Protecting People
in Dundee

Dundee Alcohol and Drug Prevention Framework Usability Guide

Aims of the Prevention Framework

This Framework is intended to support a wider programme of collaborative effort among **Dundee ADP (Alcohol and Drug Partnership)** partners and colleagues. The Framework should not act as stand-alone material, but stimulate a "community of practice" approach.

1. To raise the profile of alcohol and drug prevention as a range of interventions worth investing in at local and area wide level.

2. To promote consistent, evidence-based practice and standards in relation to alcohol and drug prevention in Dundee.

3. To assist in strengthening planning and partnership working across all life stages e.g. gap analysis.

4. To identify both strengths and gaps in inter-agency planning and delivery of prevention activity.

5. To highlight equalities and inequalities, including upstream thinking on the root causes of alcohol and drug problems/solutions.

The Framework is designed to complement the ADP-level **strategy development** and **action plan**, and aims to promote a "**Public Health Approach**" to ensure there is a focus on **primary prevention**. The core of the content is a series of Evidence Briefings across the life cycle. Each provide a summary of current evidence of effective practice and packaged with appropriate literature review material. The Framework includes **11 key themes** that should be utilised and considered alongside the Evidence Briefings when monitoring or planning any services, interventions or prevention activity.

The Prevention Framework is a flexible, updatable resource which is hosted online, to share on-going developments, evidence-based updates and good practice across Dundee, Tayside and beyond. The intention is to stimulate additional activity from partners in terms of researching, monitoring, and evaluation, to further grow the evidence-base.

## Recommendations for Dundee ADP Partners:

1. To endorse
the Dundee Alcohol and Drug Prevention Framework as a guide and planning resource to aid ongoing development of comprehensive prevention and harm reduction approaches in Dundee.
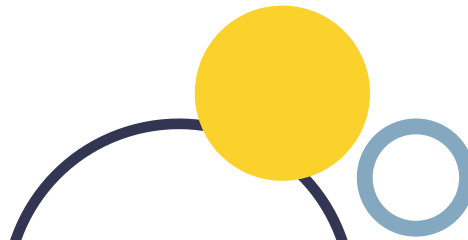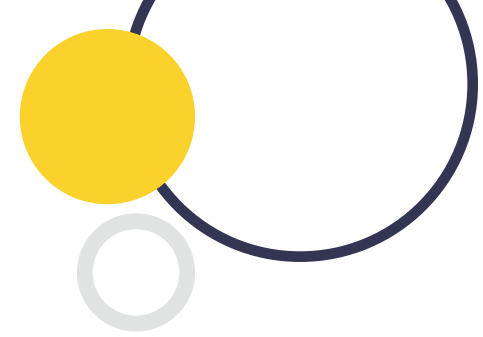
2. To ensure
that the elements of the Framework – evidence base and good practice case studies – are incorporated and updated on an ongoing basis.
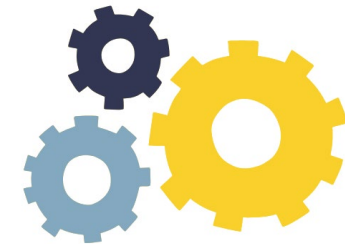
3. To utilise
the different components of the content to support current planning (e.g. Evidence Briefings, Literature Review Content, Evidence-based Approaches, Tools for Planning Monitoring & Evaluating).

Key Purposes

The key purposes of the Prevention Framework is to:

- **Support** the advancement of evidence-based, high-quality practice in prevention and harm reduction in the field of alcohol and drugs.

- **Promote** comprehensive planned approaches, including considering and acting on needs across the full life course, differing groups and settings.

- **Aid** in identifying both strengths in current areas of multi-partner working and identify gaps in collective responses.

- **Highlight** the importance of identifying and addressing equalities and inequalities in the alcohol and drugs agenda. This includes upstream thinking on root causes of alcohol and drug use.

- **Further emphasise** the need to develop and deliver effective harm reduction approaches as critical components of the overall alcohol and drugs public health response.

- **Stimulate** additional activity from partners in terms of monitoring, evaluation and research in order to further grow the evidence-base for prevention and harm reduction approaches.

