

Impact case study (REF3)

Institution: Liverpool John Moores University		
Unit of Assessment: UOA3		
Title of case study: Improving the quality of substance use prevention policy and practice in Europe		
Period when the underpinning research was undertaken: 2008-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
1. Harry Sumnall 2. Lisa Jones 3. Geoff Bates 4. Angelina Brotherhood	1. Professor in Substance Use 2. Reader in Evidence Synthesis 3. Researcher 4. Researcher	1. 2003 – present 2. 2005 – present 3. 2009 – 2016 4. 2008 – 2015
Period when the claimed impact occurred: 2014-2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact</p> <p>Globally, substance use is responsible for around 14% of the total disease burden in young people. However, substance use prevention policy and practice are underdeveloped in Europe, where most actions delivered to target groups are not evidence-based, and there is a lack of a specialised workforce. This case study describes a body of research that has had a positive impact on the development of prevention policy and practice in the UK, and EU Member States. This includes direct impact on the content of (inter)national substance use policy; new workforce development activities; and research contributions to recommended national drug prevention practice responses and guidelines development.</p>		
<p>2. Underpinning research</p> <p>Prevention policy and practice responses to substance use are underdeveloped in Europe. Activities have historically not been evidence-based, have been delivered by a non-specialist workforce, and are largely unevaluated [R1]. Subsequently, they are unlikely to be effective in reducing substance-related harms. The European Drug Prevention Quality Standards (EDPQS) research programme led by Sumnall has delivered applied research since 2008. The findings have underpinned European responses to substance use prevention and the development of evidence-based quality standards; guidelines; and practice toolkits, which have directly informed drug prevention and drug demand reduction actions [R2].</p> <p>Between 2008-2011 we led a consortium that undertook content analyses, systematic review, online Delphi consensus surveys, and consultation and co-production activities with 400 prevention professionals in six European countries. This led to the development of the first framework for delivery of drug prevention and demand reduction activities at an EU level (the EDPQS) and this was published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Union's (EU) drug agency (2011) [R2]. The framework presented structural, process, and ethical standards in prevention policy and practice, and identified key indicators for evaluation.</p> <p>In follow-up research conducted between 2011-2012, in collaboration with the Swiss Research Institute for Public Health and Addictions, this work was expanded to incorporate drug treatment and harm reduction activities. The quality standards were refined through literature review, evidence grading, and consensus development methodologies, including a pan-EU conference of 100 stakeholders from across EU Member States (policy-makers, practitioners, NGOs and researchers) held in collaboration with the European Commission. This led to the publication of</p>		

the EU Framework for Minimum Quality Standards and Benchmarks in Drug Demand Reduction (EQUS), which were adopted by the EU Council and Member States in 2015 [R3].

In a third phase of research (2013-2015) we led a consortium of 15 government, academic and practice partners, including the United Nations Office on Drugs and Crime (UNODC); the EMCDDA; and the Spanish Government's National Plan on Drugs, to further develop European prevention activity. Research activities included (but were not limited to) systematic review to support development of a *theory of change* in prevention culture and practice; project evaluation and critical case studies to understand how quality improvement can be embedded into prevention services; interviews and focus groups to understand policy making processes and priorities in prevention; and action research with senior civil servants in three Swedish cities to support development of an integrated youth cannabis prevention programme. This work led to the publication of four key research outputs by the EMCDDA [R4]. These *toolkits* included, a funding and decision-making guide for European policy makers; a self-assessment action plan for quality improvement in prevention services; a training guide for prevention practitioners; and a guide to adapting and disseminating quality standards at national and sub-national levels (also see Section 4).

Researchers contributing to this case study sit on, and influence, national and international prevention advisory and decision-making committees and contribute expertise based upon their research. Our work has led to national and European decision makers and practitioners being better informed about the most appropriate evidence-based responses to substance use. For example, a systematic 'review of reviews' and a series of professional consultation events undertaken in 2017 for the Irish government [R5] led to the development of recommendations on effective approaches for drug prevention, harm reduction, and treatment more generally, and these informed the content of the 2017 Irish Drugs Strategy. Other research activities developed in collaboration with the EMCDDA have focused on New Psychoactive Substances (NPS). This combined evidence review, surveys, expert consultation, and consensus building, has led to the production of policy and practice recommendations and an online tool for European policy makers and practitioners to support learning and policy development [R6].

3. References to the research

R1. Faggiano F, Allara E, Giannotta F, Molinar R, Sumnall H, Wiers R, et al. (2014) Europe Needs a Central, Transparent, and Evidence-Based Approval Process for Behavioural Prevention Interventions. *PLoS Med* 11(10): e1001740.

