

International Networking Forum May 2014

Developments in the prevention field

Quality Standards, best practice and prevention focused work

International Efforts to Disseminate Evidence-Based Prevention Interventions for Substance use

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Society for Prevention Research

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Status of Substance Use Prevention Research and Dissemination

- Over 25 years of prevention research on understanding the origins and pathways to substance using behaviors, mostly U.S. and western research
- Benchmarks
 - 1992 Hawkins and colleagues summary of the studies on factors associated with the onset of substance use
 - 1992 Glantz and Pickens edited publication on vulnerability to substance using behaviors addressing those factors related to substance abuse
 - 1997 NIDA publication: Preventing Drug Use Among Children and Adolescents summarizing the 'etiologic' and prevention intervention research
 - Late 1990s establishment of SAMHSA's registry and OJJDP Blue Prints

Applied Prevention Science, Inc.

United Nations Office on Drugs and Crime: International Standards for Drug Use Prevention

- In 2012, UNODC under Giovanna Campello's direction
 - Development of a plan to review all published research on evaluation studies of prevention interventions targeting drug use,
 - Piggy-backing on related work by the Organization of American States, the National Institute on Drug Abuse in the United States, the Canadian Centre on Substance Abuse, the World Health Organization, the European Monitoring Centre for Drugs and Drug Addiction, and Mentor International with its new Prevention Hub
 - Formed a consultation group of over 80 researchers, practitioners, policy makers, UNODC field offices representing over 30+ countries
 - Used UNODC staff and key consultants

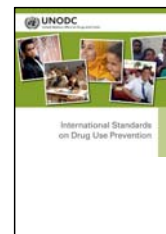
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United Nations Office on Drugs and Crime

- Identify studies of the **evaluation of effectiveness** reporting as outcome(s) **changes in the use or in the initiation** of tobacco, alcohol or drugs
- In the case of interventions and policies targeting **up to middle childhood, changes in mediating variables** recognised by the scientific literature were accepted
- 584 studies were reviewed
 - 328 did not meet the major criteria that studies should focus on prevention of tobacco, alcohol or drugs or address accepted mediators of such behaviors as we just discussed.
 - 256 remaining studies 137 were systematic reviews or meta-analyses of multiple effectiveness studies, 60 consisted of randomized control trials of the same or similar interventions or policies, and 60 were primary studies.
- Information was abstracted from the 256 studies.

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International Standards on Drug Use Prevention



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International Standards: Categorization of Interventions and Policies

- Developmental framework:
 - Infancy and early childhood
 - Middle childhood
 - Early adolescence
 - Adolescence and adulthood
- Setting
 - Family
 - School
 - Workplace
 - Community
- Target population
 - Universal
 - Selective
 - Indicated

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Summary Including an Indication of Efficacy

| | Prenatal & infancy | Early childhood | Middle childhood | Early adolescence | Adolescence | Adulthood |
|----------------------|--|---------------------------|---|--|--|----------------------|
| Family | Prenatal infancy & visitation Interventions for pregnant women with substance abuse disorders | | Parenting skills | | | |
| School | | Early childhood education | Personal & social skills Classroom management Policies to help children in school | Personal & social skills & social influences education | Addressing individual vulnerabilities | |
| Community | | | | | School policies & culture Alcohol & tobacco policies Community-based multi-component initiatives | |
| Workplace | | | | Media campaigns Mentoring Entertainment venues | | Workplace prevention |
| Health sector | | | | | | Brief intervention |

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Outcome

- Pilot training of policy makers in several regions of the world including, Caribbean nations, East Africa, Central Asia, with plans for training in the Middle East, Southeast Asia and Eastern Europe
- Universal Prevention Curriculum-Series 1, The Colombo Plan coordinated by Applied Prevention Science, Inc. based on the International Standards on Drug Use Prevention and the European Monitoring Centre for Drugs and Drug Addiction targeting substance use prevention coordinators and specialists
 - 8 curricula covering 240 hours on prevention science, physiology and pharmacology, prevention interventions directed to families, schools, workplace and environment, media, delivery systems and monitoring and evaluation
 - Pilot training of Trainers of Trainers begun in April in Manila with trainers from Asia and Africa