- **Complement** pre-existing activity and prevention planning by helping to identify good practice, highlighting additional evidence-based approaches and helping to identify gaps and development opportunities.
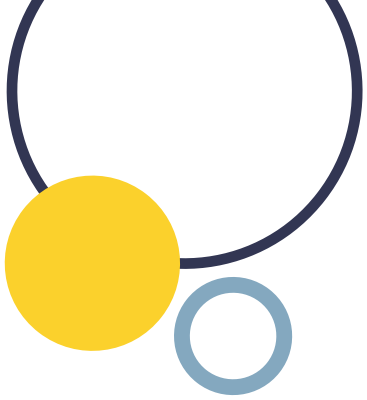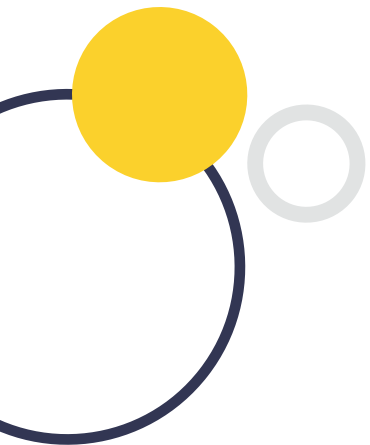
Using the Evidence Briefings

The Briefings aim to provide an overview of, and context behind, problems and behaviours prevalent in local communities. This enables a greater understanding of the local prevention needs of the community in the early stages of planning an intervention.

The data and the accompanying tools can help planners to:

- identify and prioritise the alcohol and drug problems present in their community;
- clarify the impact these problems have on community members;
- identify the specific factors that contribute to these problems;
- assess readiness;
- and determine the resources required to address those factors.

The Evidence Briefings provide a baseline and starting off point for further investigation, they are by no means an exhaustive list. All statements and data provided have links to sources where possible. Planners are encouraged to add to this resource with their own findings, from investigations or service-based monitoring and evaluation.

Need To Know

Provides key points contributing to the impact of alcohol and drugs on each of the Core Evidence Briefings.

Key Findings

Provides key messages for effective implementation of health improvement interventions.

Good Practice

Links to projects and initiatives that have shown some success, both locally and nationally.

Potential Stakeholders

Identifying key stakeholders and adopting a whole systems approach is essential to the implementation of any effective intervention.

This includes, but is not limited to:
- People in the community;
- All organisations working directly or indirectly with the population of Dundee;
- Those identified as having an influence on alcohol and drugs use, such as the distribution, advertising, promotion and sale.

Context

Provides an overview of the population in question, highlighting the most relevant and up-to-date data available. The context should act as a starting point for planners to use, alongside the reference section and own independent findings.

The section will be updated as new data and trends emerge.

What Works

A detailed analysis is displayed, for each specific evidence-based intervention (see table).

These provide:
- A brief description of the intervention;
- Notes on the effectiveness of the intervention;
- Concise explanation of the context, theory, risk and protective factors that underpin the specific approach.

Grading of Evidence

The interventions are graded by how effective they are expected to be based on available evidence, using a 3-point scale:

1

1. High quality and multiple source evidence to support this approach.

- Interventions graded at this level are expected to be effective in most settings, however some adjustments may be required for implementation.

2

2. Some evidence or emerging evidence to support this approach.

- Interventions graded at this level, whilst still showing clear signs of effectiveness, may require careful planning and implementation for success to be replicated.

3

3. Limited evidence for this approach or potential development area for further investigation.

- Little, or no evidence to support the effectiveness of the intervention, however local intelligence or emerging trends in data may suggest indirect success with proxy indicators.

Good to Know!

Evidence-based approaches utilise research to improve the delivery of services and demonstrate the highest level of effectiveness based on a set of evaluation or research criteria.

The 5 A's to become Evidence-based:

- Ask critical questions
- Acquire the evidence
- Appraise and assess the evidence
- Apply the best evidence to make an action plan and take action
- Assess the outcomes of the action taken

Evidence-informed practice is similar to evidence-based, but the level of evidence supporting the programs or practices is not as strong. Evidence-informed practices may be considered "promising" or "emerging," depending on the strength of the existing research or documentation.
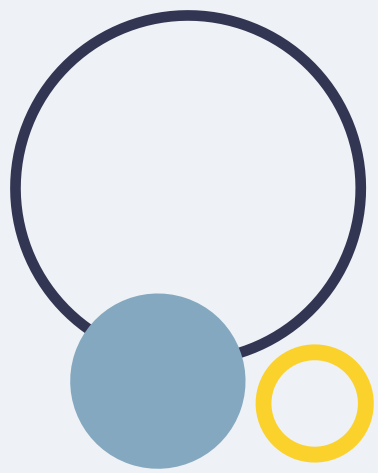
Local Examples of Low Evidence Good Practice

There are many examples of local interventions, that are not considered to be an evidence-based approach but have shown considerable success.

An example of this is the introduction of foil to the inventory of Injecting Equipment Provision (IEP) services.

The Dundee ADP acknowledges the importance of local work, emerging trends, and relevant data. Populating the Framework, with accurate, local information is essential to its success.

Assessing Data

When assessing the available data, ask the following questions:

- What substance use and related problems are occurring in your community?
- How often and where are these problems occurring?
- How ready is your community to do something about it?

**But what are problems and what are behaviours?**

Problems refer to the negative effects, or consequences, of substance use. Some problems are direct consequences of substance use (e.g. overdose), while others are indirect consequences (e.g. motor vehicle crashes).