<https://doi.org/10.1371/journal.pmed.1001740>

R2. Brotherhood A, Sumnall HR (2011) European drug prevention quality standards: a manual for prevention professionals. Luxembourg: Publications Office of the European Union. (available from https://www.emcdda.europa.eu/publications/manuals/prevention-standards_en (last accessed September 2020). Funding awarded to Sumnall (PI) Drug Prevention Quality Standards. April 2008 – April 2011. €300,000. Funding body: EC Health and Consumers.

R3. Schaub, M. P., Uchtenhagen, A., & **EQUS Expert Group**. (2013). Building a European consensus on minimum quality standards for drug treatment, rehabilitation and harm reduction. *European Addiction Research*, 19(6), 314-324.

[note that **Sumnall** and **Brotherhood** were members of the EQUUS Expert Group, but are not listed by name as authors of this publication as per author agreement] Funding awarded to Schaub (PI); Sumnall named Co-I. European consensus on minimum quality standards for drug treatment, rehabilitation and harm reduction. April 2013 – April 2015. €250,000. Funding body: EC DG-Justice

R4. Brotherhood A and Sumnall HR (2016) European Drug Prevention Quality Standards Toolkits. Online publications. Available from: https://www.emcdda.europa.eu/publications/manuals/prevention-standards_en (last accessed September 2020). Funding awarded to Sumnall (PI) *Promoting Excellence in Drug Prevention in the EU*. April 2013 – April 2015. €590,956. Funding body: EC DG-Justice DPIP

A series of peer-reviewed reports and guidelines published as the European Drug Prevention Quality Standards (EDPQS), which have been further adapted and incorporated into international policy and actions on drug prevention [C 1; C2; C3; C4; C5]. These include the UK Drug Strategy 2017, the Irish National Drug Strategy 2017, and the EU Action Plans on Drugs 2017-2020; and 2021-2025.

R5. Bates G, Jones L, Sumnall HR (2017). The effectiveness of interventions related to the use of illicit drugs: prevention, harm reduction, treatment and recovery. Dublin, Health Research Board. Available from: https://www.hrb.ie/fileadmin/publications_files/Review_of_reviews_draft_03_FINAL_28_June_2017.pdf (last accessed September 2020)

A systematic review supporting development of the Irish Drug Strategy [C7;C8], and which included focus on treatment and demand reduction responses to NPS. The end of grant report was peer reviewed by the Irish Health Research Board scientific peer review committee. End of grant report. Funding awarded to **Sumnall** (PI) *Systematic evidence reviews to support development of the Irish drugs strategy*. June 2015 – March 2016. €60,000. Funding body: Irish Health Research Board.

R6. Pirona A, Atkinson AM, Begley E, Sumnall, HR (2016). Health responses to NPS. Lisbon: EMCDDA. Online publication. Available from: http://www.emcdda.europa.eu/publications/rapid-communications/nps-responses_en (last accessed September 2020). Accompanying online tool: <http://www.emcdda.europa.eu/topics/pods/health-responses-to-nps> (last accessed September 2020)

A grant report for the EMCDDA summarising mixed methods research (literature review; national drugs lead survey; expert consensus), and providing practice recommendations to address health responses to NPS. Reviewed by the EMCDDA Scientific Committee. End of grant deliverable supported by funding awarded to **Sumnall**. *Health responses to Novel Psychoactive Substances*. October 2015 – March 2016. €8000. Funding body: EMCDDA.

4. Details of the impact

The EDPQS research programme described above led to the publication of toolkits and guidelines that have improved the quality of drug prevention in the EU [R4].

Testimony from the EU's Drugs Agency, the EMCDDA, states that with respect to EDPQS *"hardly any EU-project has ever had comparable impact in improving the quality and understanding of the implementation of evidence based prevention in Europe and beyond"* [C1].

The EDPQS were adopted by the European Commission as part of the EQUUS project to provide minimum quality standards in drug demand reduction for inclusion in the EU Drugs Action Plans for 2017-2020 and 2021-2025 [C2]. This demonstrates impact at the highest level of EU policy making. Evaluation of the 2017-2020 Action Plan by the RAND organisation concluded that whilst overall, substance use in Europe remains high, the adoption and implementation of minimum quality standards had contributed to improving quality prevention approaches in Europe and had led to progress in all actions aimed at preventing drug use and delaying the onset of use [C3]. Monitoring of drug policy by the EMCDDA (2020) has shown that i) around half (n=14) of EU Member States national prevention quality standards are now partly or wholly in accordance with EDPQS; ii) countries including Czechia, Cyprus, Croatia, and Poland certify prevention programmes against EDPQS [C1]. Other EU funded actions, such as the European Prevention Curriculum, are based on the EDPQS, and an average of 20 decision makers (e.g. senior policy makers, funders) have received training on effective prevention actions in each of 15 Member States; In Germany, 100 decision makers have received this training [C1].