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Dissemination of Evidence-Based Prevention Interventions

The International Standards on Drug Use Prevention

In 2013, The United Nations Office on Drugs and Crime published the International Standards on Drug Use Prevention (<https://www.unodc.org/unodc/en/prevention/prevention-standards.html>). The intent of the International Standards is to pull together the results of prevention research and to begin establishing the key characteristics of evidence-based prevention interventions and policies that have had positive outcomes in reducing or eliminating drug use.

The concept behind the Standards document is to help policy makers support only those programs that have been shown through rigorous research to be effective. Furthermore, the Standards offers a common forum and opportunity for policy makers, prevention practitioners, prevention researchers, and others who understand the importance of effective prevention to plan together effective prevention programming for their communities

The Standards builds on and recognizes the work of many other organizations that have been publishing other types of standards and guidance on prevention. These include such agencies as the Organization of American States, the National Institute on Drug Abuse in the United States, the Canadian Centre on Substance Abuse, the World Health Organization, the European Monitoring Centre for Drugs and Drug Addiction, and Mentor International with its new Prevention Hub.

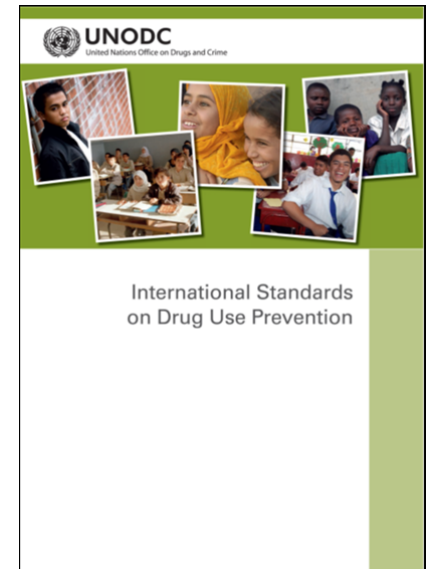
The development of the International Standards was systematic and inclusive. A group was formed including over 80 experts identified who were nominated by UNODC and Member States. The group consisted of researchers, practitioners, and policy makers from around the world.

Drawing from the Evidence-Based Practice Institute of the University of Washington's definition of "evidence-based", the document includes two key aspects:

- Systematic decision making using scientific evidence that is associated with improved or positive outcomes
- Reliance on data collected through rigorous experimental research.

Most of the references consisting of published articles from peer-reviewed journals and peer-reviewed reports came from the group of experts; systematic review of reviews that was conducted by the Centre for Public Health at the Liverpool John Moores University, and a search of reviews available through the Cochrane and Campbell databases.

When all the articles and reports of research studies were submitted by the Group of Experts, they were reviewed against broad criteria to select the most relevant ones for further review. The criteria included: 1) the studies had to



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report on evaluations of effectiveness including outcomes related to, 2) changes in the use of tobacco, alcohol, or drugs, and 3) in those cases where the intervention and policies targeted children through middle childhood, prior to the at-risk years, changes in mediating variable/attitudes, perceptions, behaviors recognized in prevention science as antecedents of the use of tobacco, alcohol, and/or drugs.

The group of experts sent 584 studies for review. Of these, 328 did not meet the major criteria that studies should focus on prevention of tobacco, alcohol or drugs or address accepted mediators of such behaviors.

Of the 256 remaining studies 137 were systematic reviews or meta-analyses of multiple effectiveness studies, 60 consisted of randomized control trials of the same or similar interventions or policies, and 60 were primary studies.