Behaviours refer to how people use substances and are sometimes referred to as consumption (e.g. binge drinking). Consumption patterns describe substance use behaviours within specific groups (e.g. binge drinking among 12–17-year-olds).

The tool below will help you to identify, break down and gain deeper understanding of substance use problems and behaviours, present within a community.

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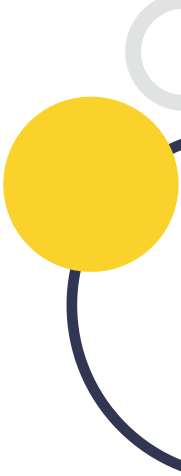
Assessment Discover what your community needs...	Problem	Behaviour
What substance use and related problems are occurring in your community?		
How often and where are these problems occurring?		
Who are these problems affecting the most?		
Where are the problems happening?		
How ready is your community to do something about it?		

Assessing Risk and Protective Factors (Help or Hinder)

There are multiple influences that can contribute to how people are affected by substance use, all of which should be considered and addressed in a person's support. Two types of factors influence the likelihood that an individual will develop a substance use or related mental health challenge. Investigation of these factors will aid decision making and lead planners to the most effective type of intervention:

1. Risk factors are associated with a higher likelihood of developing a problem
(e.g. trauma, peer substance use).

2. Protective factors are associated with a lower likelihood of developing a problem
(e.g. academic achievement, parental bonding, and family cohesion).

Problems & Behaviours ▶ **Risk & Protective Factors** ▶ **Intervention Required**

Understanding risk and protective factors is essential to prevention. An intervention can only make a difference if it is a good match for both the problem and its underlying factors.

1. Risk and protective factors exist in multiple contexts (e.g. individual, family, peer, and community).

2. Risk and protective factors are correlated and cumulative.

3. Individual factors can be associated with multiple problems.

4. Risk and protective factors are influential over time.

The underlying factors driving a substance use problem in one community may differ from the factors driving that same problem in a different community. Effective prevention focuses on reducing the risk factors that may hinder and strengthening the protective factors that will help, specific to the priority problem in the community.

Important!

Factors that help or hinder a given intervention are community specific and are intended as a guide, planners may benefit from assessing how the risk and protective factors may be adapted for their own community.

Prioritising Data

1. Take stock of existing data:

The Framework will provide sample data with links to access national and local data already collected (e.g. public health and local authority, law enforcement agencies and community organisations).

2. Look closely at your existing data:

Examine the quality of the data that you have found, discard the data that are not useful, and create a collection of the data you feel confident about including in your assessment.

3. Identify any data gaps:

Examine your inventory of existing data and determine whether you are missing any information (e.g. about a particular problem, behaviour, or population group).

4. Collect new data to fill those gaps:

If you are missing information, determine which data collection method (e.g. surveys, focus groups, key informant interviews) - or combination of methods - represents the best way to obtain that information.

Once the data has been identified, it can then be analysed according to the following criteria. This will help planners assess impact and the likelihood of change of a given problem, allowing for the prioritisation of achievable outcomes.
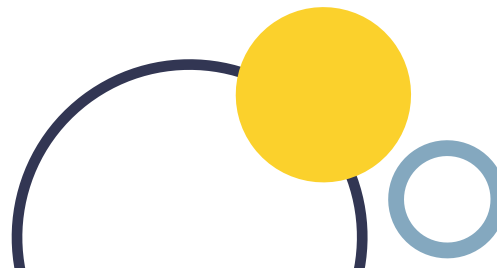
- **Magnitude:** Describes the prevalence of a specific substance use problem or behaviour.
  (e.g. Which problem/behaviour is most widespread in your community?)

- **Severity:** Describes how large an impact a specific substance use problem or behaviour has on the people or the community.
  (e.g. Which problem/behaviour is most serious?)

- **Trend:** Describes how substance use patterns are changing over time within a community.
  (e.g. Which problem/behaviour is getting worse/better?)

- **Changeability:** Describes how likely it is that a community will be able to modify the problem or behaviour.
  (e.g. Which problem/behaviour are you most likely to influence with your prevention efforts?)
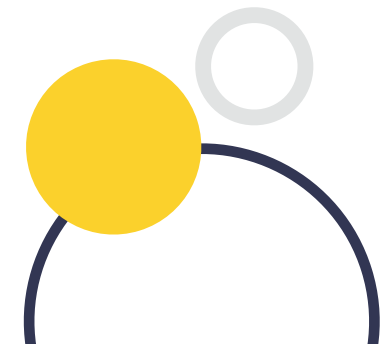
Below you will find a helpful table to aid in the assessment of the impact, identified problems and behaviours have on the community.