In the UK, the 2017 National Drug Strategy (current policy) committed the UK Government to promote EDPQS as a means to *"help partners [i.e. services providing drug prevention activities] develop and assess the quality of drug prevention initiatives"* for the first time [C4; pg9]. Sumnall was a member of the UK Government Advisory Council on the Misuse of Drugs (ACMD), a statutory advisory non-departmental public body, between 2011-2019. He was appointed on the basis of his prevention research expertise. Amongst his contributions to that group was lead authorship of the ACMD policy paper on prevention of drug and alcohol dependence that was the basis of the demand reduction element of the 2017 UK Drug Strategy [C4;pg8].

The United Nations Office on Drugs and Crime (UNODC) developed international standards in drug prevention (1st ed. 2013; 2nd ed. 2018) that are designed to support effective national drug prevention systems, particularly in lower and middle income countries. These have been the subject of a UN Ministerial Statement and seven Resolutions from the UN's Commission on Narcotic Drugs (agreed by all UN Member States). As stated in the UNODC's testimonial, *"EDPQS inspired us to create in the International Standards in Drug Use Prevention in 2013 (with a UNODC/World Health Organization second revised edition published in 2018)...at the time it was the only available reference for policy makers and practitioners interesting in improving the quality of prevention"*. As the EDPQS *"constitute the only available package internationally that focuses on the quality of drug prevention and provides practical tools to implement it"* the standards have been disseminated to 500 national stakeholders in 70 countries, and the UNODC credit this with changing the culture of prevention in target countries [C5].

Other international organisations, including the Canadian Centre on Substance Use and Addiction (a sector coordinating body created by a Canadian Act of Parliament), the Inter-American Drug Abuse Control Commission (the drugs advisory body of the Organisation of American States), and the COPOLAD programme (a formal co-operative programme between the Community of Latin American and Caribbean States and the EU) have all adopted EDPQS as their framework for driving improvements in prevention [C1]. Supported by funding from the United States Department of State's Bureau of International and Law Enforcement Affairs (INL), Applied Prevention Science

International (APSI) have developed the Universal Prevention Curriculum [C6]. APSI have directly trained over 200 prevention and public health professionals world-wide during the period 2014-2020. Of these, 71 were also trained to be trainers, reaching a further 1384 prevention professionals. According to the APSI testimonial the EDPQS *provides a compendium of the skills and competencies required to implement these evidence-based interventions and policies with fidelity to meet the needs of communities.*

In addition to the EDPQS quality standards, other prevention research undertaken by the group has had other impacts on national policy. A systematic review of reviews led by Sumnall [R5] for policy makers in the Irish Department of Health directly informed the content of the 2017 Irish Drugs Strategy [C7; C8]. Those intervention approaches identified as effective in the review were included as Strategic Actions in the Policy. Associated performance indicators have been identified which will assess the impact of the Strategy on drug-related harm.

5. Sources to corroborate the impact

C1. Corroborating testimonial from Dr Gregor Burkhart, Principal Scientific Analyst (Prevention). European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Lisbon, Portugal.

C2. EU Agenda and Action Plan on Drugs 2021-2025. Available from https://ec.europa.eu/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control_en (last accessed September 2020). Appendix B of the Agenda details Actions 36 and 37 under Strategic priority 6. (*Enhance access to treatment options that meet the range of health and rehabilitation needs of people who experience harm from substance use*), specifically refers to the EDPQS.

C3. Balbirnie, E., Davies, M., Disley, E., Gonzalez-Monsalve, C., Hartka, S; Hoorens, S., Kruihof, K., Sacher, M., and Taylor, J., *Mid-Term Assessment of the EU Drugs Strategy 2013–2020 and Final Evaluation of the Action Plan on Drugs 2013–2016: Final report.* European Union, 2016. Available from https://www.rand.org/pubs/research_reports/RR1823.html (last accessed September 2020).

C4. HM Government (2017). UK Drug Strategy 2017. London, HM Government. Available from: <https://www.gov.uk/government/publications/drug-strategy-2017> (last accessed September 2020).

C5. Corroborating testimonial from Giovanna Campbello, Chief: Prevention, Treatment, and Rehabilitation Section. United Nations Office on Drugs and Crime (UNODC). Vienna, Austria.

C6. Corroborating testimonial from Dr Zili Sloboda, President, Applied Prevention Science International. Akron (Ohio), USA.

C7. Department of Health [Ireland] (2017). *Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025.* Available from:

<https://health.gov.ie/blog/publications/reducing-harm-supporting-recovery-2017-2025/> (last accessed September 2020)

C8. Corroborating testimonial from Brian Galvin (contribution to 2017 Irish Drug Strategy), Programme Manager for Drug and Alcohol Research HRB Evidence Centre, Health Research Board, Dublin, Ireland.