Information was abstracted from the 256 studies. This information included such aspects of the studies such as

- Descriptions of the research designs,
- Descriptions of the study populations,
- Descriptions of the measurements used to describe the populations as well as the short- and long-term outcomes,
- A thorough description of the intervention or policy.

Criteria for 'quality' of the study were developed and applied by two independent reviewers. In cases where the 2 reviewers did not agree, a third reviewer was asked to conduct another independent review.

Three dimensions are used to categorize drug use prevention interventions and policies:

- Age-related developmental periods—infancy and early childhood, middle childhood, early adolescence, and adolescence and adulthood
- Setting in which the intervention or policy is implemented—family, school, workplace, or community
- Target population—universal, selective or indicated

Three-day trainings using the International Standards have been piloted in the Caribbean, Central Asia, and Africa and plans are in effect for the Middle East and Central Europe.

The Universal Prevention Curriculum-Series 1

Using the foundation of the International Standards and the European Monitoring Centre on Drug and Drug Addiction's European Drug Prevention Quality Standards European Drug Prevention Quality Standards



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(<http://www.emcdda.europa.eu/publications/manuals/prevention-standards>) The Colombo Plan and Applied Prevention Research, Inc. with funding from the U.S. Department of State, are developing a curriculum series targeting prevention coordinators. The series will consist of 8 5-day modules that focus on: 1) prevention science, 2) physiology and pharmacology of substance use, 3) family-based prevention interventions, 4) school-based prevention interventions, 5) workplace prevention interventions, 6) environmental and media prevention interventions, 7) delivery systems for prevention intervention, and 8) monitoring and evaluation.

The curricula are in the process of being pilot tested in Africa and Asia.

For more information on the International Standards, please contact: Giovanna Campello at giovanna.campello@unodc.org.

For more information on the Universal Prevention Curriculum, please contact Zili Sloboda at zsloboda255@gmail.com.

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Youth Strategy: 2013–2018 *A Health Promotion and Drug Prevention Strategy for Canada's Youth*

The Canadian Centre on Substance Abuse (CCSA) is leveraging its strengths in leadership and knowledge exchange to implement *A Health Promotion and Drug Prevention Strategy for Canada's Youth*. The strategy is funded through Health Canada's Drug Strategy Community Initiatives Fund (DSCIF) and builds on CCSA's drug prevention strategy for Canada's youth (2007–2012). Under the strategy, CCSA will continue to engage stakeholders to promote evidence-informed practices and advance knowledge in youth substance abuse prevention. This next phase will focus on five key areas.

Development of a Knowledge Exchange Network for Prevention

CCSA is leading the development of a pan-Canadian network of workers in substance use prevention and health promotion to help them learn, share information and connect about effective practices. This network will facilitate networking and information exchange, make the best use of resources and provide knowledge and skill development opportunities.

Implementation and Uptake of Canadian Standards for Youth Substance Abuse Prevention

The Canadian Standards for Youth Substance Abuse Prevention are flagship products of the previous drug prevention strategy for Canada's youth. The Standards are endorsed by national bodies, such as the Canadian Association of Principals. They have been used to develop municipal drug strategies and by community coalitions, school boards and family skills development initiatives. The Canadian Standards also laid the foundation for the development of the United Nations' International Standards on Drug Use Prevention. CCSA will focus on expanding the implementation and uptake of the Canadian Standards to help align prevention investments across Canada with evidence-based best practices.

Development of Competencies for the Youth Substance Abuse Prevention Workforce

To effectively address the extensive and specialized needs of young people, CCSA will identify the competencies required by individuals working in youth substance abuse prevention. These competencies will help equip organizations to recruit, develop and assess staff whose primary focus is youth substance abuse prevention.

Interventions to Build Resilience in Youth: Sport and Recreational Activities

Increasing our understanding of the potential benefits and risks associated with sport and recreation as it relates to substance use can help inform community programs and policies. CCSA is working across sectors to better understand when, for whom and under what circumstances sport and recreation can be an effective forum for substance abuse prevention, and when they might put youth at risk for substance use.

