

### EVIDENCE-BASED PRACTICES

An Evidence-Based Practice (EBP) is defined as a prevention service (program, practice, practice) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation. The evaluation process monitors outcomes to determine whether the intervention positively impacted the target problem and/or contributing condition. The type of evidence collected will vary for different types of interventions. For example, a program will track participants for a period of time after receiving the intervention and compare them to a group who did not participate in the program. An effective practice will be measured by looking at a community that has implemented the practice and the impact that was documented when they did so. Or the impact of the removal of a practice can be studied. Practices are effective if the desired behavior change is supported by everyone in the community.

EBPs are typically accompanied by manuals that prescribe the content delivered to participants for each session and the variations that may be allowed regarding program implementation. The program must be implemented with fidelity to the prescribed delivery. If providers attempt to adjust the program to a different audience, or use a different delivery method, the program will no longer be considered evidence based.

The steps to identify appropriate EBPs include:

- Identifying a problem and target population
- Finding relevant research
- Developing a logic model
- Implementing a research-informed program
- Evaluating the outcomes of your program

Evidence Based Programs include evaluation methods, making the evaluation process easier for the provider. Program evaluation may not always show a positive outcome. This does not necessarily mean the program was a failure, but that it was not effective for the problem and target population. Less than positive evaluations provide valuable information that will steer you towards other programs that will work for your community.

### USE OF NON-EVIDENCE-BASED PRACTICES

While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. In addition to EBP, there are also many promising practices in various stages of development. These are services that have not been studied, but anecdotal evidence and program-specific data indicate they are effective. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

New strategies may be used if an EBP does not exist to meet the identified community need and there is not one that can be adapted to do so. It is recognized that there may be prevention initiatives that a community is committed to which have not gone through the process to have documented a stronger level of evidence that it is effective. Use of non-evidence-based practices must be justified in writing and approved through the Bureau of Behavioral Health Wellness and Prevention.

Note: SAMHSA terminated the NREPP contract on December 28, 2017 because some of the evidence-based practices were not current. SAMHSA is moving to EBP implementation efforts through targeted technical assistance and training that makes use of local and national experts and will assist programs with implementation. Below is a partial list of popular resources. Applicants are encouraged to do further research to find substance abuse prevention evidence-based programs which will best address your community needs.

### **Resource List for Evidence-based Programs:**

#### **SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)**

<http://nrepp.samhsa.gov/landing.aspx>

#### **Office of Juvenile Justice and Delinquency Prevention (OJJDP)**

<https://www.ojjdp.gov/mpg/>

#### **National Institute on Drug Abuse**

<https://teens.drugabuse.gov/teachers/lessonplans#/questions>

<https://teens.drugabuse.gov/drug-facts/marijuana>

#### **The NCJA Center for Justice Planning (NCJP)**

<http://www.ncjp.org/saas/ebps/registries>

#### **National Institutes of Health**

<https://teens.drugabuse.gov/teachers/lessonplans#/questions> (new)

[https://teens.drugabuse.gov/sites/default/files/podata\\_1\\_17\\_14\\_0.pdf](https://teens.drugabuse.gov/sites/default/files/podata_1_17_14_0.pdf)

<https://prevention.nih.gov/resources-for-researchers/dissemination-and-implementation-resources/evidence-based-programs-practices>

#### **National Institute of Justice**

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=191>

#### **Network of Care – Clark County**

<http://clark.nv.networkofcare.org/ph/county-indicators.aspx>

Refer to categories: Health Risk Factors, and Mental Health and Substance Abuse

**REAL Prevention**

<https://real-prevention.com/>

**Botvin LifeSkills Training**

<https://lifeskillstraining.com/>

**Project Northland and Class Action**

<http://www.hazelden.org/web/go/projectnorthland>

**Project Towards No Drug Abuse**

<http://tnd.usc.edu/about.php>

**Too Good for Drugs**

<https://toogoodprograms.org/>

**Mind over Matter Series**

<https://teens.drugabuse.gov/teachers/mind-over-matter>

**Parenting Wisely**

<https://www.parentingwisely.com/>

**Smart Moves**

<https://www.bgca.org/programs/health-wellness/smart-moves>

**Catch My Breath**

<https://catchinfo.org/modules/e-cigarettes/>

**Stanford Medicine Tobacco Prevention Toolkit**

<https://med.stanford.edu/tobaccopreventiontoolkit.html>