

**Nevada Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency
Definition of Evidence-Based for Substance Abuse Prevention
Revised and Approved by the SAPTA Advisory Board in July 2009**

Introduction

The Substance Abuse Prevention and Treatment Agency (SAPTA) is committed to the implementation of effective substance abuse prevention programs, strategies, policies, and practices by supporting community coalitions and their partners.

The purpose of this document is to provide program policy for one operational definition and structure for the implementation of Evidence Based Practices by prevention and other SAPTA funded program providers with oversight by community coalitions and/or SAPTA. In addition, this document will guide the prioritization and allocation of funding available through this agency. This program policy is to assist prevention providers certified by SAPTA to implement activities that meet one of the three following definitions for evidence-based prevention practices. Evidence-based practices in prevention are defined by the Substance Abuse and Mental Health Service Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in their Identifying and Selecting Evidence-Based Interventions Guidance Document (Revised January 2009). According to their definition, an Evidence-Based intervention is defined by inclusion in one or more of the three categories below:

- A. Included in Federal registries of evidence-based interventions; OR
- B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR
- C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow), all of which must be met:
 - Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND
 - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
 - Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND
 - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

Defining Evidence-based

SAPTA, in implementing the evidence-based definition for substance abuse prevention, realizes that it is important to provide a structured definition that will guide SAPTA funded prevention providers when

choosing their prevention activities. Below is a review and further explanation of the three definitions that will be used by SAPTA and its funded providers when choosing community based prevention programs, policies, strategies and practices to be implemented.

Three Definitions of Evidence-Based

A. Included in Federal registries of evidence-based interventions:

Any program, policy, strategy or practice that appears on a Federal registry of approved prevention interventions that uses terms such as “Model”, “Best Practice”, “Promising Practice”, “Evidence-based”, or “Principle of Effectiveness”, etc.

When a provider identifies a program, practice, policy, or strategy, the activity chosen must coincide with a prioritized substance abuse prevention need that has been identified by SAPTA or a SAPTA funded coalition. Programs that meet this definition may address, but are not limited to; risk and protective factors, intervening variables, causal factors, and/or strategies that have been identified by SAPTA or a SAPTA funded community Substance Abuse Prevention Coalition (Coalition). SAPTA recognizes and endorses the use of CSAP’s recognized six prevention strategies (Information Dissemination, Prevention Education, Alternative Activities, Problem Identification and Referral, Community-based Process, or Environmental) and the Institute of Medicine’s Continuum of Care, and the Strategic Prevention Framework as part of the foundation of evidence-based substance abuse prevention planning and implementation.

These prevention activities may be chosen from a variety of federal registries of approved programs and practices that make up the current standards recognized in substance abuse prevention nationally. These include but are not limited to: Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Effective Prevention Programs (NREPP), Center for Disease Control and Prevention (CDC), Office of Juvenile Justice Delinquency Prevention (OJJDP), US Department of Education, CSAP’s Centers for the Application of Prevention Technologies, and the Office of National Drug Control Policy.

B. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals:

Providers wishing to use a program or intervention not on a Federal registry, may choose, as an option, a prevention program, policy, practice, or strategy that has been published in a peer reviewed journal and shown to have positive results in substance abuse prevention or a related field. Other related fields include but are not limited to education, tobacco prevention, public health, HIV/AIDS, mental health, developmental assets, resiliency, etc.

C. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts (as specified in the Guidelines that follow):

If a proposed activity does not meet either of the above definitions, documented effectiveness of the proposed intervention desired may be considered on a case by case basis. In the event that documented effectiveness will be used, the proposed prevention activity must meet each of the guideline definitions below in order to be considered.

Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model, AND

- Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature, AND
- Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects, AND
- Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

SAPTA recognizes that in order for all providers in Nevada to meet these standards they may require technical assistance, resource development, and training. SAPTA will support the efforts of the community coalitions to work with providers so that they can meet the requirements of evidence-based prevention in the selection, development, and implementation of substance abuse prevention activities in Nevada. The SAPTA funded coalitions will be responsible for maintaining documentation regarding and related to the selection criteria and the utilization of the criteria and providing this documentation to SAPTA.