Cannabis and Other Illicit Drugs

Canadian youth have the highest past-year cannabis use in the developed world. Young people receive mixed messages about marijuana and tend to underestimate the risks. In response to this situation, CCSA will clarify the impact of marijuana on the developing adolescent brain and research drug-impaired driving among youth.

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A Health Promotion and Drug Prevention Strategy for Canada's Youth (2013-2018)

- Builds on CCSA's drug prevention strategy for Canada's youth (2007–2012).
- Includes key activities in the following areas:
 - Develop Knowledge Exchange Network for Prevention.
 - Implementation of Canadian Standards for Substance Abuse Prevention
 - Develop Competencies for Youth Substance Abuse Prevention Workforce
 - Investigate the Use of Sport for Substance Abuse Prevention
 - Research the Impact of Cannabis Use on the Developing Brain



A Knowledge Exchange Network for Prevention

- CCSA is leading the development of a pan-Canadian network of workers in substance use prevention and health promotion
- Purpose: facilitate networking and information exchange, share resources, and provide knowledge and skill development opportunities
- Working with partners to build upon existing efforts and platforms (e.g., Mentor International)



Implementation of Canadian Standards for Youth Substance Abuse Prevention

- Canadian Standards for Youth Substance Abuse Prevention were released in 2011.
- Current work is focused on uptake and implementation including:
 1. Update the Canadian Standards based on recent research and feedback from consultation.
 - Purpose: Ensure they reflect most up to date evidence and enhance usability
 - Progress: Conducted review of research and found standards are consistent with current evidence. Synthesized results from consultations into recommendations for revisions.



Implementation of Canadian Standards for Youth Substance Abuse Prevention

2. Work with funding organizations and identify how standards can be used in funding decisions.
 - Key informant interviews with funders suggest a sector based approach might be necessary (focus on government and non government organizations).
3. Create a community of practice around evaluation of prevention initiatives.
4. Consult with provinces and identify opportunities and avenues to integrate the standards.

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Competencies for Youth Drug-Use Prevention Workforce

- CCSA is researching and developing substance abuse prevention competencies for staff who work with youth in a variety of fields (e.g., health, education).
 - Expected release in 2015.
- CCSA has existing technical and behavioural competencies however:
 - Issues, needs, considerations, approaches appropriate to youth are different from those for adults
 - Technical and behavioural competencies were designed for treatment providers. Meeting and focus groups with prevention leaders indicated perspectives and language are significantly different between prevention and treatment.

www.ccsa.ca • www.cclt.ca

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Sport and Substance Abuse Prevention

- CCSA is working across both sport and substance abuse sectors to better understand the connections between sport and substance use.
- A systematic review commissioned by CCSA indicated (Kwan et al., 2013):
 - sport is related to increased alcohol use
 - inconsistent evidence regarding cannabis use
 - and lower illicit drug use
- However, no studies examined how and why sport is connected to substance abuse.
- Limited Canadian data on sport and substance abuse

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Sport and Substance Abuse Prevention (cont.)

- Future work includes:
 - Research to example prevalence of substance use in sport (e.g., across different sports) among Canadian youth.
 - Research to understand the connections between sport and substance use (what aspects of sport are related to increases and/or decreases in substance use)
 - Work with partners to increase their awareness of the links between sport and substance use (in particular alcohol) and how to address this link.

