition makes family a key target for prevention programs. EDDRA database (http://eddra.emcdda.eu.int) developed by EMCDDA is the main European data base for prevention programs. EDDRA's aim is to improve existing preventive practices and develop planning, implementation and evaluation of projects carried out in reducing demand for drugs.

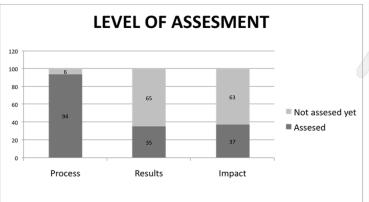
Objectives

- To describe European family prevention programs included in EDDRA.
- To analyze the consistency between family prevention programs objectives and theoretical support.
- To know the level of evaluation of the analyzed programs.

Results



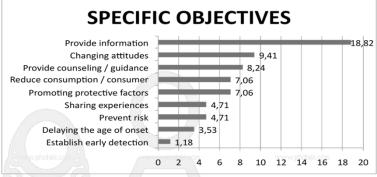


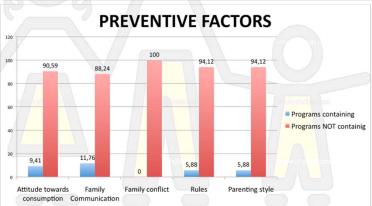


Method

85 programs were reviewed. Programs were retrieved from EMCDDA database: Exchange Drug Demand Reduction Actions. Inclusion criteria was descriptor "family" in the following Database fields: "target group", "setting" and/or "type of approach". No time period was delimited, hence time span was 1998-2010. Data about target population, aims, theoretical background and level of assessment was obtained from EDDRA standard fiche.

FAMILY RISK FACTORS IDENTIFIED IN DIFFERENT THEORIES.							
	Hawkins et al. (1992)	Petterson et al. (1992)	Moncada (1997)	Stanton & Todd (1982)	Oetling et al (1998)	Kandel (1986)	Muñoz (2000)
Family drug use	•	•	•	•	•	•	•
Parents attitudes	•	•		•	•	•	•
Conflict	•	•	•		•		
Low success expectation	•			•			
Educational style		•	•		•	•	•
Psychological disorder						•	
Emotional relationships						•	•
Socio-economic status							•
Family structure							•





Conclusions

The EDDRA data collection process doesn't guarantee the representation of European family prevention scenery.

Despite the solid theoretical framework that supports coherent evidence about family risk factors and prevention programs objectives, the reviewed programs have a **low theoretical compliance rate**.

The rate of prevention programs that perform an appropriate assessment of results and impact is still low.