Problems & Behaviours	Data & Evidence		Magnitude	Severity	Trend	Changeability	Risk & Protective Factors	
	Available	Required					Risk	Protective
What								
How often								
Where								
Who								

Assessing Capacity

Assessing capacity for prevention includes two main components: resources and readiness.

(Resources)

Resources	Anything a community can use to help address prevention needs
People	Staff, volunteers, media representatives, early adopters
Specialised knowledge and skills	Research expertise
Community connections	Access to population groups
Concrete supplies	Money, equipment
Community awareness of prevention needs	Advocates & activists, key influencers, volunteers, peer workers, public support, media coverage
Existing efforts to meet those needs	Current initiatives, successful local projects, community led initiatives

(Readiness)

Readiness	The degree to which a community is willing and prepared to address prevention needs.
Knowledge of the substance use problem	
Specialised knowledge	
Availability of local resources	
Support of local leaders	
Community attitudes toward the problem	
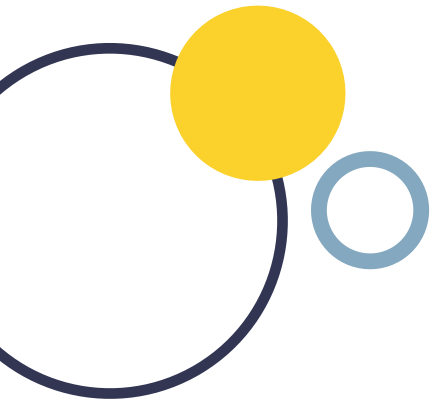
Monitoring and Evaluation (M&E)

Monitoring and Evaluation is an important programme development activity to understand what has worked/is working, and where we are in terms of the overall goal of the programme or project. M&E activities could be generic or specific to each of the Dundee Alcohol and Drug Prevention Framework projects and interventions. M&E activities may be designed based on a specific project; a brief outline is provided as a generic theoretical guide.

Evaluation is the systematic assessment of the value of resources and time committed to a project, intervention or specific goal. The main objective of evaluation research is to determine whether a process has achieved a goal or the desired results. The main evaluation types which can be considered for relevant Prevention Framework projects, interventions and activities are as follows:

Formative Evaluation and Needs Assessment

This is a type of evaluation research that is conducted before beginning a project or during the implementation stage. It involves assessing the different needs and wants of a target group or intervention by allowing organisations to determine the appropriate objectives. This type of evaluation allows modification to be made before implementing the programme/intervention or prior to the next phase of the implementation plan. It could maximise the likelihood that the programme will succeed, due to its methodological approach.

Mid-Term Evaluation, Process Evaluation and Programme Monitoring

Mid-term or process evaluation is conducted while a project is in action. It assesses how far a project has come and whether it is in line with the set goals and objectives that were determined for it. In mid-term or process evaluation, organisations can discern whether any changes or modifications are required to the current strategies being implemented. These approaches provide an early warning for any problems that may occur and monitor how well a programme's plans and activities are working.
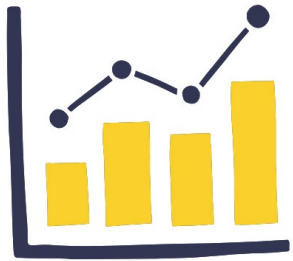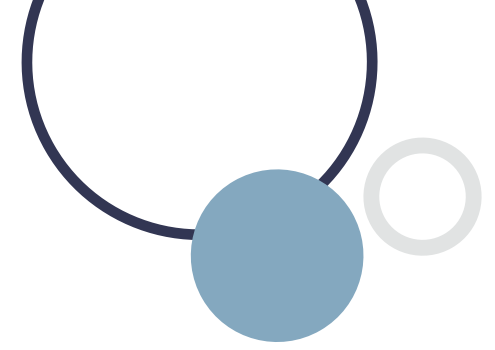
Economic Evaluation

This type of evaluation attempts to measure the economy of scale of the interventions compared to the level of benefits to the targeted groups. There could be several economic measures for example cost analysis, cost-effectiveness evaluation, cost-benefit analysis and cost utility analysis. This approach provides programme managers and funders a way to assess cost relative to effects.

Summative Evaluation or Impact Evaluation

Summative evaluation, also referred to as end-term/impact evaluation, is conducted immediately after the completion of a project. It is used to evaluate the results or output of the project in regards to the objectives and projected results. This form of evaluation allows researchers to measure the extent of a project's success, and these results can be shared with stakeholders as well as prospective investors. This approach helps to provide evidence for use in policy and funding decisions.

Evaluation - Tools and Key Resources

For more information and practice advice to develop a specific programme or project evaluation design please contact imran.arain@nhs.scot

Evaluation Support Scotland provides support for third sector organisations and funders to measure their success, learn how to improve their service and how to report on the difference they are making.

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