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Cannabis use

- Cannabis is the most commonly used illicit drug among Canadian youth.
- CCSA's *What Canadian Youth Think About Cannabis* study highlighting that youth overestimate the positive effects of cannabis and hold incorrect beliefs (e.g., cannabis cures cancer)
- Future work:
 - Systematic review of the evidence examining the effects of cannabis use during adolescence to be completed in 2015. Key areas of focus:
 - Acute effects of cannabis on behaviour and the brain
 - Course and long-term effects of use
 - Prevention, early intervention and treatment

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With financial support from the
Drug Prevention and Information
Programme of the European Union



Phase II

- The European Drug Prevention Quality Standards Project, co-funded by the European Commission, is now in its second phase. It provides the first European framework for high quality drug prevention.
- The Project reflects the value of partnership from working with 16 partners in Phase II, including organisations from 11 European countries, the EMCDDA and the UNODC.
- This European Prevention Standards Partnership aims to promote high quality evidence based practice in prevention by producing relevant guidance and support tools to inform policy, research and practice.
- The focus of the current phase of work is to translate the Standards published by the EMCDDA from the detailed eight-stage project cycle, outlining the necessary steps in planning, implementing and evaluating drug prevention activities, to the stage where they are accessible and used by different prevention providers.
- Toolkits will be developed for those working in prevention, including commissioners and practitioners, to help the practical implementation of the Standards.

www.prevention-standards.eu

European Drug Prevention Quality Standards

- EDPQS provide first **reference framework** on 'high quality' drug prevention based on European consensus
- Publication of the Standards as a Manual by European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in 2011, as Quick Guide in 2013



What do we mean by 'high quality'?

- **Relevant** (focussed on fulfilling the needs of the target population whilst making reference to relevant policy)
- **Ethical** (incorporating the principles of ethical conduct)
- **Evidence-based** (making use of the best available scientific evidence)
- **Evidence-providing** (helping to inform and develop future activities)
- **(Cost-)Effective** (achieving set goals and objectives without causing harm and with appropriate use of resources)
- **Feasible** (achievable with available resources and marked by a logical and coherent approach)
- **Sustainable** (sufficient resources to ensure activities can continue as long as required by target population)

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What do we mean by “drug prevention”?

- Broad definition:
 - “any activity that is (at least partially) aimed at preventing, delaying or reducing drug use, and/or its negative consequences in the general population or subpopulations” (EMCDDA Manual, p. 26)
- Can include legal drugs (alcohol, tobacco), illegal drugs, medication, new psychoactive substances, etc. – or substances in general
- Activities may focus on drugs specifically or on health promotion more generally

How the EDPQS can help you in your work

- One comprehensive resource outlining all the formal aspects of drug prevention activities
- Intuitive project cycle structure
- EDPQS help to:
 - Identify strengths and weaknesses of prevention activities with a view to improving them
 - Evidence the high quality of an activity (although they can't replace evaluation to determine effectiveness/outcomes)
 - Embed activities in a framework of quality, rather than conducting fragmented activities
 - Clarify what prevention is trying to achieve
 - Achieve the aims of broader national and international strategies and policies
 - Create a link between research and practice
 - ...

What the EDPQS are used for

| Purpose | Recommended | Examples |
|---|-------------|---|
| Information, education and guidance (e.g. university courses, staff training) | ✓ | University of Genoa, Italy; Office for Combating Drugs Abuse, Croatia |
| Developing or updating quality criteria (e.g. policy makers, funders) | ✓ | EQUS; Three City Project (“Trestad2”), Sweden; Mentor ADEPIS, UK; NEWIP Good Practice Standards |
| Self-reflection checklist (e.g. commissioners, programme developers) | ✓ | REBOUND intervention, Germany; ASL 2 Savonese, Italy |
| Discussion in group settings | ✓ | EUROCITIES Expert Strand on Substance Abuse Prevention (ESSAP) |

Additional ways of using the EDPQS in preparation

Prevention Standards Partnership in Phase II

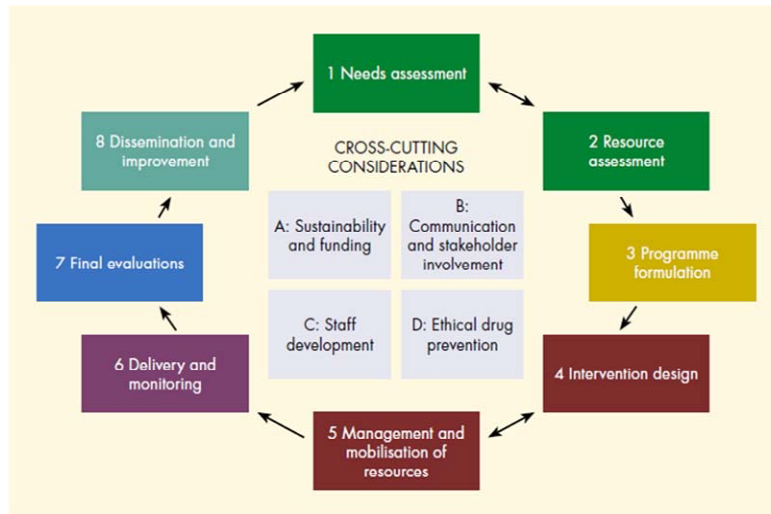
- Project partners:
 - Liverpool John Moores University (LJMU), United Kingdom (Project lead)
 - Institut Suchtprävention, pro mente Oberösterreich, Austria
 - Charles University Prague (CUNI), Czech Republic
 - Observatoire français des drogues et des toxicomanies (OFDT), France
 - University Mental Health Research Institute (UMHRI), Greece
 - Eötvös Loránd University, Hungary
 - Azienda Sanitaria Locale Milano (ASL Milano), Italy
 - Azienda Sanitaria Locale 2 – Savonese (ASL 2 Savonese), Italy
 - Mazowieckie centrum polityki społecznej (MCPS), Poland
- Associate Partners:
 - United Nations Office on Drugs and Crime (UNODC)
 - Gesundheit Österreich GmbH, Austria
 - University Hospital Heidelberg (REBOUND), Germany
 - National Bureau for Drug Prevention (NBDP), Poland
 - Delegacion del Gobierno para el Plan Nacional sobre Drogas, Spain
 - Prevention Center, Social Services Administration, Sweden
- Project advisor:
 - European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

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The drug prevention project cycle as core structure of the standards



35 “components”

Table 1. Components within project stages

| | | |
|--|---|---|
| <p>CROSS-CUTTING CONSIDERATIONS</p> <p>A: Sustainability and funding B: Communication and stakeholder involvement C: Staff development D: Ethical drug prevention</p> | <p>4. Intervention design</p> <p>4.1 Designing for quality and effectiveness 4.2 If selecting an existing intervention 4.3 Tailoring the intervention to the target population 4.4 If planning final evaluation</p> | <p>7. Final evaluations</p> <p>7.1 If conducting an outcome evaluation 7.2 If conducting a process evaluation</p> |
| <p>1. Needs assessment</p> <p>1.1 Knowing drug-related policy and legislation 1.2 Assessing drug use and community needs 1.3 Describing the need – Justifying the intervention 1.4 Understanding the target population</p> | <p>5. Management and mobilisation of resources</p> <p>5.1 Planning the programme – Illustrating the project plan 5.2 Planning financial requirements 5.3 Setting up the team 5.4 Recruiting and retaining participants 5.5 Preparing programme materials 5.6 Providing a programme description</p> | <p>8. Dissemination and Improvement</p> <p>8.1 Determining whether the programme should be sustained 8.2 Disseminating information about the programme 8.3 If producing a final report</p> |
| <p>2. Resource assessment</p> <p>2.1 Assessing target population and community resources 2.2 Assessing internal capacities</p> | <p>6. Delivery and monitoring</p> <p>6.1 If conducting a pilot intervention 6.2 Implementing the intervention 6.3 Monitoring the implementation 6.4 Adjusting the implementation</p> | |
| <p>3. Programme formulation</p> <p>3.1 Defining the target population 3.2 Using a theoretical model 3.3 Defining aims, goals, and objectives 3.4 Defining the setting 3.5 Referring to evidence of effectiveness 3.6 Determining the timeline</p> | | |